CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1910

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE: Certificate of Death

2. Form No. if available:

3. Type—(cards, paper, etc.): Bound Book

4. Dates:

5. Volume accumulated yearly:

6. Size of Record: Misc.

7. Number of copies made: One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below

9. Recommended Retention Period

a. In Dept. 12 yrs.

b. In Storage Center: Micro. Perm.

c. Total: 12 yrs. and Micro. Perm.

10. Equipment and space freed:

11. In your opinion does this record have any historical significance?

YES [ ] NO [X]

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval: Robert E. Farber, M.D. Title: Commissioner of Health Date: 3/28/63

Recommendation of Records Management Officer

13. Recommended Retention Period

a. In Dept. 12 yrs.

b. In Storage Center: Microfilm Permanent

c. Total: 12 yrs. and Microfilm Permanent

14. Disposal Method

A. [ ] To be sold as scrap or waste paper

B. [X] To be Burned or shredded

C. [ ] Historical, (to be transferred to Dept. of Legislative Reference.)

REMARKS: 2 negative Rolls

Records Management Officer: C. P. Force Date: 3/29/63

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27571

CERTIFICATE OF DEATH

E 27571

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mt Sinai Hosp 20-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Anna L Manning

(a) RESIDENCE NO. 416 Mt. Holly St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Howard

6 DATE OF BIRTH (month, day, and year) Jan 29, 1857 Washington D C

7 AGE Years 70 Months 10 Days 19 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) Washington D C

(State or country)

PARENTS

10 NAME OF FATHER Michael Fred

11 BIRTHPLACE OF FATHER (City or town) Balto. Md.

(State or country)

12 MAIDEN NAME OF MOTHER Mary Miller Jones

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md

(State or country)

14 Informant

(Address)

15 Filed NOV 18 1927 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-17-27 19

17 I HEREBY CERTIFY, That I attended deceased from 7/17, 19 27, to 11/17, 19 27, that I last saw h[illegible] alive on 11/17, 19 27, and that death occurred, on the date stated above, at 5:40 P m.

The CAUSE OF DEATH* was as follows: Carcinoma of Rectum

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Metastases to Lungs

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 7/8/27

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm A Thompson M D

, 19 (Address) Mt Sinai Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery Date of Burial Nov 19 19 27

20 UNDERTAKER Wm J Dietrich Sons ADDRESS Eutaw & Lanvale

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 27572 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 27572

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2300 Garrison Av ST. 15-61 WARD)

2-FULL NAME Jennie A Dunham

(a) RESIDENCE NO. 2300 Garrison Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alanson S Dunham

6 DATE OF BIRTH (month, day, and year): Aug 17-1847

7 AGE: Years 80 Months 3 Days 0 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Allegheny Md

PARENTS

10 NAME OF FATHER: W. S. Torrance

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Elizabeth Abernathy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs. Rachel Dunham

(Address) 2300 Garrison Ave

NOV 18 1927

HAMPSON, M.D. (Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 17 1927

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1925, to Nov 17, 1927.

that I last saw her alive on Nov 16 - 1927,

and that death occurred, on the date stated above, at 4 am m.

The CAUSE OF DEATH* was as follows:

Myocarditis; Chronic

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary): Chr. Interstitial Nephritis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Emma F. Angell M. D.

11/17 1927 (Address) The Eglantine

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn — DATE OF BURIAL: Nov 19 1927

20 UNDERTAKER: H N & Gickner & Sons — ADDRESS: N. Y Pa

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—100 Blks.

E 27573

HEALTH DEPARTMENT—CITY OF BALTIMORE

129 ✓

CERTIFICATE OF DEATH.

E 27573
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 519 N. Bruce St. 20-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Patrick Flaherty

(a) RESIDENCE NO. 519 N. Bruce St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of: Mary E. Hawkins

6 DATE OF BIRTH (month, day, and year): 12-4-1864.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	62	11	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: retired 86
(b) General nature of industry, business, or establishment in which employed (or employer): Superintendent
(c) Name of employer: Hilland Paper Co.

9 BIRTHPLACE (city or town): Ireland
(State or country)

PARENTS

10 NAME OF FATHER: Patrick Flaherty

11 BIRTHPLACE OF FATHER (city or town): Ireland
(State or country)

12 MAIDEN NAME OF MOTHER: Ellen Finn

13 BIRTHPLACE OF MOTHER (city or town): Ireland
(State or country)

14
Informant
(Address): 519 N. Bruce St.

15 Filed NOV 18 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-15-27.

17
I HEREBY CERTIFY, That I attended deceased from September 11, 19 27, to November 15, 19 27,
that I last saw h alive on November 15, 19 27,
and that death occurred, on the date stated above, at 10:50 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary): Chronic Interstitial Nephritis

(duration) unknown yrs. mos. ds.

18 Where was disease contracted
If not at place of death? unknown
Did an operation precede death? Date of
Was there an autopsy? no
What test confirmed diagnosis? symptoms & physical signs
(Signed) Chester Ritard, M. D.
11-16, 19 27 (Address) 2537 Edmondson Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Cathedral — Date of Burial Nov. 18 1927

20 UNDERTAKER: Chas. T. Jones — ADDRESS

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

See Letter in file dated 12-9-27 from George C Page M.D.

E 27574

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-10-81

E 27574

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1536 W Lanvale ST. 8-17 WARD)

2-FULL NAME Mary M. Pigott

(a) RESIDENCE NO. 1536 W. Lanvale ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Col	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. W Pigott

6 DATE OF BIRTH (month, day, and year) 1875 (1866)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Thomas E. Bailey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Annie Hemsley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Dr. Eager Pigott

(Address) 1536 Lanvale St

15 Filed NOV 16 1927 Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-10- 1927

17

I HEREBY CERTIFY, That I attended deceased from 11-9- 1927, to 11-10- 1927, that I last saw h[illegible] alive on 11-10 1927, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia (duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Influenza (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? No Date of ~

Was there an autopsy? No

What test confirmed diagnosis? ~

(Signed) George C Page M. D.

, 19 (Address) 1536 N. Mon[illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 11/18/ 1927

20 UNDERTAKER Mrs. Geo. H. Holland — ADDRESS 168 Druid Hill

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

Walnut

E 27575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-081 E 27575

1-PLACE OF DEATH

City of BALTIMORE: (No. 1320 N. Mount St. 15-22 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie Wolkins

(a) RESIDENCE NO. 1320 N. Mount St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: C

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of: John Watkins

6 DATE OF BIRTH (month, day, and year): July 4 1872

7 AGE: Years 55 Months 4 Days 12 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country): Was. D. C.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country): Unknown

14 Informant: Lillian Baltimore
(Address): 1320 Mount St.

NOV 18 1927

Filed ..... HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/16/1927

17 I HEREBY CERTIFY, That I attended deceased from 10/28/1927 to 11/16/1927 that I last saw h[illegible] alive on 11/15/1927 and that death occurred, on the date stated above, at 11.30 m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jno. Hawkins M. D.

11/17/1927 (Address) 912 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Date of Burial 11/20/1927

UNDERTAKER: Mrs. Geo. H. Holland ADDRESS 1631 Druid Hill Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 27576

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

66

E 27576

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2234 Druid Hill Ave St., Ward 14-54

(If death occurred in hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob D. Garrett

(a) RESIDENCE NO. 2234 Druid Hill Ave St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan. 7, 1873

7 AGE: Years 54 Months 10 Days 7 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED: (a) Trade, profession or particular kind of work: Porter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.

(State or country)

10 NAME OF FATHER Lemon Garrett

11 BIRTHPLACE OF FATHER (city or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Sophie Jackson

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant (Address) Sarah Blake 1905 Division St.

Filed NOV 18 1927

Registrar C. HAMPSON JONES, M. D.

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and hour) Nov. 14, 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) jury find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: acute alcoholism

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. F. Hennessy M. D. (Coroner)

(Address) 2577 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — Date of Burial 11/18/1927

UNDERTAKER: Mrs. Geo. E. Holland — ADDRESS 1631 Druid Hill Ave

PARENTS

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

27577

HEALTH DEPARTMENT—CITY OF BALTIMORE E 27577

CERTIFICATE OF DEATH.

161-009

1-PLACE OF DEATH Church Home + Infirmary

CITY OF BALTIMORE: (No. Broadway + Jamison St 1471 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Hubner.

(a) RESIDENCE NO. 410 N. Calhoun St. ST. WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs ..... mos ..... ds. How long in U. S., if of foreign birth? ..... yrs ..... mos ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: 7

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 12 - 1927

7 AGE — Years: — Months: — Days: 3 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) Ø

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret L. Hubner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address)

15 Filed NOV 18 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 15 1927

17

I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1927, to Nov 15, 1927, that I last saw h alive on Nov 15, 1927 and that death occurred, on the date stated above, at 5 55 AM.

The CAUSE OF DEATH* was as follows:

Premature

(duration) ..... yrs ..... mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) George B Brier, M. D.

(Address) Church Home + Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL Nov 17 1927

20 UNDERTAKER

ADDRESS

TION is very important See instructions on back of certificates.

JOHNS HOPKINS HOSPITAL Department of Health.

Spec.—1-12-23—M&T—500 Bks.

E 27578

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27578

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) BALTIMORE CITY HOSPITALS St. [illegible] WARD

REGISTERED NO. 76-37

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Mc Williams

(a) RESIDENCE NO. None given ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE 51 Years Months Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brakeman

(b) General natnre of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Vermont

PARENTS

10 NAME OF FATHER Charles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Vermont

12 MAIDEN NAME OF MOTHER Nellie —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant... (Address) BALTIMORE CITY HOSPITALS

15 NOV 8 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11—15 1927

17 I HEREBY CERTIFY, That I attended deceased from 11—10 1927, to 11—15 1927.

that I last saw him alive on 11—15 1927

and that death occurred, on the date stated above, at 9 40 A. m.

The CAUSE OF DEATH* was as follows:

Chr. myocarditis

Rheumatic Heart Disease & mitral Stenosis & Insufficiency

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertention + arterio-sclerosis (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Physical exam

(Signed) C. Wilmer Brown, M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the **Disease Causing Death**, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart — DATE OF BURIAL 11/18 1927

20 UNDERTAKER J. J. Fahy Son — ADDRESS 1318 Light St

THON is very important See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27579

CERTIFICATE OF DEATH.

E 27579

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor St. 10-14 Ward)

2-FULL NAME Delia Kelly

(a) RESIDENCE NO. Preston & Valley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
Over	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Cumberland Md

(State or country)

PARENTS

10 NAME OF FATHER Patrick Kelly

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Mary Norty

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant (Address) Little Sisters of the Poor Preston & Valley St.

15 HAMPSON JONES, M. D.

Registrar

18 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 17th 1927

17 I HEREBY CERTIFY, That I attended deceased from Record 19 to 19,

that I last saw h alive on Nov 13, 1927,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Coma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

19 (Signed) F. A. Dunne M. D.

(Address) 1133 Valley St

Nov 16 1927

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem. Date of Burial: Nov 19 1927

20 UNDERTAKER: Rita Wiedefeld ADDRESS: 9 Fremont Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27580

CERTIFICATE OF DEATH.

66 E 27580

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. A Franklin Sq Hosp (Ward)

2-FULL NAME Myron M. Stevens

(a) RESIDENCE NO. 804 N. Payson St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Elsie Stevens

6 DATE OF BIRTH (month, day, and year): Jan 30 1892

7 AGE: Years 35 Months 9 Days 18

IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Md

(State or country)

PARENTS

10 NAME OF FATHER: James A Stevens

11 BIRTHPLACE OF FATHER (city or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: Carrie Kerr

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: Mrs Carrie Stevens

(Address) 804 N. Payson St

15 1927 C. HAMPSON JONES, M. D., Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 16, 1927

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained Inquest held that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(duration) ... yrs. 2 hrs

CONTRIBUTORY (Secondary)

(Signed) Thos. B. Horton M. D.

Nov 16 1927 (Address) Curtis Bay

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homicidal. Fill in and sign in ink. (Use reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cem

Date of Burial 11/19 1927

20 UNDERTAKER: [illegible]

ADDRESS [illegible]

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27581

CERTIFICATE OF DEATH

45 E 27581

1-PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE (No.) Maryland General Hospital St. 11-16-27 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin Whiteley Parsons

(a) RESIDENCE NO. 2313 W Fayette St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs. Eliz Parsons

6 DATE OF BIRTH (month, day, and year): Jan 6, 1869

7 AGE — Years: 58 Months: 10 Days: 11 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Electrical

(b) General nature of industry, business, or establishment in which employed (or employer): Burner

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore Md.

(State or country)

PARENTS

10 NAME OF FATHER: Elphalet Parsons

11 BIRTHPLACE OF FATHER (City or town): Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Edna Warners

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: Hosp. Records

(Address)

15 Filed NOV 18 1927 C. HAMPSON JONES, M. D. Registrar

Per AKR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: 11-17-27

17 I HEREBY CERTIFY, That I attended deceased from 11-12-27, 19, to 11-17-27, 19,

that I last saw he alive on 11-17-27, 19,

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows: Carcinoma Ileum

(duration) Uncertain yrs. mos. ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(duration) 5 weeks yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of 11-16-27

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. C. Clemens M. D.

, 19 (Address) Maryland Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem — Date of Burial: 11/19 19 27

20 UNDERTAKER: W M Cook — ADDRESS 502 E North Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 27582

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27582

CERTIFICATE OF DEATH.

315

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2548 Eager Place ST., 12 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barbara Holthaus

(a) RESIDENCE NO. 2548 Eager Place ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (HUSBAND of or) WIFE of: Jacob F. Holthaus

6 DATE OF BIRTH (month, day, and year): Dec 1, 1877

7 AGE — Years: 49 — Months: 11 — Days: 13 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: William Meisner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Catherine Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Jacob F. Holthaus (Address) 2548 Eager Place

15 Filed ..... 19 ..... Registrar

18 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 16 1927

17

I HEREBY CERTIFY, That I attended deceased from Aug 1, 1927, to Nov 16, 1927, that I last saw h[illegible] alive on Nov 16, 1927, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows: Uric Intoxicosis - Nephritis Diabetes Carditis

(duration) yrs. 4 mos

CONTRIBUTORY (Secondary) acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis? Findings

(Signed) H. T. Holthaus, M. D.

19 (Address) 800 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: 11/21/1927

20 UNDERTAKER: J. M. Cook — ADDRESS: 522 E. Monument

HON is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE E 27583

E 27583

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 Woodley ST 16-22 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James L. Britton

(a) RESIDENCE NO. 1118 Woodley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Mary Francis

6 DATE OF BIRTH (month, day, and year): Dec 24 1853

7 AGE — Years: 73 — Months: 10 — Days: 22 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEDENT

(a) Trade, profession or particular kind of work: Watchman

(b) General nature of industry, business, or establishment in which employed (or employer): City of

(c) Name of employer: Baltimore

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Louis Britton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Ellen Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mary H Britton

(Address) 1118 Woodley St

15 Filed 18 1927, 19 HAMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 16 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 7, 1927, to Nov. 16, 1927, that I last saw him alive on Nov. 15 1927 and that death occurred, on the date stated above, at 4.30 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

Antecedent (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Bronchitis (duration) — yrs. — mos. 9 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? —

(Signed) Chas. E. Corser, M. D.

11/16, 1927 (Address) 1101 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Springfield Cem. Sykesville

DATE OF BURIAL: Nov 19 1927

20 UNDERTAKER: William Cook

ADDRESS: 502 E North Ave

Note—Very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27584

E 27584

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO. 11200

City of BALTIMORE: (No. 210 Edgevale Road St. RP Ward) 1953

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin Howell Griswold

(a) RESIDENCE NO. 210 Edgevale Road St. R P Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 ~~Single~~, Married, Widowed, or ~~Divorced~~. (write the word): Married

5a If married, ~~widowed~~, or ~~divorced~~ HUSBAND of ~~(or) WIFE of~~

6 DATE OF BIRTH (month, day, and year): Oct 3rd 1845

7 AGE: Years 82 Months Days 14 IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Rail Official

(b) General nature of industry, business, or establishment in which employed (or employer): 600

(c) Name of employer

9 BIRTHPLACE (city or town): St Louis

(State or country): Mo

PARENTS

10 NAME OF FATHER: Rev Mistery Griswold

11 BIRTHPLACE OF FATHER (City or town): Wellington

(State or country): Ohio

12 MAIDEN NAME OF MOTHER: Carrie G Robertson

13 BIRTHPLACE OF MOTHER (city or town): Augaston

(State or country): Md

14 Informant: Benj Howell Griswold Jr

(Address): Edgevale & Harvest Road RP

15 Filed: 1 8 1927

C. HAMPSON JONES, M. D. Registrar

Par Roll

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 17 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 16 1927, to Nov 17 1927, that I last saw him alive on Nov 17 1927, and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Influenza & Broncho-Pneumonia

(duration) yrs. mos. 1/2 ds.

CONTRIBUTORY (Secondary): Acute Arterio-Sclerosis

(duration) 5+ yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) M. Strian Porter, M. D.

(Address) 422 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hagerstown Md — Date of Burial: Nov 19 1927

20 UNDERTAKER: Henry H Jenkins Sons Co — ADDRESS: Eutaw & Mt Royal Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

Dr Fisher 1823 Hook Street

E 27585

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27585

CERTIFICATE OF DEATH.

57

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2019 E. Hoffman St. (6-17 WARD)

2-FULL NAME Estella R Correa

(a) RESIDENCE NO. 2019 E. Hoffman ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John H Correa

6 DATE OF BIRTH (month, day, and year): Dec 20, 1861

7 AGE — Years: 65 — Months: 10 — Days: 21 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Amos Etzelmuer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Wilcox

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): John H Correa 2019 E Hoffman St

15 Filed: NOV 18 1927 By: C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 16 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 10, 1927, to Nov. 16, 1927, that I last saw he alive on Nov. 16, 1927, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Bronchitis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Diabetis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Carol Fisher, M. D.

11/17, 1927 (Address) 1823 N. Hook St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Forest Cem. — DATE OF BURIAL: 11/19 1927

20 UNDERTAKER: H. W. Cook — ADDRESS: 500 Eutaw

IMPORTANT: See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27586

CERTIFICATE OF DEATH

129 E 27586

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. German Aged Home St. 20-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Beatty

(a) RESIDENCE NO. German Aged Home St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) August 23, 1839

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	88	2	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas Coughf

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Ann McClellen

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Records of German Aged Home

(Address) Baltimore & Pulaski Sts

15 NOV 18 1927 C. HAMPSON JONES, M. D. Registrar

Per ACH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

November 18, 1927

17 I HEREBY CERTIFY, That I attended deceased from June, 19 27, to Nov 16, 19 27, that I last saw h 27 alive on Nov. 15, 19 27, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(duration) yrs. 4 mos. ds.

18 Where was disease contracted —

if not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) John Magruff, M. D.

, 19 (Address) 1543 W. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt. Carmel Cemetery	11/19/27 19
20 UNDERTAKER Joseph B Cook	ADDRESS 1005 W. Baltimore St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27587

CERTIFICATE OF DEATH.

1766 E 27587

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 4-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Roland Emory Davis

(a) RESIDENCE NO. Ferndale, Md. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna E. Davis

6 DATE OF BIRTH (month, day, and year) October 17, 1889

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	38	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant for self

(b) General nature of industry, business, or establishment in which employed (or employer) at Ferndale

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Lawrence C. Davis

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Weber

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant Mrs. Anne E. Davis

(Address) Ferndale, Md.

19 1927 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) November 12 1927 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) Autopsy

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Autopsy find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:*

Suicide

(Lysol)

(duration) yrs. mos. 2 hrs. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 1 hr. ds.

Nov 19/27 Ex-Lawrence J. C. Blades M. D.

19 (Coroner)

(Address) 143 W. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery Date of Burial 11/21/27 19

20 UNDERTAKER Joseph D. Cook ADDRESS 1005 W. Baltimore St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 27588

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 5

E 27588

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospt ST. 19-27 WARD)

2-FULL NAME Harry Cotter

(a) RESIDENCE NO. Westminster Md. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 COLOR OR RACE: White.

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE: Years 62 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work... Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Hospt Records

15 [illegible] 19 [illegible] Registrar

19 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-18-27. 19

17

I HEREBY CERTIFY, That I attended deceased from 11-15-27. 19 to 11-18-27. 19

that I last saw h[illegible] alive on 11-18-27. 19

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Diabetes

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis myocardial Insufficiency

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Cecil McHall M. D.

19 (Address) Franklin Sq. Hospt.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Littlestown Pa

DATE OF BURIAL Nov. 20 1927

20 UNDERTAKER J. Francis Reese

ADDRESS Westminster Md

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 27589 HEALTH DEPARTMENT—CITY OF BALTIMORE E 27589

CERTIFICATE OF DEATH.

162

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 15-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Baby Girl Platen

(a) Residence No. 162 a Gilmore St St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-Single, Married, Widowed, or Divorced. (Write the word.)

3a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 11/19/27

7-AGE. yrs. mos. ds. If LESS than 1 day, 29 hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. ~~Child~~

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town). (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. Jermia Platen

11-BIRTHPLACE OF FATHER (city or town). (State or Country). Baltimore, Md.

12-MAIDEN NAME OF MOTHER. Armenta Dade

13-BIRTHPLACE OF MOTHER (city or town). (State or Country). Calvert Co., Md.

14-

(Informant).

(Address).

15-

Filed 19 1927 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH (month, day and year) 11/18/27

17- I HEREBY CERTIFY, That I attended deceased from 11/19, 1927, to 11/18, 1927, that I last saw h[illegible] alive on 11/18, 1927, and that death occurred, on the date stated above, at 1.45 a.m.

The CAUSE OF DEATH* was as follows: Congenital Atelectasis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Lud. T. Hobbitt M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. DATE OF BURIAL, ... 19...

20-UNDERTAKER. ADDRESS

Instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27590

CERTIFICATE OF DEATH.

185 E 27590

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Enroute Hopkins Hospital St. 2-4 Ward)

2-FULL NAME Phillip Bernhardt

(a) RESIDENCE NO. 2016 Eastern Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct 4th 1866

7 AGE: Years 61 Months 11 Days 13 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Hosier

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Anderson Trans. Co.

9 BIRTHPLACE (city or town): Balto., Md.

(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: Lizzie Bernhardt

(Address) 2016 Eastern Ave

15 Filed: 1927 CHAMPION JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 17 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of lower 4 ribs both sides
Supine Pneumonia - Hemorrhage
(Autopsy at Hopkins Hospital)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) accidental

as work

(duration) yrs. mos. ds.

(Signed) J. H. Potter M. D.
(Coroner)

17 (Address) 500 E. North Ave

11/19/27

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cem. Date of Burial 1927

20 UNDERTAKER: Peter Nicolaus ADDRESS 1025 Eastern Ave

NOV 19 1927

If DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27591

CERTIFICATE OF DEATH.

E 27591

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (N) City Hospital St. 7-13 Ward

2-FULL NAME Solomon Millington

(a) RESIDENCE NO. 828 Rutland St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (Write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Vore

6 DATE OF BIRTH (month, day, and year): Unknown. 1852

7 AGE: Years 75 Months — Days —

If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Unknown

PARENTS

10 NAME OF FATHER "

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Unknown

14 Informant (Address): Simon Williamson 1833 Eager St

15 Filed: 19 1927 Per

C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 16 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. 1 mos. 1 da.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. 1 da.

Nov 19 27 (Signed) G. C. Hodges M. D.

(Address) 143 N. Remy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel cemetery Date of Burial: Nov 19 1927

20 UNDERTAKER: Wm R. A. Elliott ADDRESS: 725 Ashland Ave

IF DEATH is in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27592

CERTIFICATE OF DEATH.

100-00

E 27592

1-PLACE OF DEATH

City of BALTIMORE: (No. 1120 N. Carrollton St. 10 23 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cousuella Frye

(a) RESIDENCE NO. 1120 N. Carrollton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female.

4 Color or Race: C.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. Frye

6 DATE OF BIRTH (month, day, and year): 1903

7 AGE: Years 24 Months Days IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Washington

(State or country) D.C.

PARENTS

10 NAME OF FATHER: George Bailey

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Washington

12 MAIDEN NAME OF MOTHER: Billie Fitzhugh

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Va

14 Informant (Address): Georgett. Fitzehugh 1126 N. Carrollton

Filed 19 1927 Per C. HAMPSON JONES, M. D. Registrar

BKK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Nov. 17 192 7

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) another Disease

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Kennedy M. D.

(Coroner)

Nov. 17 1927 (Address) 2572 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Brandy sta Va Date of Burial 11/19/27

20 UNDERTAKER: Mrs. R. A. Elliott ADDRESS 1925 Mansfield Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Bks.

E 27593

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27593

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No.) 3312 W. Northave (St.) 15-67 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie H. Lehaut

(a) RESIDENCE NO. 3312 W. North Ave (St.) Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 2 mos. 28 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 19, 1861

7 AGE Years: 66 Months: 2 Days: 28 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home duties

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md.

PARENTS

10 NAME OF FATHER Robert Hughes

11 BIRTHPLACE OF FATHER (City or town) Ireland

(State or country)

12 MAIDEN NAME OF MOTHER Mary Houston

13 BIRTHPLACE OF MOTHER (city or town) Ireland

(State or country)

14 Informant Thos H. Lehaut

(Address) 3312 W. North Ave

15 Filed 1927 C. HAMPSON JONES, M. D. Registrar

Per RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Nov 17 - 1927

17 I HEREBY CERTIFY, That I attended deceased from For several years 1927 to Nov 17, 1927.

that I last saw her alive on Nov 17 - 1927.

and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Cancer of Uterus

3 to 4 years (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes

(duration) About 18 mos.

18 Where was disease contracted if not at place of death? yes Md. Gen. Hospital

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Laboratory

(Signed) Henry M. Bayley, M. D.

(Address) 1927 2305 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Date of Burial: Nov 19 1927

20 UNDERTAKER: John Burkhead ADDRESS: 1905 Eutaw Place

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 27594

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27594

31

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 N. Bond. ST., 7-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Stewart

(a) RESIDENCE NO. 614 N. Bond. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Alice Stewart

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	48	10	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dealer in Junk.

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer Self.

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER George H Stewart

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Sedonia Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant Sarah J. Clark.

(Address) 1510 Hillsdale

15 DATE RECEIVED 19 1927 C. HAMPSON JONES, M. D. Registrar

Per —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-16-1927

17 I HEREBY CERTIFY, That I attended deceased from 10-31-, 1927, to 11-16-, 1927, that I last saw him alive on 11-15-, 1927 and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? —

(Signed) Wm H Conquir, M. D.

11-16 1927 (Address) 611 N. Carrollton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary — DATE OF BURIAL Nov. 19, 1927

20 UNDERTAKER Mrs. R. C. Elliott — ADDRESS 1125 Ashland Ave

FAILURE TO FILE THIS CERTIFICATE WITHIN FIVE DAYS IS VERY IMPORTANT. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 27595

HEALTH DEPARTMENT—CITY OF BALTIMORE

100 001 E 27595

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals (C.H.) ST. 5-8 WARD)

2-FULL NAME Lucy Jenkins

(a) RESIDENCE NO. 214 East st. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of George Jenkins

6 DATE OF BIRTH (month, day, and year) 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	33			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Charles Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records (Address)

15 Filed 19 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 16, 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1927, to Nov. 16, 1927, that I last saw h alive on Nov. 16, 1927, and that death occurred, on the date stated above, at 6.10 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

Spontaneous pneumothorax - not tuberculous • (duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) (acute) Myocardial insufficiency (duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy & Clinical

(Signed) L. E. Madden M. D.

11-16 1927 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calvery Cem.	11/20 1927

20 UNDERTAKER Byrom & Wright ADDRESS 218 McElderry

IMPORTANT—See instructions on back of certificates.

E 27596 HEALTH DEPARTMENT—CITY OF BALTIMORE E 27596

CERTIFICATE OF DEATH.

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Md General Hospital ST. ... WARD)

2-FULL NAME George H. Lindemon

(Residence in Baltimore: No. 2102 Huntingdon Ave) St. 8 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-~~SINGLE, MARRIED, WIDOWED,~~ OR DIVORCED. (Write the word.) Divorced

6-DATE OF BIRTH. Feb. 16 (Month) 187[illegible] (Day) , 1 (Year)

7-AGE. 53 yrs. 9 mos. 1 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Steel car Builder
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country). Balto Co Md

PARENTS.

10-NAME OF FATHER. Wm Henry Lindemore

11-BIRTHPLACE OF FATHER (State or Country). Long Green Balto Co Md

12-MAIDEN NAME OF MOTHER. Margaret A Fossett.

13-BIRTHPLACE OF MOTHER (State or Country). Long Green Balto Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs George H Lindemore

(Address) 2102 Huntingdon Ave.

15- ....., 19...

Filed ....., 19...

19 1927 ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Nov. (Month) 17 (Day), 1927 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Multiple fractures of body

(Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY, (Secondary) accident, don

(Duration) ... yrs. ... mos. ... ds.

(Signed) ..... M. D.
(Coroner.)

Nov 18 1927 (Address) 25 E Eager

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Fossetts Balto Co Md — DATE OF BURIAL. Nov. 20 19.27

20-UNDERTAKER. Walter Davis — ADDRESS 3307 Parnell St

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27597

CERTIFICATE OF DEATH

162 E 27597

1-PLACE OF DEATH Austin Bay, md

(REGISTERED NO.

City of BALTIMORE: (No. 930 Pennington St. Ward) 1724

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Raber

(a) RESIDENCE NO. 930 Pennington St. Ave Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): nov. 16, 1927

7 AGE — Years — Months — Days — IF LESS than 1 day 12 hrs. or 10 min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of indostry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) Austin Bay

(State or country) md

PARENTS

10 NAME OF FATHER Henry W Raber

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Brooklyn ny

12 MAIDEN NAME OF MOTHER Elsie Myers

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Columbus Ohio

14 Informant H. W. Raber

(Address) 930 Pennington Ave

15 Filed 19 1927 C. HAMPSON, Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 November 17, 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 16, 1927, to nov. 17, 1927.

that I last saw h[illegible] alive on Nov 17, 1927.

and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Atelectasis. (152)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Congenital

(duration) yrs. mos. ds.

18 Where was disease contracted —

if not at place of death? —

Did an operation precede death? Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) James G. Mantz M. D.

11-17-1927 (Address) 1203 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem — Date of Burial Nov 17 1927

20 UNDERTAKER Margaret A Flynn — ADDRESS 1422 Light St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 27598

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16 E 27598

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 185 St Ambrose ST. Apt-56 (WARD) 1

2-FULL NAME Theresa Ruddy

(a) RESIDENCE NO. 185 St. Ambrose Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 18 1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Frank M. Ruddy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Mary E Miles

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Frank Ruddy (Address) 185 St Ambrose ave

15 Filed [illegible] 19 [illegible] Registrar

19 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 18 1927

17

I HEREBY CERTIFY, That I attended deceased from Nov 18, 1927, to Nov 18, 1927,

that I last saw her alive on Nov 18, 1927,

and that death occurred, on the date stated above, at 3.36 P m.

The CAUSE OF DEATH* was as follows:

Asphyxia Neonatorum

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Reginald S. Tonry, M. D.

, 19 (Address) 414 E Northern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lt Mary Cem Garr	Nov 19 1927

20 UNDERTAKER George J Ruth ADDRESS 735 Hanford ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27599

CERTIFICATE OF DEATH.

101-901 ✓ E 27599

REGISTERED NO. _____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St., 1-3 Ward)

2-FULL NAME Donald Swen

(a) RESIDENCE NO. 502 S. Montford Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 24/26

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	1	8	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Donald Swen

11 BIRTHPLACE OF FATHER (city or town)

(State or country) N.J.

12 MAIDEN NAME OF MOTHER Anna Patrì

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant father

(Address) 502 South Montford

15 Filed 19 C. HAMPSON JONES, Registrar.

Per _____

19 1927

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Nov 17/27

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia-Empyema

(Autopsy at Hopkins)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) _____ M. D.
(Coroner)

11/19/27 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the state yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bauchmans Cem Date of Burial 11/21/1927

20 UNDERTAKER William Cook ADDRESS 502 E North

OF DEATH in plain type, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Blks.

E 27600

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

139 E 27600

REGISTERED NO. _____

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) St Agnes Hospital St. 25-77 Ward)

2-FULL NAME Mrs. Annie Hoos.

(a) RESIDENCE NO. 2253 Washington Boulevard St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Annie J. Hoos

6 DATE OF BIRTH (month, day, and year): Sept 2 – 65

7 AGE: Years 62. Months 2 Days 16 If LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): _____

(State or country) Md.

PARENTS

10 NAME OF FATHER Adam Brandau

11 BIRTHPLACE OF FATHER (city or town): _____

(State or country) Germany

12 MAIDEN NAME OF MOTHER Hannah S Bach

13 BIRTHPLACE OF MOTHER (city or town): _____

(State or country) Germany

14 Informant John H Hoos

(Address) 2253 Wash Blvd

15 Filed 1927 C. HAMPSON JONES, M. D. Registrar

Per RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 18, 1927 19

17 I HEREBY CERTIFY, That I attended deceased from 11-14, 1927, to 11-18, 1927, that I last saw her alive on 11-18, 1927, and that death occurred, on the date stated above, at 9:05 P m.

The CAUSE OF DEATH* was as follows:

Myoma of uterus

Acute nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

Suppression of urine

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? Yes Date of 11/16/27

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) F. L. Sedgliacca M. D.

, 19 (Address) St Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — Date of Burial: 11/22 19

20 UNDERTAKER: McCann Co — ADDRESS: 502 E North Ave

IF DEATH IS FROM NATURAL CAUSES, state the disease causing death, or in deaths from violent causes, state the means and nature of injury, in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27601 E 27601

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. 106 N. Broadway ST. 69 WARD)

2-FULL NAME Mrs. Sarah ~~Rote~~ Rote.

(a) RESIDENCE NO. Aberdeen Md - Route # 3 ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William Rote.

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years: About 80 Months: Days: If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (City or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Mary Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Hospital Record

(Address)

15 Filed 19 1927 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 18 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1927, to Nov 18, 1927, that I last saw h. alive on Nov. 18, 1927 and that death occurred, on the date stated above, at 5 55 P m.

The CAUSE OF DEATH* was as follows:

Ruptured appendix with generalized peritonitis (Abscess)

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary): Myocardial failure

(duration) yrs. 2 Weeks mos.

18 Where was disease contracted if not at place of death? Aberdeen, Md

Did an operation precede death? Yes Date of Nov 10, 1927

Was there an autopsy? Yes

What test confirmed diagnosis? ~~Clinical~~ operation, physical exam,

(Signed) J. Frank Hewit, M. D.

Nov 19 27 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Havre de Grace Md. DATE OF BURIAL: 11-19 1927

20 UNDERTAKER: J A Symington & Son ADDRESS: Havre de Grace Md

HOS is very important See instructions on back of certificates.

Spec.—1-(2-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27602

E 27602

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1236 E Chase ST. 2331 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Oliver E. Wentworth

(a) RESIDENCE NO. 1236 E. Chase ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 12 1888

7 AGE: Years 39 Months 9 Days 5 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sea Food Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Oliver Wentworth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Kath. C. Hubbard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant Oliver Wentworth

(Address) 1236 E Chase St

15 Filed 19 1927 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 17th 1927

17 I HEREBY CERTIFY, That I attended deceased from July 1 — 1927 to Nov 17 1927 that I last saw him alive on Nov 17 1927 and that death occurred, on the date stated above, at 8.10 A.M.

The CAUSE OF DEATH* was as follows:

Cancer Uterus Cardia

CONTRIBUTORY (Secondary) Cancer Ulcer (duration) 1 yrs — mos — ds.

(duration) — yrs 2 mos — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. H. Hurst M. D.

19 (Address) 1324 Richard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Nov 21st 27

20 UNDERTAKER: Fred A Robertson — ADDRESS: 723 Hanover St.

This is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 27603 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

60- E 27603

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 N. Decker Ave St., 7-11 WARD)

2-FULL NAME Margaret Gilley

(a) RESIDENCE NO. 615 N. Decker ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. R. Gilley

6 DATE OF BIRTH (month, day, and year): Nov. 7 1890

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
37	-	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Dont know

11 BIRTHPLACE OF FATHER (City or town) (State or country): Dont know

12 MAIDEN NAME OF MOTHER: Dont know

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Dont know

14 Informant: Wm. R. Gilley
(Address): 615 N. Decker ave

15 Nov 19 1927 19 C. HAMPSON JONES, M. D.
at 615 N. Dec. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 18 1927

17 I HEREBY CERTIFY, That I attended deceased from Jan 1- 1927 to Nov 18 1927.
that I last saw h[illegible] alive on Nov 17 1927
and that death occurred, on the date stated above, at 7 h m

The CAUSE OF DEATH* was as follows:

Ophthalmic Goitre

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Anaemia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? — —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? By Exam.

Nov 19 27 C. G. Slades, M. D.

19 (Address) 143 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem — DATE OF BURIAL: Nov 21 1927

20 UNDERTAKER: George W. Zickler — ADDRESS: 1737 E Lan

TION is very important. See instructions on back of certificates.

Spec. -7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27604

E 27604

CERTIFICATE OF DEATH

129

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 320 S Fulton Ave., St. 14-28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William K. Harrison.

(a) RESIDENCE NO. 320 S Fulton Ave., St. Ward

(Usual place of abode) life

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sallie Nee (Peach)

6 DATE OF BIRTH (month, day, and year) Aug. 10, 1849

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	78	3	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER John K. Harrison

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Elisa Benson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Mrs. Sallie Harrison

(Address) 320 S Fulton Ave.

15 Filed 19

Registrar

19 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Nov. 17 1927

17 I HEREBY CERTIFY, That I attended deceased from Feb 1925 to Nov 17 1927

that I last saw him alive on Nov. 16 1927

and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John Hough M. D.

19 (Address) 1843 W. Balto. St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Beltsville Md

Date of Burial Nov 19 1927

20 UNDERTAKER Harry H. Witzke

ADDRESS 1531 W Lombard St

C. HAMPSON LOWE, M.D.

NRH

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 4149
E 27605

HEALTH DEPARTMENT—CITY OF BALTIMORE E 27605

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ST. 69 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Queen Johnson

(a) RESIDENCE No. 234 E. Bond ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, ~~Married, Widowed,~~ or ~~Divorced,~~ (write the word): Baby

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 8-10-27

7 AGE: Years 5 Months Days 6 If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Wendell Dogan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Alberta Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Georgia

14 Informant (Address)

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 16 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov-14, 1927, to Nov-16, 1927, that I last saw her alive on Nov-16, 1927 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Gastro. intestinal indigestion

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) J. L. Bennett, M. D.

11/19, 1927 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

G. HAMILTON JAMES, M. D. Registrar

1927 490 AHA

NOV 3 1927

Spec.—6-3-19—H. P. Co.—1000 Bks.

E 27606

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27606

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: No 343 Robert St. 14-20 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie L. Moore

(a) RESIDENCE. No 343 Robert ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: C. Cred

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Moore

6 DATE OF BIRTH (month, day, and year): July 30. 1850

7 AGE: Years 77 Months 3 Days 18

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer): Confectioner

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: John Munroe

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Virginia Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Mrs Fannie Shipley

(Address): 343 Robert St

15 Filed 19 1927 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 17 1927

17 I HEREBY CERTIFY, That I attended deceased from Sept 7th 1927 to Nov 17 1927 that I last saw h/ alive on Nov 17 1927 and that death occurred, on the date stated above, at 1.45 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Liver

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Cont. Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) N Grant Smith, M. D.

, 19 (Address) 354 W. Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: Nov 20 1927

20 UNDERTAKER: Jno. M. Johnson

ADDRESS 1234 Ethan St

IMPORTANT. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 27607

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27607

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Esplanade Cpts. St. 19 I WARD) 59

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Hamburger Fisher

(a) RESIDENCE NO. Esplanade Cpts. St. 9 I WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (HUSBAND of or) WIFE of: Lazarus Fisher

6 DATE OF BIRTH (month, day, and year): March 29 1866

7 AGE — Years: 61 Months: 7 Days: 24 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Hamburger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. L. Fisher

(Address) Esplanade Cpts. 40.

15 Filed 19 1927

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/14/1927.

17 I HEREBY CERTIFY, That I attended deceased from at (5 , 19 27) . to Nov 14 , 19 27) .

that I last saw h e/ alive on Nov 14 , 19 27) .

and that death occurred, on the date stated above, at 5 10 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis Chronic

(duration) 5 yrs mos ds.

CONTRIBUTORY (Secondary): Chr. Interstitial Nephritis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Emil F. Krager, M. D.

11/19, 19 27 (Address) The Esplanade

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~: Hebrew Friendship Cem. DATE OF BURIAL: 11/21/1927

20 UNDERTAKER: Harry Sondheim ADDRESS 118-20 W. Pratt. Royal Ave.

How to very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 27608

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91-0E 27608

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Marlborough Apt 14-20 ST. WARD)

2-FULL NAME Robert S. Hecht

(a) RESIDENCE NO. Marlborough at 1 ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of Hannah Weil Hecht

6 DATE OF BIRTH (month, day, and year) Oct 21 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	1	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manager

(b) General nature of industry, business, or establishment in which employed (or employer) Depart Store

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Simon Hecht

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Henrietta Stein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs A Schwab

(Address) Marlboro Apt

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

19 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 18th 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 1927 to Nov 16 1927, that I last saw him alive on Nov 16 1927, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Gangrene of legs

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? In Newport Ky

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Harry Adler, M. D.

19 (Address) 1716 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Old Shaloum Cy

DATE OF BURIAL Nov 20 1927

20 UNDERTAKER David Sondheim

ADDRESS 118 West Rayb

FROM is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 27609

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 27609

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 321 S. Castle St. 2-4 Ward)

2-FULL NAME Kate Eder.

(a) RESIDENCE NO. 321 S. Castle St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: David G. Eder

6 DATE OF BIRTH (month, day, and year): Sept 4, 1858

7 AGE: Years 69 yrs; Months 2; Days 13; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Dev. of

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER: John S. Rumsoner

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany ?

12 MAIDEN NAME OF MOTHER: ~~Unknown~~ ?

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany.

14 Informant: David G. Eder

(Address) 321 S. Castle St

Nov 19 1927

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 17, 1927

17 I HEREBY CERTIFY, That I attended deceased from May, 1926, to Nov. 17, 1927, that I last saw h.. alive on Nov. 17, 1927, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis & Myocarditis

Chronic Nephritis

Cerebral Hemorrhage - Sclerosis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute pulmonary Edema

Uraemia — 1

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Dr. J. Douglas, M. D.

11/18, 1927 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Trinity Cem Date of Burial Nov. 21 1927

20 UNDERTAKER: Jos. J. Herr & Son ADDRESS 1564 N. Luzerne

Be sure to print items, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27610

CERTIFICATE OF DEATH.

+90

E 27610

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST. 4-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martin Jenwick

(a) RESIDENCE No. Runyman ST. Maryland WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 24 Ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 24 1857

7 AGE — Years: 70 — Months: 5 — Days: 25 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: George Jenwick

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Laverne Taylor (Address) Braunsa Md

15 C. HAMPSON JONES, M. D. Registrar

V 20 1927 Per RPC

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-19-'27

17 I HEREBY CERTIFY, That I attended deceased from 10-25-'27 to 11-19-'27

that I last saw h[illegible]ve on 11-19-'27, 19 45 a.m.

and that death occurred, on the date stated above, at 1[illegible]

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis c Auricular fibrillation Hypertrophic dilatation, heart

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Organic Failure + Syphilis (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phy. findings

(Signed) [illegible] M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Paul Lutheran Cemetery

DATE OF BURIAL: 11/24 '27

20 UNDERTAKER: Hy Farring & Sons

ADDRESS: Edmondson Ave

IMPORTANT: See instructions on back of certificates. Exact statement of OCCUPATION is very important and if not properly classified, it may be

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27611

CERTIFICATE OF DEATH

E 27611

REGISTERED NO. 89 E 27611

1-PLACE OF DEATH

City of BALTIMORE: (No. 3349 Belair Road St. 8-45 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice E. Dunn

(a) RESIDENCE NO. 3349 Belair Road St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 1 mos. 29 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jas. R. Dunn

6 DATE OF BIRTH (month, day, and year) September 19 1871

7 AGE	Years	Months	Days	IF LESS than 1 day ..hrs. or ..min..
	56	1	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER Asbury Brown

11 BIRTHPLACE OF FATHER (City or town) Balto

(State or country) Md

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Mrs Charles Schaefer

(Address) 3349 Belair Road

15 Filed 19 Registrar

NOV 20 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 18 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 10 1927 to Nov 18 1927

that I last saw h alive on Nov 18th 1927

and that death occurred, on the date stated above, at 10 25 P m.

The CAUSE OF DEATH* was as follows:

Stenosis Pyloric

(duration) 1 yrs. 4 mos. da.

CONTRIBUTORY (Secondary) Cancer of Stomach

(duration) yrs. mos. 1 da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

Nov 19 1927 (Address) 1501 E Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
New Cathedral Cemetery	Nov. 21 1927
20 UNDERTAKER	**ADDRESS**
Henry Sloes Son	1501 E Eager St

Do not fail to be careful and supply ALL items called for. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

26 35-3
E 27612

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E 27612

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 918 (WARD)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

2-FULL NAME Marie Mc Scully

(a) RESIDENCE NO. 1322 Wilcox ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 7 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 20 1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		7	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md —

PARENTS

10 NAME OF FATHER Bernard Mc Scully

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md —

12 MAIDEN NAME OF MOTHER Marie Mueller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md —

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 NOV 20 1927 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 19 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 10, 1927, to Nov - 19, 1927, that I last saw h[illegible] alive on Nov - 19, 1927 and that death occurred, on the date stated above, at 2 15 p m

The CAUSE OF DEATH* was as follows:

Acute gastro-intestinal intoxication.

(duration) yrs mos 16 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia.

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? —

(Signed) J. S. Ormsbee, M. D.

11/19, 1927 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL Nov. 21 1927

20 UNDERTAKER McElroy Hauck, Sr. — ADDRESS 1308 E Eager St

THIS IS very important See instructions on back of certificates. [illegible] PLACE AND KIND OF OCCUPA-

Spec.—1-12-23—M&T—500 Blks.

E 27613

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 E 27613

1-PLACE OF DEATH E.

CITY OF BALTIMORE: (No. 2605 Madison St. 7-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Smith

(a) RESIDENCE NO. 2605 Madison ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? 54 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edwin M. Smith

6 DATE OF BIRTH (month, day, and year): April 2 1858

7 AGE: Years 69 | Months 7 | Days 16 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: John E. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Lordine Louise

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Edwin M. Smith

(Address) 2605 Walbrook St.

15 NOV 20 1927 19

HAROLD JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 18 1927

17

I HEREBY CERTIFY, That I attended deceased from Nov 8, 1927, to Nov 18, 1927, that I last saw h[illegible] alive on Nov 18, 1927, and that death occurred, on the date stated above, at 5-22 m.

The CAUSE OF DEATH* was as follows:

carcinoma of uterus

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) arteri-sclerosis - Emphysema

(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Exam

(Signed) Louis F. Krumm, M. D.

, 19 (Address) 722 N. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem

DATE OF BURIAL: Nov 20 1927

20 UNDERTAKER: Wm C. Fuller & Son

ADDRESS: 2334 Jeffers St

Instructions: Please write plainly. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27614

CERTIFICATE OF DEATH.

13 | E 27614

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Retreat ST. 7[illegible] WARD

2-FULL NAME Elsie Kolwalski (STOLA) (KOWALSKA)

(a) RESIDENCE NO. Mt Hope Retreat ST., 2[illegible] WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? [illegible] yrs. [illegible] mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): ~~Married~~ Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jos Kolwalski

6 DATE OF BIRTH (month, day, and year): July 15-1869

7 AGE: Years 58 Months 04 Days 03 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework - 37

(b) General nature of industry, business, or establishment in which employed (or employer): "

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Russia (Poland)

PARENTS

10 NAME OF FATHER: Fabian Swierzbski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Omrza Russia

12 MAIDEN NAME OF MOTHER: Mc Kinnon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland " "

14 Informant (Address): Records of Mt Hope Retreat Baltimore

15 Received NOV 20 1927 HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 18th 1927

17 I HEREBY CERTIFY, That I attended deceased from Sept 24 1914 to Nov 18 1927.

that I last saw h[illegible] alive on Nov 17th 1927.

and that death occurred, on the date stated above, at 5.15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Purulent Cystitis with Nephritis

(duration) abt yrs. 3 mos 0 ds.

CONTRIBUTORY (Secondary) Chronic Pyelonephritis abt (duration) 2 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Baltimore Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J Flannery M. D.

Nov 19th 1927 (Address) Mt. Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Cem — DATE OF BURIAL: Nov 21 1927

20 UNDERTAKER: George A. Weber — ADDRESS: 1105 Bank St.

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

Paper Work + Rings Co.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27615

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (or) U.B. Hospital (16-67 Ward)

2-FULL NAME Geo D Braun

(a) RESIDENCE NO 2905 Riggs Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

1927 E 27615

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR or RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Alice M Braun

6 DATE OF BIRTH (month, day, and year) Feb 14 1852

7 AGE Years 75 Months 9 Days 3

IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town)

(State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER John J. Braun

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Catherine Landvoight

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md

14 Informant Alice M Braun

(Address) 2905 Riggs Ave

Date NOV 20 1927

HAMILTON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 17 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Inquest or Inquiry.)

thereon and from the evidence obtained by said Inquest, Inquest or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Auto Acc

Fracture of Skull

(Duration) Hr. mos. 1 ds.

CONTRIBUTORY (Secondary) Stroke

(Duration) Yrs. mos. 1 ds.

Nov 20 (Signed) G E Yates M. D.

27 (Address) 743 W Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

Date of Burial 11/21 1927

20 UNDERTAKER William Cook

ADDRESS 502 [illegible]

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 27616

E 27616

REGISTERED NO. 45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 140) Jackson ST. 3433 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Gaskill.

(a) RESIDENCE NO. 140 Jackson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced (or) WIFE of: John Gaskill

6 DATE OF BIRTH (month, day, and year): Jan. ? 1875

7 AGE: Years 52 Months 10 Days — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Seamstress.

(b) General nature of industry, business, or establishment in which employed (or employer): In factory. 69

(c) Name of employer: Atlantic Bedding Co.

9 BIRTHPLACE (city or town) (State or country): Baltimore.

PARENTS

10 NAME OF FATHER: Patrick Feeney.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Margaret Hagerty

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland.

14 Informant: John J. Feeney. (Address) 2334 Eastern Ave

15 Filed NOV 20 1927 HARRY R. McJONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 20 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1927, to Nov. 20, 1927, that I last saw h[illegible] alive on Nov. 20, 1927, and that death occurred, on the date stated above, at 3 30 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Lobar

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Unknown.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Wm. T. Seabury M. D.

(Address) 636 Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Vincents Cemetery

DATE OF BURIAL: Nov 23 1927

20 UNDERTAKER: William Cook

ADDRESS: 502 E Hoffman

TION is very important See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27617

CERTIFICATE OF DEATH.

74-001

E 27617

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 103 ½ Brentwood Ave. ST. 10-15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie A. Norton

(a) RESIDENCE NO. 103 ½ Brentwood Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John T. Norton

6 DATE OF BIRTH (month, day, and year): Aug 19, 1862

7 AGE: Years 65 Months 3 Days 4 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balt Md

PARENTS

10 NAME OF FATHER: Adolph Hinton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mrs. Fischer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Edith Norton

(Address): 103 ½ Brentwood Ave

15 Filed NOV 20 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 18 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 6 1927 to Nov 18 1927,

that I last saw her alive on Nov 18 1927,

and that death occurred, on the date stated above, at 5 P.M. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary): Edema of Lungs

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) Edward Parker, M. D.

(Address) 111 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Carlins

DATE OF BURIAL: 11 22 1927

20 UNDERTAKER: [illegible]

ADDRESS: 902 Mad

FILL IN WITH INK. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 27618

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

74 E 27618

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE, (No. Hospital, Institution, or Ward)

2-FULL NAME John F. Lochner

(a) RESIDENCE NO. 4149 Rosedale Ave. St. Ward

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Elizabeth Lochner

6 DATE OF BIRTH (month, day, and year): Aug. 23, 1868.

7 AGE — Years: 59 Months: 2 Days: 24 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Barber

(b) General nature of industry, business, or establishment in which employed (or employer): 004

(c) Name of employer: August Kalonanga

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md.

PARENTS

10 NAME OF FATHER: William Lochner

11 BIRTHPLACE OF FATHER (city or town): Germany.

(State or country)

12 MAIDEN NAME OF MOTHER: Louise Unpht

13 BIRTHPLACE OF MOTHER (city or town): England

(State or country)

14 Informant: Elizabeth Lochner

(Address): 4149 Rosedale Ave

Filed NOV 20 1927 C. HAMPSON WHITE, Registrar. M. D.

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/17 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

11/19, 1927 (Address) 162 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — Date of Burial 11/22 1927

20 UNDERTAKER: W. M. Duff Cook — ADDRESS 512 E. North Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27619
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

101-001

E 27619
REGISTERED NO.

City of BALTIMORE: (No. 614 N. Hoffman St. Ward 17)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. W. Carroll

(a) RESIDENCE NO. 614 N. Hoffman St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 Color or Race: Colored | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Agnes Carroll

6 DATE OF BIRTH (month, day and year): ? 1896

7 AGE: Years 31 | Months | Days | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town): Md.
(State or country)

PARENTS

10 NAME OF FATHER: Mathew Carroll

11 BIRTHPLACE OF FATHER (city or town): Md.
(State or country)

12 MAIDEN NAME OF MOTHER: Eliza Brown

13 BIRTHPLACE OF MOTHER (city or town): Md.
(State or country)

14 Informant: Agnes Carroll
(Address): 614 N. Hoffman

Filed NOV 25 1927 G. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 18, 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the date stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary): no history (duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D. (Coroner)

Nov. 19, 1927 (Address) 2592 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn | Date of Burial: 11/21/1927

20 UNDERTAKER: Wm. Geo. E. Holland | ADDRESS: 163 Dill

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27620

CERTIFICATE OF DEATH.

E 27620

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 141 N Linwood ST. 35 WARD)

2-FULL NAME John Butta

(a) RESIDENCE NO. 305 S High St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) August 24 1926

7 AGE: Years 1 Months 3 Days 24 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Butta

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Virginia Cherico

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mrs Virginia Cherico

(Address) 141 N Linwood ave

Filed Nov 20 1927 HAMPSON JONES, M. D. Registrar

By R Wise

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 18th 27

17 I HEREBY CERTIFY, That I attended deceased from November 16 1927. to November 18 1927.

that I last saw him alive on November 18 1927.

and that death occurred, on the date stated above, at 11.15 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) La Grippe

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Joseph L. Valentine M. D.

Nov 19 1927 (Address) 1X So Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Nov 21st 1927

20 UNDERTAKER Frank V. Pikitone — ADDRESS 2015 E. Balto st

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27621

CERTIFICATE OF DEATH.

188-003

E 27621

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hull & Cuba Sts. 2435 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Sandhas.

(a) RESIDENCE NO. 1237 Hull St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 28, 1856.

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	71	6	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Pennsylvania.

PARENTS

10 NAME OF FATHER Adolph Sandhas.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Elizabeth Heilman.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany.

14 Informant Amelia Eck. (sister)

(Address) 218 Hamilton St. Allentown Pa.

15 Filed AUG 20 1927 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 17, 1927

17 I HEREBY CERTIFY, That, I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.
Struck and knocked down by an automobile while crossing the street
Accidental Death.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Harold L. Feinhardt M. D.
(Coroner)

11/19 1927 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Upper Manchester, Pa. Date of Burial Nov 21 1927

20 UNDERTAKER Charles L. Storm M. D. ADDRESS 5 East 4th

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27622

CERTIFICATE OF DEATH.

E 27622

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 ½ Denmead ave ST.: 27-55 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lafayette Jackson

(a) RESIDENCE. No. 520½ Denmead ave ST., WARD. 27

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 19 27

7 AGE Years ... Months ... Days ... If LESS than 1 day, 6 hrs. or ... min.

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Lunsey Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ky

12 MAIDEN NAME OF MOTHER Mary Marshall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mother

(Address) 520½ Denmead ave

15 Filed NOV 20 1927 C. HAMPSON JONES M.D. Registrar

By R.W.P.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 19 1927

17

I HEREBY CERTIFY, That I attended deceased from Nov 19, 1927, to Nov 19, 1927, that I last saw him alive on Nov 19 1927, and that death occurred, on the date stated above, at 4 ? m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) —

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? ... Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Charles F. Jones, M. D.

, 19 (Address) 1274 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery

DATE OF BURIAL 11/21 1927

20 UNDERTAKER Miss Hulda R. Williams

ADDRESS 922 W Lafayette Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Pks.

E 27623 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 E 27623

1-PLACE OF DEATH

Registered No.

City of BALTIMORE: (No. 1358 Carroll St. St., 21-29 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary S. Banks

(a) Residence No. 1358 Carroll St. St., 21 Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: colored

5-Single, Married, Widowed, or Divorced, (Write the word.): married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Anthony Banks

6-DATE OF BIRTH (month, day and year): unknown

7-AGE: 53 yrs. mos. ds.

If LESS than 1 day, hrs. or min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country): unknown

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): unknown

14-

(Informant) Anthony Banks

(Address) 1358 Carroll St.

15-

Filed NOV 20 1927

C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Nov 19-27

17- I HEREBY CERTIFY, That I attended deceased from July 1927 to Nov. 19, 1927

that I last saw h... alive on Nov. 18, 1927 19..

and that death occurred, on the date stated above, at 5.45a.

The CAUSE OF DEATH* was as follows:

Cardiac Asthenia

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Carcinoma of Stomach

(Duration) yrs. 6 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of no

Was there an autopsy? no

What test confirmed diagnosis? Stomach [illegible] Xray

(Signed) [illegible] M.D

, 19 (Address) 1126 W. Cross St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: 11/22 19..

20-UNDERTAKER: Wm Baker A. Williams

ADDRESS 522 N. Schroeder St

Instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49

E 27624

REGISTERED E 27624

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. 916 W. Mulberry St. 17-26 (Ward)

2-FULL NAME John Means

(a) RESIDENCE NO. 916 W Mulberry Ward

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a If married, widowed, or divorced (HUSBAND of (or) WIFE of)

6 DATE OF BIRTH (month, day, and year) July 26, 1881

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	46	3	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Actor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 86

9 BIRTHPLACE (city or town) Emerald

(State or country) N C

PARENTS

10 NAME OF FATHER Thomas Means

11 BIRTHPLACE OF FATHER (city or town)

(State or country) N C

12 MAIDEN NAME OF MOTHER Katy Baker

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) N C

14 Informant Thomas Means

(Address) 916 W. Mulberry St

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-18 1927

17

I HEREBY CERTIFY, That I attended deceased from 4-1 1927, to 11 18, 1927, that I last saw h[illegible] alive on 11 17, 1927, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows: Carcinoma of face metastasis

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of April 27

Was there an autopsy? yes

What test confirmed diagnosis? Microscopic

(Signed) [illegible] Jackson M. D.

11/19 1927 (Address) 808 W Madison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt Zion Cemetery	4/21 1927
20 UNDERTAKER Chas Hales A. Williams	ADDRESS 822 N. Schroeder

NOV 20 1927 C. HAMPSON JONES, M. D.

Per [illegible]

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 27625

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2543 1/2 Lafayette Ave. ST.) (WARD) 16-62

REGISTERED NO. 91-002 E 27625

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William A. Miller

(a) RESIDENCE NO. 2543 1/2 Lafayette Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Married

6 DATE OF BIRTH (month, day, and year) April 20th 1842

7 AGE 85 Years 6 Months 29 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Anna Miller

(Address) 2543 1/2 La Fayette Ave

NOV 20 1927

HAMPSON JONES Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 19 27

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1 1927 to Nov. 19 1927 that I last saw him alive on Nov. 18 1927, and that death occurred, on the date stated above, at 2.30 A m.

The CAUSE OF DEATH* was as follows:

Exhaustion

CONTRIBUTORY (Secondary) Senility (duration) yrs. mos 1 ds.

(duration) yrs. 2 mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. Bertram Keech M. D.

Nov 19 1927 (Address) 2502 Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Ol. G. DATE OF BURIAL Nov 21 1927

20 UNDERTAKER H.D. Jones

ADDRESS 111 S. Gilmor St

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—MAT—500 Blks.

20826
E 27626

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 35
E 27626
REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST 12-44 WARD)

2-FULL NAME William H. Baker Sr.

(a) RESIDENCE No. 3306 Gilman ST Irace WARD
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	widower

5a If married, widowed, ~~or divorced~~
HUSBAND of
(or) WIFE ~~of~~ Elizabeth Baker

6 DATE OF BIRTH (month, day, and year) April 30-1850

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
77	6	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Henry Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Anna Draper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) France

14 Informant Reads
(Address) JOHNS HOPKINS HOSPITAL

15 NOV 20 1927 C. HANSON JONES, M. D. Registrar
By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 19 1927

17

I HEREBY CERTIFY, That I attended deceased from Nov 7, 1927, to Nov 19, 1927, that I last saw him alive on Nov 19, 1927 and that death occurred, on the date stated above, at 5:32 P m.

The CAUSE OF DEATH* was as follows:

Benign Prostatic Hypertrophy

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at Home.

Did an operation precede death? No. Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Pathologic Exam.

(Signed) H. Jameson, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	Nov. 21 1927
20 UNDERTAKER Harry W. Ehlen	ADDRESS 1744 W. Madison

Instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 27627 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-E 27627

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE (No. 12-19 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Mickens

(a) RESIDENCE No. 318 Wordly St ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie Mickens

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) O+O

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Philip Mickens

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Lucretia Deane

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Johns Hopkins Hospital (Address)

15 Filed NOV 28 1927 E. HAMPTON JONES, M. D. Registrar By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-16-27 19

17 I HEREBY CERTIFY, That I attended deceased from Nov 13, 19 27, to Nov 16, 19 27

that I last saw h[illegible] alive on Nov 16, 19

and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Raymond Long. M. D.

11-16 1927 (Address) Johns Hopkins Hospital Baltimore Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cem

DATE OF BURIAL 11/18 19 27

UNDERTAKER Harold T Keeley

ADDRESS 378 N Gilmor

See instructions on back of certificate.

Spec.—1-12-23—M&T—5:00 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27628

CERTIFICATE OF DEATH.

48 E 27628

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 N. Fremont Ave. WARD) 6-11

2-FULL NAME Martin T. O'Hara

(a) RESIDENCE NO. 11 N Fremont ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Hannah O'Hara

6 DATE OF BIRTH (month, day, and year) Feb 3-1857

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min
70	2	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 009

(b) General nature of industry, business, or establishment in which employed (or employer) Steamfitter

(c) Name of employer Baltimore Steam Co.

9 BIRTHPLACE (City or town) (State or country) New Orleans La

PARENTS

10 NAME OF FATHER John O'Hara

11 BIRTHPLACE OF FATHER (City or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Regan

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Ireland

14 Informant (Address) Hannah O'Hara 11 N. Fremont Ave

NOV 20 1927

C. HAMILTON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/17 1927

17:

I HEREBY CERTIFY, That I attended deceased from 10/15 1927 to 11/17 1927

that I last saw h~~e~~ alive on 11/17 1927

and that death occurred, on the date stated above, at 7 30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of face

uncertain

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Inanition

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. J. Jenkins, M. D.

(Address) 119 N. Mulberry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Joseph's Cem. Lutherville

DATE OF BURIAL 11/21 1927

20 UNDERTAKER J. C. Horan

ADDRESS 2000 E. Baltimore

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27629

CERTIFICATE OF DEATH.

90 E 27629

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 2937 Erdman ave ST., (WARD)

2-FULL NAME Margaret Kennedy

(a) RESIDENCE No. 2937 Erdman ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced. (write the word) Widow

5a If married, widowed, ~~divorced~~ (HUSBAND of) (WIFE of) James H. Kennedy

6 DATE OF BIRTH (month, day, and year) Sept. 1851

7 AGE Years 76 Months 2 Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Worcester Mass

PARENTS

10 NAME OF FATHER Patrick T. Hartnett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen O'Sullivan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Mrs. H. O. Paynter 2937 Erdman Ave

15 Filed NOV 20 1927 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-18 1927

17 I HEREBY CERTIFY, That I attended deceased from 11-5 1927 to 11-18 1927, that I last saw her alive on 11-18 1927 and that death occurred, on the date stated above, at 12 30 P m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Degeneration

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) David Miller M. D.

11/19 1927 (Address) 1500 Eutaw

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hollingsworth Cem

DATE OF BURIAL 11/21 1927

20 UNDERTAKER J. L. Moran

ADDRESS 2 E Baltimore

IMPORTANT See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 27630 HEALTH DEPARTMENT—CITY OF BALTIMORE E 27630

CERTIFICATE OF DEATH

100

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS St., 4-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph J. Hartman

(a) RESIDENCE NO. 107 E Lombard ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Junk yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Junk

7 AGE — Years: 70 Months: Days: If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Iron man

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Phillip

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Gertrude

13 BIRTHPLACE OF MOTHER (city or town) (State or country): germany

14 Informant (Address)

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-17 19 27

17 I HEREBY CERTIFY, That I attended deceased from 11-14 19 27 to 11-17 19 27.

that I last saw him alive on 11-17 19 27

and that death occurred, on the date stated above, at 6:00 P m.

The CAUSE OF DEATH* was as follows:

Acute myocarditis

Broncho pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam.

(Signed) C Hartman Boyd, M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn

DATE OF BURIAL: 11/21/1927

8 UNDERTAKER: J A Moran

ADDRESS: 2200 E Baltimore

TION IS very important See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27631

CERTIFICATE OF DEATH.

16 V E 27631

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Levin

(a) RESIDENCE NO. 2124 East Lombard St St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White (Jewish)

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11-18-27

7 AGE: Years _____ Months _____ Days _____ IF LESS than 1 day 22 hrs. or _____ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9 BIRTHPLACE (city or town) _____
(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Raymond Levin

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) Poland

12 MAIDEN NAME OF MOTHER Ray Zerling

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) Baltimore

14 Informant _____
(Address) _____

Filed _____ 19 _____ _____ Registrar

NOV 20 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 19 1927

17
I HEREBY CERTIFY, That I attended deceased from Nov 18, 1927, to Nov 19, 1927, that I last saw him alive on Nov 19, 1927, and that death occurred, on the date stated above, at 4:30 a.m.

The CAUSE OF DEATH* was as follows:

Hemorrhage of the New Born

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____

Cardiac failure (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm Schuman, M. D.

Nov 19, 1927 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

North Level Cemetery Nov 21 1927

20 UNDERTAKER — ADDRESS

D. Cook Sons 1139 Eutaw St

DEATH is path cases, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 27632

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

179 E 27632

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) No. 139 N. Broadway ST. (b) 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca Levin

(a) RESIDENCE No. 139 N. Broadway ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? 23 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Abraham Levin

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 85 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Isaac Levin

(Address): 139 N. Broadway

15 Filed: NOV 20 1927

C. HAMPSON JONES, M. D.
C. W. SINCLAIR, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/20 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1927, to Nov. 20, 1927, that I last saw her alive on Nov. 20, 1927, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) — yrs. — mos. 15 ds.

CONTRIBUTORY (Secondary): Chronic interstitial nephritis

(duration) 15 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical & laboratory

(Signed) M. Alpert, M. D.

, 19 (Address) 2350 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Lebanon Circle Gut

DATE OF BURIAL: Nov 22 19

UNDERTAKER: Leach Levin

ADDRESS: 1437 Eutaw

(Sign on back of certificates. See instructions on back of certificates. Very important.)

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27633

CERTIFICATE OF DEATH.

101-001 E 27633

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 529 W. Barre St. St. 22-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kuzma Lukashuk.

(a) RESIDENCE NO. 529 W. Barre St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. ---------- How long in U. S., if of foreign birth? 14 yrs. ---------- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	38	----------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Sergey Horoshko.

(Address) 529 W. Barre St.

15 Filed ..... 19..... C. HAMPSON JONES, M. D. Registrar

NOV 20 1927

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) November 17, 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt (Coroner) M. D.

11/19/27 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Russia Independet Cem. Date of Burial NOV. 20 1927

20 UNDERTAKER JOHN GREBLIAUCKAS ADDRESS S.S. 423 S Paca St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 27634

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-002

E 27634

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 306 S Collington St. 1-3 (Ward)

2-FULL NAME Leonard Straszynski

(a) RESIDENCE NO. 306 S Collington St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 31-27

7 AGE: Years _____ Months 3 Days 18

IF LESS than 1 day ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Baltimore

PARENTS

10 NAME OF FATHER Paul Straszynski

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Jankiewicz

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Baltimore

14 Informant Paul Straszynski

(Address) 306 S Collington Ave

NOV 20 1927

FILED 19 H. C. HAMILTON JONES, M. D. Registrar

By _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 19 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry and Leo autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Cap. Bronchitis

(Duration) _____ yrs. _____ mos. 4 ds.

CONTRIBUTORY (Secondary) Pneumonia (duration) _____ yrs. _____ mos. 1 ds.

Nov 19/27 (Signed) G. C. Wades M. D.

(Coroner)

19 (Address) 4376 13 ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Date of Burial Nov 21 1927

UNDERTAKER F W Bazewski ADDRESS 1930 Eastern Ave

DO NOT USE PENCIL. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Write in plain terms, so that it may be properly classified.

Spec.—1-10-21—M&T—1500 Bks.

E 27635 HEALTH DEPARTMENT—CITY OF BALTIMORE 27635

CERTIFICATE OF DEATH. 129 E 27635 REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 305 E 33rd ST. (or) 12-49 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Elizabeth Houck

(a) RESIDENCE NO. 305 E 33rd ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: C. Fredrick Houck

6 DATE OF BIRTH (month, day, and year): Dec 7 1865

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
62	1	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Philip Steinmiller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaret Wurtz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: C. Fredk Houck

(Address): 305 E 33rd St

15 Filed Nov 21 1927 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 18 1927

17 I HEREBY CERTIFY, That I attended deceased from Feb 6 1925 to Nov 18 1927, that I last saw her alive on Nov 18 1927, and that death occurred, on the date stated above, at 7:30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Int. Nephritis

(duration) c — yrs. mos. ds.

CONTRIBUTORY (Secondary): Myocarditis & hypertension

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin & Path

(Signed) [illegible], M. D.

(Address) 715 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Nov 21 1927

20 UNDERTAKER: John F. Denny — ADDRESS: 715 Light St

TION is very important. See instructions on back of certificate. Exact statement of OCCUPA-

Spec.—1-12-23—M&T—500 Blks.

208252

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27636

CERTIFICATE OF DEATH.

E 27636

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 90 ST. W-30 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Flora Pickett

(a) RESIDENCE NO. 2722 Guilford Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James J. Pickett

6 DATE OF BIRTH (month, day, and year): Dec 29 1874

7 AGE: Years 52 Months 10 Days 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Philadelphia Pa

PARENTS

10 NAME OF FATHER: John Martin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Mamilla Nunn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant (Address): Johns Hopkins Hospital

15 NOV 20 1927 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 19 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 7, 1927, to Nov 19, 1927, that I last saw her alive on Nov 19, 1927, and that death occurred, on the date stated above, at 3:50 P m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

Irregular Fibrillation

Mitral Stenosis & Incomp -

known (duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Cerebral Embolism -

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? I do not know.

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Lyman Meeks M. D.

11/20 1927 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Philadelphia Pa — DATE OF BURIAL: Nov 23 27

20 UNDERTAKER: [illegible] — ADDRESS: Phila Pa

Check of certificates. See instructions on back of certificates. TION is very important

Spec.–7-17-26—A Co.—200 Bks.

E 27637

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 27637

REGISTERED NO. 105

1-PLACE OF DEATH

City of BALTIMORE: (No. 4602 Daytona Ave St.) (Ward) 27-56

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha J. Browne

(a) RESIDENCE NO. 4602 Daytona Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph V. Browne

6 DATE OF BIRTH (month, day, and year): Oct 17 1894

7 AGE — Years: 33 Months: 1 Days: 2 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Pa

(State or country)

PARENTS

10 NAME OF FATHER: Jas. Rayne

11 BIRTHPLACE OF FATHER (City or town): Phila

(State or country)

12 MAIDEN NAME OF MOTHER: Emma Linsey

13 BIRTHPLACE OF MOTHER (city or town): Chester Pa

(State or country)

14 Informant: Joseph V. Browne

(Address) 4602 Daytona Ave

Nov 20 1927 C. HAMPSON JONES, M. D. Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 19- 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 16 1927 to Nov. 19 1927

that I last saw h[illegible] alive on Nov. 19 1927

and that death occurred, on the date stated above, at 5.20 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Asthma

(duration) yrs. 6 mos. [illegible] da.

CONTRIBUTORY (Secondary): Acute Cardiac Dilatation

(duration) yrs. mos. 1 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Kenneth A. Long, M. D.

. 19 (Address) 4619 Park Heights Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Phila Pa — Date of Burial: 11/20 1927

20 UNDERTAKER: Chas. P. Crane & Son — ADDRESS: 115 W. Royal Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27638

E 27637

74-001

CERTIFICATE OF DEATH.

E 27637

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 702 S Montford Ave St., 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stefan Fuchs

(a) RESIDENCE NO. 702 S Montford Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Fuchs

6 DATE OF BIRTH (month, day, and year): December

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country) Austria

PARENTS

10 NAME OF FATHER Stefan Fuchs

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Austria

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Austria

14 Informant Mary Fuchs

(Address) 702 S Montford Ave

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

JAN 21 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 17 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 1 1927, to Nov 17 1927

that I last saw h alive on Nov 17 1927

and that death occurred, on the date stated above, at 10.30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 1 mos. 17 ds.

CONTRIBUTORY (Secondary) Cardiac Dropsy

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death! Date of

Was there an autopsy!

What test confirmed diagnosis!

Signed Wm A Rayner M. D.

19 19 (Address) 501 N Kenwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Date of Burial Nov 21 19 27

20 UNDERTAKER Hurd & Gribben ADDRESS 1900 Eutaw

Use ink in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27639

161-001

E 27639

CERTIFICATE OF DEATH

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. 717 W 37th St. 13-52 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mirle Sylvester Williams

(a) RESIDENCE NO. 717 W 37th St., Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ~~Yrs.~~ mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: None.

6 DATE OF BIRTH (month, day, and year): Nov 18, 1927

7 AGE — Years — Months — Days — IF LESS than 1 day ~~6~~ hrs. or ~~min.~~

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): md

(State or country)

PARENTS

10 NAME OF FATHER: Vernon L. William

11 BIRTHPLACE OF FATHER (City or town): Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Lillian M. King

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: Vernon L. Williams

(Address) 717 W 37th St.

15 Filed NOV 21 1927 C. HAMPDEN JONES, M. D., Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 27: Nov 19

17 I HEREBY CERTIFY, That I attended deceased from Nov 12, 19 12, to Nov 18, 19 27.

that I last saw h~~e~~r alive on Nov 19, 19 27.

and that death occurred, on the date stated above, at 12:20 P. m.

The CAUSE OF DEATH* was as follows:

Atelectasis, Early death
caused due to premature
birth, Rickety stomach
& pneumonia (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) _____ (duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Sym & symptoms

(Signed) C B Nonnenbruch M. D.

19 27 (Address) 3543 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Marys Hampden — Date of Burial: Nov 21, 1927

20 UNDERTAKER: Thomwell Olson — ADDRESS: 3615 Pleasant Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27640

CERTIFICATE OF DEATH

90

E 27640

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 407 Hawthorne Rd. St. 27-53 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Frank Kenly

(a) RESIDENCE NO. 407 Hawthorne Rd St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 90 yrs. mos. da. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Hanway

6 DATE OF BIRTH (month, day, and year): Aug 21 1845

7 AGE: Years 82 Months 3 Days 28 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Harford County

(State or country)

PARENTS

10 NAME OF FATHER: George W Kenly

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Rebecca Rouse

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Maryland

14 Informant: Sarah Kenly

(Address): 407 Hawthorne Rd

Filed NOV 21 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1927: November 19

17 I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1927, to Nov. 19, 1927,

that I last saw him alive on Nov. 19, 1927,

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia

(duration) yrs. mos 12 da.

CONTRIBUTORY (Secondary): Chronic Myocarditis

senile Debility & Senility

(duration) 10+ yrs. mos da.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) A. F. Robinson M. D.

11-21-1927 (Address) 836 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Grove Cem'ty, Aberdeen Md — Date of Burial: Nov 21, 1927

20 UNDERTAKER: John A Mitchell — ADDRESS: Aberdeen Md

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

Loantz

1369-H

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27641

CERTIFICATE OF DEATH

E 27641

1-PLACE OF DEATH

City of BALTIMORE: (No. Maryland Gen'l Hosp St. 16-69 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Louis Loantz

(a) RESIDENCE NO. 2425 Harlem Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs. Louis

6 DATE OF BIRTH (month, day, and year): 8-24-62

7 AGE: Years 65 Months 2 Days 27 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cloc. dealer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Self

9 BIRTHPLACE (city or town): New Orleans La

(State or country)

PARENTS

10 NAME OF FATHER: Charles Loantz

11 BIRTHPLACE OF FATHER (City or town): Germany

(State or country)

12 MAIDEN NAME OF MOTHER: Mary Vanderheides

13 BIRTHPLACE OF MOTHER (city or town): Germany

(State or country)

14 Informant: Hosp. records

(Address)

Filed NOV 21 1927 19 H. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: 11-19-27

17 I HEREBY CERTIFY, That I attended deceased from 10-31-27 19 to 11-19-27 19, that I last saw h alive on 11-19-27 19, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Sigmoid

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Hypostatic Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? yes Date of 11-2-27

Was there an autopsy? and

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

11/21/27 (Address) Md Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. †See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pikesville

Date of Burial: Nov 27 19

20 UNDERTAKER: Joseph D Cook

ADDRESS: 1300 E. Baltimore St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 27642 (1.) REGISTERED NO. 129 E 27642

City of BALTIMORE: (No. 434 South Stricker St. 19-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Wiebking

(a) RESIDENCE NO. 434 South Stricker St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divoreed HUSBAND of (or) WIFE of: Mary Wiebking

6 DATE OF BIRTH (month, day, and year): October, 26th 1862

7 AGE: Years 65 Months 0 Days 24

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired-Supt.

(b) General nature of Industry, business, or establishment in which employed (or employer): Street Cleaning Dept.

(c) Name of employer: Baltimore City.

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Henry Wiebking

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Amelia Thiemeyer

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: Mrs. Annie Linker

(Address): 434 S. Stricker St

15 Filed ... 19 ... C. HAMBLETON, M. D. Registrar

NOV 21 1927 By ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 November, 19th. 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 1 19 27, to Nov 19 19 27,

that I last saw h... alive on Nov 19 19 27,

and that death occurred, on the date stated above, at 5.50 P. m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia

(duration) ... yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Parenchymatous Nephritis (duration) 3 yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Bernard J. Trunk, M. D.

11/21 19 27 (Address) 1707 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore, Cemetery — Date of Burial: Nov. 23 19 27

20 UNDERTAKER: Joseph Cook — ADDRESS: 1003 W. Balto St

IMPORTANT: PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 27643

HEALTH DEPARTMENT—CITY OF BALTIMORE

1927 E 27643

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. S. 16-22 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cherry Coy

(a) RESIDENCE NO. 815 N. Monroe St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE B

5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced (HUSBAND of or) WIFE of Leon Coy

6 DATE OF BIRTH (month, day, and year) 1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant Balto City Hosp. (Psycho)

(Address)

15 Nov 2nd 1927 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/19/27

17 I HEREBY CERTIFY, That I attended deceased from 11/17, 1927, to 11/19, 1927, that I last saw h[illegible] alive on 11/19, 1927, and that death occurred, on the date stated above, at 1:20 p m.

The CAUSE OF DEATH* was as follows:

Myocardial failure

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Toxic puerperal psychosis

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Nan Stratton Coombs M. D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenville N. C. DATE OF BURIAL Nov 21 1927

20 UNDERTAKER David Easton ADDRESS 416 Cathedral

Print Every Important See Instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 27644

66 E 27644

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hosp 11-24 (If not in hospital or institution, write "Inmate" or "Patient" before name.)

2-FULL NAME Nellie Lloyd Harris

(a) RESIDENCE NO. 911 Middle Coat St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): Marrd.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1891

7 AGE — Years: 36 — Months: — — Days: — — If LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md

14 Informant: Lucy Ford

(Address) 911 Middle Coat

15 Filed NOV 21 1927 G. HAMPSON JONES, M. D. Registrar

By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 19 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

On Deon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ac Alcoholism

Duration (a) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

Duration (b) yrs. mos. ds.

(Signed) G C Straley M. D.

(Address) 1453 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem Date of Burial: Nov 21 1927

20 UNDERTAKER: Daniel Easton ADDRESS 916 Pa ave

If DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27645

CERTIFICATE OF DEATH.

66

E 27645

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Univers Hosp. St. 17-24 Ward)

2-FULL NAME Walter C Morrison

(a) RESIDENCE NO. 904 Penna ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1903

7 AGE: Years 24 Months Days

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) N.C.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) N.C.

14 Informant Martha McNeal

(Address) 904 Penna ave.

Filed NOV 21 1927 C. HAMPSON JONES, M. D. Registrar

By R. M. C.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 18 1927

17 I HEREBY CERTIFY, That I viewed the remains described above, held an Inquest, autopsy or inquiry.

Screen and from the evidence obtained by said Inquest, autopsy or inquiry. find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

AC Alcoholism

(duration) Excessive yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

Nov 20 1927 (duration) yrs. mos. 1 ds.

Signed: G C Hales M. D.

(Coroner)

19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the state yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Date of Burial: Nov 21 1927

UNDERTAKER: Dennis Easton ADDRESS 916 Penna ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27646

CERTIFICATE OF DEATH.

66 E 27646

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1307 N. Fremont St. 24-20 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Pouncie

(a) RESIDENCE NO. 1307 N. Fremont Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) about 1879

7 AGE — Years: 48 — Months — Days — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Barber
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: self

9 BIRTHPLACE (city or town)
(State or country): S. C.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country): do

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country): do

14 Informant: Claudis Pouncis
(Address): Wash. D. C.

15 Filed: Nov 21 1927 — G. HAMPSON JONES, M. D. Registrar
By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Nov. 20, 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

acute alcoholism

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.
(Coroner)

Nov. 21 1927 (Address) 2572 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem — Date of Burial: Nov 21 1927

20 UNDERTAKER: Hamel Easton — ADDRESS 916 Eutaw

Nov 21 1927

Dec 21 1927

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27647

CERTIFICATE OF DEATH.

E 27647
REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 726 Linden ave (ST.) 17-24 (WARD)

2-FULL NAME Geo W. Nelson

(a) RESIDENCE No. 726 Linden ave ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: Wht
5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE: Years 45 Months Days If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt City

PARENTS

10 NAME OF FATHER Wm Nelson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Eugene Wilson
(Address) 726 Linden ave

15 Filed [illegible] 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 18 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 18, 1927, to Nov 18, 1927, that I last saw h— alive on Nov 18, 1927 and that death occurred, on the date stated above, at 7.20 P m

The CAUSE OF DEATH* was as follows:
Cardiac Disease, Valvular

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Characteristic Symptoms

(Signed) C. H. Hunter, M. D.

Nov 19 1927 (Address) 712 E. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn cem — DATE OF BURIAL: Nov 21 1927

20 UNDERTAKER: David Easton — ADDRESS: 916 Pa ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 27648

75-001 ✓

E 27648

PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1703 Light St. 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph A. Hooper

(a) RESIDENCE NO. 1703 Light St. 24 Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 Color or Race W

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If ~~married, widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Mary V. Lightner

6 DATE OF BIRTH (month, day, and year) May 9 1847

7 AGE Years 80 Months 8 Days 3 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 015

(b) General nature of industry, business, or establishment in which employed (or employer) Carpenter

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md.

PARENTS

10 NAME OF FATHER Jos. A. Hooper

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary A. Hazard

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md.

14 Informant Gilbert McCoy

(Address) 1703 Light St

Filed NOV 21 1927

C. HAMPSON JONES, M. D.

Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 17/27 19

17 I HEREBY CERTIFY, That I attended deceased from Nov 1/27, 19 ..... to Nov 17/27, 19 ....., that I last saw ~~him~~ her alive on Nov 17/27, 19 ....., and that death occurred, on the date stated above, at 9P m.

The CAUSE OF DEATH* was as follows:

Hemiplegia, Cerebral

(duration) ..... yrs. ..... mos. 17 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Myocarditis Chronic

(duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted (if not at place of death)? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis?

Signed Nov 18/27, 19 (Address) H. H. Tolle M. D. 1703 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dowden's Park Cem. Date of Burial 11/21 1927

20 UNDERTAKER J. F. Dehaydowne ADDRESS 1318 Light St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27649

CERTIFICATE OF DEATH.

E 27649

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 926 Carrollton Ave. WARD 16-23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Calvin H. Benton Jr.

(a) RESIDENCE NO. 926 Carrollton Ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

Non Resident

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 22-27

7 AGE Years 3 Months Days 28 If LESS than 1 day, hrs. or min. 27

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Chicago Ill.

PARENTS

10 NAME OF FATHER Calvin Benton Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Emma Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Emma Benton

(Address) 926 Carrollton Ave

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11 20 19 27

17 I HEREBY CERTIFY, That I attended deceased from 11 15, 19 27, to 11 20, 19 27,

that I last saw h alive on 11 20, 19 27,

and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

Acute Endocarditis & Myocarditis

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) M. Smith, M. D.

11 21, 19 27 (Address) 2129 Div St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

15 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL 11 21 19 27

16 UNDERTAKER Samuel Brooks

ADDRESS 1700 Mc

Filed NOV 21 1927 19 C. HAMPSON JONES, M. D. Registrar

By

Cor.—12-9-25—A Co.—200 Bks.

E 27650

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 27650

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 648 W. Lee St. 22-30 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Norvel Burke.(C)

(a) RESIDENCE NO. 648 W. Lee St. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 Color or Race: Colored.

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Do not know.

7 AGE: Years 45; Months; Days; IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town)

(State or country): West Virginia.

PARENTS

10 NAME OF FATHER: Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Do not know.

12 MAIDEN NAME OF MOTHER: Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Do not know.

14 Informant: Marlenia Pinder. (C)

(Address) 643 W. Lee St.

15 Filed 12-1 1927 HAMILTON JONES, M. D.

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 17, 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

Otto M. Leinhardt M. D. (Coroner)

11/19/27 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the state ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Date of Burial Nov 21 1927

20 UNDERTAKER: John H. Sowden ADDRESS 1027 Hanover

IF DEATH IS PLAIN TERMS, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27651

CERTIFICATE OF DEATH.

E 27651

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST., 4-7 WARD)

2-FULL NAME George Congoulis (Kongiondis)

(a) RESIDENCE NO. Sparrows Point Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of (Unknown) Congoulis

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher 013

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Collins Bros

9 BIRTHPLACE (city or town) (State or country) Greece

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Greece

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Greece

14 Informant Helene Zoulia

(Address) Sparrows Point Md

Filed NOV 21 1927 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 19 1927

17 I HEREBY CERTIFY, That I attended deceased from 9/21/27, 19 , to 11/19/27, 19 , that I last saw h, alive on 11/19/27, 19 , and that death occurred, on the date stated above, at 11 45 pm.

The CAUSE OF DEATH* was as follows:

Duodenal Ulcer

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 10/27/27

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) J. E. Winstead, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL 11/22 1927

20 UNDERTAKER Wilson Cook — ADDRESS 532 E Madison

Please write very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Blks.

E 27652

Leonard

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 27652

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. BALTIMORE CITY HOSPITALS St. 24-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emmett Leonard

(a) RESIDENCE NO. 1100 Russell St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis E Leonard

6 DATE OF BIRTH (month, day, and year) July 27, 1879

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	48	3	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Penn.

PARENTS

10 NAME OF FATHER Pennsylvania Unknown

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Penn.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Informant

(Address) Friends

NOV 21 1927

Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/17/1927

17 I HEREBY CERTIFY, That I attended deceased from April 14, 1927, to Nov. 17, 1927

that I last saw h[illegible] alive on Nov. 17, 1927

and that death occurred, on the date stated above, at 10:00 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis chronic

Hemiplegia, right

(duration) yrs. 6 mos. da.

CONTRIBUTORY Arteriosclerosis

(Secondary)

(duration) yrs. mos. 5 da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General Symptoms

(Signed) C. Wilson Leonard, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Loudon Park	11-22 19 27
20 UNDERTAKER	ADDRESS
Penn Co.	1022 Madison

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

E 27653

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 1
11-0 E 27653

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2122 E North Ave St. 8-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Raymond W Gill

(a) RESIDENCE NO. 2122 E North Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edna M Gill

6 DATE OF BIRTH (month, day, and year): May 19, 1895

7 AGE: Years 32 Months 6 Days IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Mecanic

(b) General nature of industry, business, or establishment in which employed (or employer): 31

(c) Name of employer: Franklin Motor Co

9 BIRTHPLACE (city or town): Baltimore County

(State or country): Md

PARENTS

10 NAME OF FATHER: Joseph Gill

11 BIRTHPLACE OF FATHER (City or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: Mary Rose

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: Edna M Gill (Wife)

(Address) 2122 E North Ave

Filed NOV 21 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 20 1927.

17 I HEREBY CERTIFY, That I attended deceased from November 14 1927. to November 20 1927. that I last saw him alive on November 20 1927. and that death occurred, on the date stated above, at 9450 A. m.

The CAUSE OF DEATH* was as follows:

Influenza and Lobar Pneumonia.

(Duration) yrs. mos. 7. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical Examination

(Signed) Allen A Hamilton M. D.

Nov 20 1927 (Address) 2025 E North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem

Date of Burial: 11/23 1927

20 UNDERTAKER: W M Cook

ADDRESS: 502 E Lanvale St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of very important. See instructions on back of certificates.

CAUSE OF OCCUPATION is

Spec.—1-10-21—M&T—1500 Bks.

Leithauser

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27654

CERTIFICATE OF DEATH.

129

E 27654

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3129 Strickland ST. 20-29 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Christina Leithauser

(a) RESIDENCE NO. 3129 Strickland ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced (or) WIFE of Adam Leithauser

6 DATE OF BIRTH (month, day, and year) Oct. 28-1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	63	—	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Christian Haus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Mr. Adam Leithauser

(Address) 3129 Strickland St.

15 Filed NOV 21 1927 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 19. 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 7 1927. to Nov. 19 1927.

that I last saw h[illegible] alive on Nov. 18 1927.

and that death occurred, on the date stated above, at 4:15 P. m.

The CAUSE OF DEATH* was as follows:

General Arterio-Sclerosis

Chronic Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Mo. Val. by Heart

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) H. J. Starr M. D.

11.20. 1927 (Address) 516 [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Mt. Olivet Cemetery Nov. 22 1927

20 UNDERTAKER — ADDRESS

George L. Schwab 1011 Park Ave.

TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27655

CERTIFICATE OF DEATH.

32

E 27655
REGISTERED NO.

1-PLACE OF DEATH St. Agnes Hospital
City of BALTIMORE: (No.) (Street) 70-69 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fred. Schlueter

(a) RESIDENCE NO. 349 S. Bentalou St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 Color or Race: white
5 Single, Married, Widowed, or Divorced. (write the word): Single
5a If married, widowed, or divorced HUSBAND of (or) WIFE of —
6 DATE OF BIRTH (month, day, and year): June 21-1908
7 AGE: Years 19 Months 4 Days 29 IF LESS than 1 day.....hrs. or.....min.
8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS
10 NAME OF FATHER Emel Schlueter
11 BIRTHPLACE OF FATHER (city or town)
(State or country) not given
12 MAIDEN NAME OF MOTHER not given
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) " "

14 Informant Emel Schlueter
(Address) 349 S. Bentalou St

Filed NOV 21 1927 19 C. HAMPSON JONES, M. D.
Registrar
By —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-19 1927

17 I HEREBY CERTIFY, That I attended deceased from 11-16 1927, to 11-19, 1927, that I last saw him alive on 11-19, 1927, and that death occurred, on the date stated above, at 4 30 p.m.

The CAUSE OF DEATH* was as follows:

Meningitis - Tuberculous

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Terminal Broncho Pneumonia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home -
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? clinical

(Signed) A. J. Knapp M. D.
11-19, 1927 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery Date of Burial Nov. 22 1927
20 UNDERTAKER: George L. Schwab ADDRESS 2101 Rutk. Ave.

very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 27656 HEALTH DEPARTMENT—CITY OF BALTIMORE E 27656

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 4662 Belair Road St., 7 Ward) Registered No. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa M. Schone

(a) Residence No. 4662 Belair Rd. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced (Write the word.): Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: J. Harman Schone

6-DATE OF BIRTH (month, day and year): Dec 4 1852

7-AGE: 74 yrs. 11 mos. 15 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto. Co. Md.

PARENTS

10-NAME OF FATHER: Lawrence Hoffstetter

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Catherine Lutz

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Balto. Co. Md.

14- (Informant): Chester Schone (Address): 4662 Belair Road

15- NOV 21 1927 C. [illegible] JONES, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Nov. 19th 1927

17- I HEREBY CERTIFY, That I attended deceased from Nov 15 1927 to Nov 19 1927

that I last saw h alive on Nov 19 1927

and that death occurred, on the date stated above, at 11:40 P.M.

The CAUSE OF DEATH* was as follows:

Rheumatic Arthritis

20 (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Valvular disease of heart

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Wm D Cooke M. D

, 19 (Address) Cooke & Saulsbury

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Jonas Bros Luth. Cem. Co. DATE OF BURIAL: Nov. 21 1927

20-UNDERTAKER: Frederick Goodwin & Sons ADDRESS: Pikesville

Instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27657

CERTIFICATE OF DEATH.

202 E 27657

REGISTERED NO.

1-PLACE OF DEATH: Union Ship Building Co.

City of BALTIMORE: (No.) Fairfield. St. 25-26 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME: Thorwald Sirensen.

(a) RESIDENCE NO.: Mace St. Essex, Balto. Co. Md. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred: yrs. mos. 1 ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced, (write the word): Married.

6a If married, XXXXXXXXXXXX HUSBAND of XXXXXXXX: Tennie Simensen.

6 DATE OF BIRTH (month, day, and year): November 10, 1879.

7 AGE: Years 48 Months 0 Days 8 If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Ship worker.

(b) General nature of industry, business, or establishment in which employed (or employer): Union Ship Building Co.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Norway.

PARENTS

10 NAME OF FATHER: Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Do not know.

12 MAIDEN NAME OF MOTHER: Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Do not know.

14 Informant: Jennie Simensen. (wife)

(Address): Mace St. Essex, Balto Co. Md.

15 Filed 19

Registrar

Per

NOV 21 1927 C. HARRISON, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): November 18, 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull, caught in an explosion aboard Steamship Jacob Luckenbach. Accidental Death.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Einhardt M. D.

(Coroner)

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (see reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cem. Date of Burial: Nov 21 1927

20 UNDERTAKER: John E Connelly ADDRESS: Essex Md

Use typewriter or pen and ink, but in either case make entries in black ink. Do not use pencil. Be sure to make a perfect record of every item, as the certificate is a permanent record and very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27658
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

100-001

E 27658
REGISTERED NO.

City of BALTIMORE: (No. 711 Bradley Ave St. 11-26

2-FULL NAME Ollie Reeves

(a) RESIDENCE NO. 711 Bradley Ave St. Ward

(Usual place of abode)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

Length of residence in city or town where death occurred 1 yr. 0 mos ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced. (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Gary Reeves

6 DATE OF BIRTH (month, day, and year): Oct. 30, 1900

7 AGE — Years: 27 — Months: — Days: 18 — If LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town): Md.
(State or country)

PARENTS

10 NAME OF FATHER: Phillip Hampson

11 BIRTHPLACE OF FATHER (city or town): Md.
(State or country)

12 MAIDEN NAME OF MOTHER: Sarah Talbot

13 BIRTHPLACE OF MOTHER (city or town): Md
(State or country)

14 Informant: Olivia Hampson
(Address) 711 Bradley Ave.

Date Received NOV 21 1927 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 15, 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary): no other history

(duration) yrs. mos. ds.

(Signed) D. T. Hamerson M. D.
(Coroner)

Nov. 16 1927 (Address) 2572 Eutaw Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Date of Burial 11/23/27

20 UNDERTAKER: Samuel Howard & Bro.

ADDRESS 1128 Belle

Be sure to write plainly in ink, so that it may be easily classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27659
1-PLACE OF DEATH

CERTIFICATE OF DEATH. 66

E 27659
REGISTERED NO.

City of BALTIMORE: (No. 921 Middle Court Ward)

2-FULL NAME Benj. Campbell

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(a) RESIDENCE NO. 921 Middle Court Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced. (write the word): widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of: Mary Campbell

6 DATE OF BIRTH (month, day, and year): about Mar. 1848

7 AGE: Years 79 Months Days

If LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: General

9 BIRTHPLACE (city or town)
(State or country): Md.

PARENTS

10 NAME OF FATHER: Philip Campbell

11 BIRTHPLACE OF FATHER (city or town)
(State or country): Md.

12 MAIDEN NAME OF MOTHER: Sarah Talbert

13 BIRTHPLACE OF MOTHER (city or town)
(State or country): Md.

14 Informant: Olivia Ramsey
(Address): 711 Bradenton St.

15 Filed 11 1927 (19) H. Hamilton Lee M.D. Registrar

By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): March 19 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

acute alcoholism

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.
(Coroner)

(Address) 2512 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

Date of Burial: 11/22 27

20 UNDERTAKER: Samuel Stanley

ADDRESS: W. Balto

If DEATH occurred in public institutions, or if the person died elsewhere than at his residence, it is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27660

CERTIFICATE OF DEATH.

66

E 27660

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 711 Bradley Av. St. 17-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas. Ed. Campbell

(a) RESIDENCE NO. 711 Bradley Av. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced. (write the word): widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown

6 DATE OF BIRTH (month, day, and year): Nov. 24, 1889

7 AGE: Years 37 Months 11 Days 5 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: General

9 BIRTHPLACE (city or town): Nov. 1927

(State or country): Md.

PARENTS

10 NAME OF FATHER: Phillip Campbell

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Sarah Talbot

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md.

14 Informant: Olivia Campbell

(Address): 711 Bradley Av

Filed NOV 21 1927 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 20, 1927

17 I HEREBY CERTIFY, that I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon, and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

acute alcoholism

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. F. Hennessy M. D. (Coroner)

1927 (Address) 2572 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. Date of Burial 11/23/27

20 UNDERTAKER: Samuel Hennessy ADDRESS 2572 Eastern Ave

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 27661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

118-001

E 27661

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) City Hospital St. 17 Ward)

2-FULL NAME Earle F Edwards

(a) RESIDENCE NO. 311 Myrtle Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Gladys Edwards

6 DATE OF BIRTH (month, day, and year): Feb 17 1900

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	27	4	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: General Labor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town)

(State or country): Balto Md

PARENTS

10 NAME OF FATHER: Benj Edwards

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Brown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

14 Informant: Gladys Edwards

(Address): 311 Myrtle Ave

NOV 21 1927

C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Nov 17 1927

17 I HEREBY CERTIFY, That I viewed the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Surg Oper. Hernia

(duration) yrs. mos. 2 hrs.

CONTRIBUTORY (Secondary) Post Oper Shock.

(duration) yrs. mos. 1 hrs.

Nov 21 1927 (Signed) G Blades M. D.

(Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Lebanon Cem Date of Burial: 19

20 UNDERTAKER: Sam'l A Hemsley ADDRESS: 678 N Eddle

Very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

20 6 303

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27662

CERTIFICATE OF DEATH.

X 129

E 27662

REGISTERED NO.

1-PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ST. 1725 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Hill

(a) RESIDENCE No. 618 Pulteney ST. WARD Ocala, Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 21 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, ~~Married~~, Widowed, ~~or Divorced~~. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1877

7 AGE: Years 50 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Washer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER Charles Matthews

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER Myra Bowen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant

(Address) JOHNS HOPKINS HOSPITAL

15 Filed NOV 21 1927 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 18 1927

17 I HEREBY CERTIFY, That I attended deceased from Sept 6, 1927, to Nov. 18, 1927, that I last saw h Alive on Nov 15, 1927, and that death occurred, on the date stated above, at 12:05 P m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis. Hypertension. Chronic nephritis. Myocardial insufficiency.

? (duration) 5 yrs mos ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy.

(Signed) Raymond Wing M. D.

11/19 1927 (Address) Johns Hopkins Hospital Baltimore Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery DATE OF BURIAL 11/21 1927

20 UNDERTAKER: Edmund Wm. Brady & Sons ADDRESS 17 S

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 27663

E 27663

1-PLACE OF DEATH

REGISTERED NO. 1924 90

City of BALTIMORE: (No. BALTIMORE CITY HOSPITALS Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Walker

(a) RESIDENCE NO. 728 Dolphin St. Ward 8

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Black

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE: Years 45 Months Days

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland (State or country)

PARENTS

10 NAME OF FATHER Elias Henry Scott

11 BIRTHPLACE OF FATHER (City or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address)

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 18 1927 19

17 I HEREBY CERTIFY, That I attended deceased from 9-22, 1927, to 11-18, 1927, that I last saw h[illegible] alive on 11-18, 1927, and that death occurred, on the date stated above, at 7:20 P.M.

The CAUSE OF DEATH* was as follows:

Hypertension, Arteriosclerosis

With Myocardial Failure

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) C Thelma [illegible] M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible] Cemetery

Date of Burial 11/22 1927

20 UNDERTAKER Samuel Hrenday

ADDRESS [illegible] Belle

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 27664

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91-002

E 27664

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1251 E Biddy St., 2nd Ward)

2-FULL NAME Jos Seitz

(a) RESIDENCE NO. 2215 Eastern Av St. 1 Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? 73 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Regina Seitz

6 DATE OF BIRTH (month, day, and year): May 3rd 1852

7 AGE: 75 Years: 76 Months: 6 Days: 13 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Employee

(b) General nature of industry, business, or establishment in which employed (or employer): 7 U R Ruff

(c) Name of employer

9 BIRTHPLACE (city or town): Germany

(State or country)

PARENTS

10 NAME OF FATHER: Joseph Seitz

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Dant Kleen

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: Margaret Seitz (Daughter)

(Address) 2215 Eastern Ave

Filed NOV 21 1927 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Nov 18, 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asteriosclerosis

(duration) 1 yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

Nov 20 1927 (Signed) H D Yates M. D.

(Coroner)

(Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death. yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery Date of Burial: Nov 22 1927

UNDERTAKER: Lilly & Zeiler

ADDRESS 408 N Bway

Cut on dotted lines. Be sure PLACE OF DEATH is properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27665
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

161-001

E 27665
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3708 Foster ave ST. 20-27 WARD

2-FULL NAME Infant of Lewis Graham Boyle and Helen V. Boyle

(a) RESIDENCE NO. 3708 Foster ave ST., 1 WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 20 1927

7 AGE Years Months Days If LESS than 1 day, hrs. or 10 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Lewis Graham Boyle

11 BIRTHPLACE OF FATHER (city or town) (State or country) St. Louis Mo

12 MAIDEN NAME OF MOTHER Helen V. Blandford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Lewis Graham Boyle
(Address) 3708 Foster ave

15 Filed NOV 21 1927 H. HAMPSON [illegible] M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 20 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 20, 1927 to Nov 20, 1927, that I last saw h~~e~~ alive on Nov 20, 1927, and that death occurred, on the date stated above, at 7-35 P m.

The CAUSE OF DEATH* was as follows:

7 month Foetus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) [illegible] M. D.

11-21-1927 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: Nov 22 1927

20 UNDERTAKER: Lilly & Sons — ADDRESS: [illegible]

TION is very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

Harry E Bowen

E 27666

HEALTH DEPARTMENT—CITY OF BALTIMORE

111-002

CERTIFICATE OF DEATH

E 27666 REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hospital St. 1627 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry E Bowen

(a) RESIDENCE NO. 632 N Brice St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. — mos. — ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lillie M Bowen

6 DATE OF BIRTH (month, day, and year): December 2 1890

7 AGE: Years 36 Months 10 Days 27 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer): Auto Mechanic

(c) Name of employer Self

9 BIRTHPLACE (city or town) Balto Co (State or country) Md

PARENTS

10 NAME OF FATHER Thomas Jacob Bowen

11 BIRTHPLACE OF FATHER (City or town) Balto Co. (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Cox

13 BIRTHPLACE OF MOTHER (city or town) Balto Co. (State or country) Md

14 Informant Lillie May Bowen (Address) 632 N Brice St

15 Filed NOV 21 1927 H. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 20th 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 19th 1927 to Nov. 20th 1927

that I last saw him alive on Nov. 20th 1927

and that death occurred, on the date stated above, at 3:15 P. m.

The CAUSE OF DEATH* was as follows:

Ruptured Duodenal Ulcer.

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Rupture into Peritoneal cavity with Peritonitis

(duration) yrs. mos. 1½ ds.

18 Where was disease contracted at home

If not at place of death?

Did an operation precede death? Yes Date of 11 19 27

Was there an autopsy? no

What test confirmed diagnosis? Operation.

(Signed) [illegible] M. D.

, 19 (Address) Colonial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet — Date of Burial 11/23 1927

20 UNDERTAKER: Jos. Weber & Son 2503 Edmondson Ave

ADDRESS

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27667

CERTIFICATE OF DEATH.

X 182 E 27667

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE (No.) Harbor Road of Lakewood Rd St. 3 Ward

2-FULL NAME Rodney Gillis

(a) RESIDENCE NO. Quantico Md St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 ~~Single~~, ~~Married~~, ~~Widowed~~, or Divorced, (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Cora Gillis

6 DATE OF BIRTH (month, day, and year): ~~1880~~

7 AGE: Years 45; Months; Days; IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Deck Hand

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Md.

PARENTS

10 NAME OF FATHER Beauchamp Gillis

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Bennet

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Md

14 Informant Paul Gillis

(Address) Hebron Md.

15 Filed NOV 21 1927 19 HAMSLEY, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 19 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (autopsy or inquiry.)

Thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

*A C Pneumonia

Duration yrs. mos. ds.

CONTRIBUTORY (Secondary) Asphyxia

Duration yrs. mos. ds.

Nov 21 1927 (Signed) G E Pleas M. D.

(Address) 143 Bridge

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebron Md. Date of Burial: Nov 21st 1927

20 UNDERTAKER: Leo G. Cook ADDRESS: 1723 N Patt Pk

Cert

(1) Death to be registered within ten days, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27668

129

E 27668

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1113 E Monument St St. 5-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME: Edward Steister

(a) RESIDENCE NO. 1113 E Monument St. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, ~~Married~~, ~~Widowed~~, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 23rd 1870

7 AGE: 56 Years | Months: 10 | Days: 25 | IF LESS than 1 day.....hrs. or.....min.: 57

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Paper Dealer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Md

PARENTS

10 NAME OF FATHER: Wm. H. Steister

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md

12 MAIDEN NAME OF MOTHER: Elizabeth Joerden

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md.

14 Informant: Wm Steister

(Address): 1113 E Monument St

Filed NOV 21 1927 HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-18-1927

17

I HEREBY CERTIFY, That I attended deceased from Aug 7 1927, to Nov 16, 1927

that I last saw him alive on Nov 16, 1927

and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Ch. myocarditis

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary): Ch Nephritis

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. G. Hornstein, M. D.

11/20. 1927 (Address) 733 Asquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltoleum — Date of Burial: Nov 21st 27

20 UNDERTAKER: Lee G. Cook — ADDRESS: 1723 Patt Pl

Be very important. See instructions on back of certificates. Be sure to answer all questions in print ink, so that it may be properly classified. Exact statement of OCCUPATION is

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27669

CERTIFICATE OF DEATH.

E 27669

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 3510 Powhatan Ave ST. 15-61 (WARD)

REGISTERED NO. 101-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Solomon Shepherd Stubbs

(a) RESIDENCE NO. 3510 Powhatan Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Elizabeth Stubbs

6 DATE OF BIRTH (month, day, and year): Oct 23 1848

7 AGE — Years: 79 — Months: 0 — Days: 26 — If LESS than 1 day, hrs or min:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Manufs agent

(b) General nature of industry, business, or establishment in which employed (or employer): Blankets

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Norfolk Virginia

PARENTS

10 NAME OF FATHER: Simon Stubbs

11 BIRTHPLACE OF FATHER (city or town) (State or country): Gloucester Co Virginia

12 MAIDEN NAME OF MOTHER: Mary Shepherd

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Gloucester Co Virginia

14 Informant: Jno B Stubbs

(Address) 3510 Powhatan Ave

Filed OCT 21 1927 HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): November 19 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 16, 1927, to Nov 19, 1927, that I last saw him alive on Nov 19 1927, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary): Myocardial Degen

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Howard F. Warner, M. D.

(Address) 2604 Garrison Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: Nov 21 1927

UNDERTAKER: J. Pickett Sons

ADDRESS: Rockaway

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

Geo E Heckmann

E 27670

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27670

CERTIFICATE OF DEATH.

+ 113

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST. 7-9 WARD)

2-FULL NAME John Heckmann

(a) RESIDENCE NO. 39 Charles St- ST. WARD Hagerstown Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown.

7 AGE: Years | Months: 9 mos | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Hagerst Md.

PARENTS

10 NAME OF FATHER John Heckmann

11 BIRTHPLACE OF FATHER (city or town) Md -
(State or country)

12 MAIDEN NAME OF MOTHER Margaret Haley

13 BIRTHPLACE OF MOTHER (city or town) Md -
(State or country)

14 Informant JOHNS HOPKINS HOSPITAL
(Address)

NOV 21 1927 H. A. [illegible] M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 20 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 1st 1927, to Nov 20th 1927, that I last saw him alive on Nov 20th 1927 and that death occurred, on the date stated above, at 2.45 P.m.

The CAUSE OF DEATH* was as follows:

Marasmus. Dehydration
acute G. I. indigestion

(duration) yrs. mos 5 wks

CONTRIBUTORY (Secondary) mental deficiency
chronic

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) J. F. Bonnet M. D.

(Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hagerstown Md

DATE OF BURIAL Nov 21 1927

UNDERTAKER W. A. Kretzer and Son

ADDRESS North and Pa Ave

FROM A VERY important See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27671

CERTIFICATE OF DEATH.

170 E 27671

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 17-51 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John C. Gibson

(a) RESIDENCE NO. Mercy Hospital St. Ward Chicago Ill.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 Color or Race W.

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE Years 62 Months — Days — IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman 686

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Austria

PARENTS

10 NAME OF FATHER John Gibson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Austria

12 MAIDEN NAME OF MOTHER Mary Gibson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Hungaria

14 Informant Gustave Gibson

(Address) 2453 Montrose Ave

15 Filed NOV 21 1927 HAMILTON JONES, M. D. Registrar

16 Buried at

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/19 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest

(Inquest, autopsy or inquiry.)

find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun Shot wound Throat Head (Suicide)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [illegible] M. D.

(Coroner)

11/21, 1927 (Address) 7632 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial 11-24 1927

20 UNDERTAKER Edw Roy Stiffler ADDRESS 1234 North ave

If the person is not buried, so that it may be properly classified, Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27672

CERTIFICATE OF DEATH

16-001

E 27672

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bunny Hospital ST. Bal WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Paul

(a) RESIDENCE NO. 2424 Arabury ST. 24 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced. (write the word)

5a If married, widowed, or divorced — HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11/19/27

7 AGE Years Months Days 2 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md

PARENTS

10 NAME OF FATHER Samuel Paul

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Jessie Coplan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant (Address) Hosp. Record

NOV 21 1927 Registered HAM

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-21-27

17 I HEREBY CERTIFY, That I attended deceased from 11-19-27, 19 to 11-21-27, 19

that I last saw h alive on 11-21-27, 19

and that death occurred, on the date stated above, at 3:35 a.m.

The CAUSE OF DEATH* was as follows: Atelectasis Pulmonum

atony failure

CONTRIBUTORY (Secondary) prematurity (duration) yrs. mos. 3 days

18 Where was disease contracted if not at place of death? at Camp —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? physical findings

(Signed) Hamilton M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale Cem DATE OF BURIAL 11/22/27

20 UNDERTAKER Jack Lewis ADDRESS 1430 Eutaw

HOW IS very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—300 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27673

CERTIFICATE OF DEATH.

129 E. 27673

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Sinai Hospital St., 8-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leonard Amick

(a) RESIDENCE NO. 1714 n Bond St. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 4 | 15 | 1856

7 AGE: Years 71 | Months 7 | Days 4 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Sonnebon & Sons

8D

9 BIRTHPLACE (city or town): Baltimore.

(State or country)

PARENTS

10 NAME OF FATHER: John W Amick

11 BIRTHPLACE OF FATHER (city or town): Baltimore

(State or country)

12 MAIDEN NAME OF MOTHER: Maria Amick.

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country)

14 Informant: E Amick

(Address) 1714 N. Bond st

15 Filed NOV 21 1927 C. HAMPSON JAMES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Nov. 19 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 18, 1927, to Nov 19, 1927,

that I last saw h.im alive on Nov 19, 1927,

and that death occurred, on the date stated above, at 12.45 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic Cardio-Vascular Disease

Chronic Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What tests confirmed diagnosis?

(Signed) Milton J Sheary, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery. Date of Burial: Nov 22 1927

20 UNDERTAKER: George J. Ruth ADDRESS 1735 Harford ave

very important. See instructions on back of certificates.

...so complete in all items, so that it may be properly classified. Exact statement of OCCUPATION is

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 27674

90 E 27674

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Enroute St. Joseph Hospital St. 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Bruno

(a) RESIDENCE NO. 817 Eastern Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S., if of foreign birth? 54 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Dominic Bruno

6 DATE OF BIRTH (month, day, and year) Oct 6/1867

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	60	1	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Italy

PARENTS

10 NAME OF FATHER Joseph Prateuono

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Italy

12 MAIDEN NAME OF MOTHER Rose

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Italy

14 Informant Husband

(Address)

NOV 21 1927 Name C. HAMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Nov 18/27

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Hosp death on the day stated above.

The CAUSE OF DEATH* was as follows: Probably Chr. Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Jones (Coroner) M. D.

19 11/21/27 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial Nov 23 1927

20 UNDERTAKER Wendell Doppelhofer ADDRESS 37 S Amity

If death occurred in public institutions, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 27675

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 27675

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 449 E. 28th ST., 9-46 WARD)

2-FULL NAME Mary N. Feltham

(a) **RESIDENCE NO.** 449 E. 28th ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Feltham

6 DATE OF BIRTH (month, day, and year) Dec 27-1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	10	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Canada

PARENTS

10 NAME OF FATHER A. Horsfall

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Frederick Feltham (Address) 449 E. 28th

15 Filed NOV 21 1927 C. HAMPSON JONES, M. D. Registrar

By R.M.J.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 19 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1927, to Nov 19, 1927.

that I last saw h alive on Nov. 18, 1927.

and that death occurred, on the date stated above, at 9:40 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis - Contributory Influenza

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) A. F. Robinson M. D.

11/21, 1927 (Address) 836 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

St Johns Woods Nov 22 1927

20 UNDERTAKER — ADDRESS

Chas. E. Ford [redacted]

TION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

E 27676

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74-004 E 27676

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 506 N. Collington ave St., 7-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Neumann

(a) RESIDENCE NO. 506 N. Collington ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Barbara Neumann

6 DATE OF BIRTH (month, day, and year): Nov 25 61

7 AGE: Years 65 Months 11 Days 24 IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Asst. Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer): Boss

(c) Name of employer: [illegible]

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Frank Neumann

11 BIRTHPLACE OF FATHER (City or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Louise

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Barbara Neumann

(Address) 506 N. Collington ave

15 Filed 1927 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Nov. 19/27

17 I HEREBY CERTIFY, That I attended deceased from Nov 19, 1927, to Nov 19, 1927, that I last saw h.[illegible] alive on Nov 19, 1927, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis and old hemiplegia

13 (duration) 13 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) John Engelwood, M. D.

, 19 (Address) 102 E 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel — Date of Burial 11/22 1927

20 UNDERTAKER: Philip Hennig — ADDRESS 2016 Orleans St

Be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 27677 HEALTH DEPARTMENT—CITY OF BALTIMORE E 27677

CERTIFICATE OF DEATH. 129

REGISTERED No. 13-52

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3325 Chestnut Ave, 13 WARD)

2-FULL NAME Mary C Krebs

(a) RESIDENCE No. 3325 Chestnut Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Widow

5a If married, widowed, or divorced (or) WIFE of David L Krebs

6 DATE OF BIRTH (month, day, and year) Mar 27 1857

7 AGE Years 70 Months 8 Days 24 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME of Father Henry H. Lucas Taught

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Catherine Daubl

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant John Krebs

(Address) 3325 Chestnut Ave

15 Filed 11-21 1927 C. HAMPSON JONES, M. D. Registrar

Per ACK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 10, 1927, to Nov 20, 1927, that I last saw h alive on Nov 20, 1927, and that death occurred, on the date stated above, at 4.19 m.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) A. J Davies, M. D.

(Address) 600 W 38th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Bur. Md DATE OF BURIAL Nov 23 1927

20 UNDERTAKER A S Marshall ADDRESS 3839 Fall Road

FRONT is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27678

161-01

E 27678

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1732 Broadway St. 15-21 Ward)

2-FULL NAME Baby Brooks

(a) RESIDENCE NO. 1732 Broadway St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: C

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 15 1927

7 AGE	Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
			5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9 BIRTHPLACE (city or town) Balto.

(State or country) Md

PARENTS

10 NAME OF FATHER Nathaniel Brooks

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Va

12 MAIDEN NAME OF MOTHER Helen Alexander

13 BIRTHPLACE OF MOTHER (city or town) Cantonsville

(State or country) Md

14 Informant Nathaniel Brooks

(Address) 1732 Broadway St

15 Filed NOV 21 1927 C. HAMPSON JONES, M. D. Registrar

Per 1009 RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 20 1927

17

I HEREBY CERTIFY, That I attended deceased from Nov 15, 1927, to Nov 20, 1927, that I last saw he alive on Nov 20, 1927, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted

If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy?

What test confirmed diagnosis

(Signed) J. S. McLaw M. D.

11-21 1927 (Address) 1126 Dean's Hill

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL _____ Date of Burial ____ 19

20 UNDERTAKER _____ ADDRESS _____

HOPKINS HOSPITAL NOV 21 1927

Commissioner Health.

Per Wm. E. WOODS.

If death is due to more than one cause, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

E 27679

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. E 27679

1-PLACE OF DEATH

City of BALTIMORE: (No. 1247 So. Decker Ave St. 41 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adam Bober,

(a) RESIDENCE NO. 1247 So. Decker Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) November 20-1927.

7 AGE	Years	Months	Days	If less than 1 day hrs. / min.
	0	0	1	1 Hour

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Died

(c) Name of employer

9 BIRTHPLACE (city or town) Balt.

(State or country)

PARENTS

10 NAME OF FATHER Edward Bober,

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Poland,

12 MAIDEN NAME OF MOTHER Frances Werzynin,

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland,

14 Informant XXXXX Edward Bober,

(Address) 1247 So. Decker Ave

15 Filed NOV 21 1927 C. H. SIMPSON [illegible] Registrar

RRD

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-20-1927

17 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....,

that I last saw him alive on 11-20, 1927,

and that death occurred, on the date stated above, at 1145 P. M.

The CAUSE OF DEATH* was as follows:

Stillborn

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulm. Dystocia

(duration) yrs. mos. ds.

18 Where was disease contrarted

if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Hilda Nitz. M. D.

11-20, 1927 (Address) 2214 E. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
St. Stanislaus.	Nov. 21 1927
20 UNDERTAKER M. J. Cadwalader	ADDRESS 905 S. Ann St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 27680

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27680

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1438 N. Fulton Ave., (St.) 15-21 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James K. Kean,

(a) RESIDENCE. No. 1438 N. Fulton Ave. St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~late Wife of~~ Emma A. Kean.

6 DATE OF BIRTH (month, day, and year): Oct. 11, 1873

7 AGE — Years: 54 — Months: 1 — Days: 10 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer in a garage

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: 040

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Alexander Kean.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Scotland

12 MAIDEN NAME OF MOTHER: Agnes Kellow

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Scotland

14 Informant: Emma A. Kean, (Address) 1438 N. Fulton Ave.

Filed 11 1927 C. HAMPSON JONES, M. D., Registrar

By ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): November 20, 1927

17 I HEREBY CERTIFY, That I attended deceased from November 15, 1927, to November 20, 1927, that I last saw him alive on November 20, 1927, and that death occurred, on the date stated above, at 5 30 A. m. The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Examination symptoms

(Signed) John D. Quinn, M. D.

11/21, 1927 (Address) 1507 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Nov 23rd 27

20 UNDERTAKER: Kortrum & Gore — ADDRESS: 1713 N. Lafayette Ave

This is very important. See instructions on back of certificates.

Spec. -7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E' 27681

CERTIFICATE OF DEATH

129 E' 27681

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1938 Penrose Ave (Ward) 27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George G. Romoser

(a) RESIDENCE NO. 1938 Penrose Ave Ward

(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. 11 mos. 23 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 ~~Single~~, Married, ~~Widowed, or Divorced, (write the word)~~: Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Louisa W. Romoser

6 DATE OF BIRTH (month, day, and year): Nov 23 1879

7 AGE: Years 47 Months 11 Days 24 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

D 21

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER George F. Romoser

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Margaret Hoz

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Louisa W. Romoser

(Address) 1938 Penrose Ave

15 Filed 11 21 1927

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 19 1927

17 I HEREBY CERTIFY, That I attended deceased from 12/31/26 19 to 11/19/27 19

that I last saw him alive on 11/19/27 19

and that death occurred, on the date stated above, at 6 40 p. m.

The CAUSE OF DEATH was as follows: Chronic Interstitial Nephritis

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos 21 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — Date of Burial: Nov 22 1927

20 UNDERTAKER: Jos Jacobs & Son — ADDRESS: 2178 Pa

IF DEATH is in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 27682

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 27682

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 6 West Read ST. 11-24 WARD)

2-FULL NAME Robert Hickley Shriver

(a) RESIDENCE NO. 6 West Read ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Sept. 25, 1879

7 AGE	Years	Months	Days	If LESS than day, hrs. or min.
	48	1	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.. Mfg. Agent

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Albert Shriver

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carroll Co. Maryland

12 MAIDEN NAME OF MOTHER Annie Jenkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant (Address) Alfred J. Shriver 801 N. Charles Street

15 NOV 1927 C. HAMPSON JONES, M. D. Registrar

Per R.H.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 20 1927.

17 I HEREBY CERTIFY, That I attended deceased from September 10, 1927, to November 20, 1927, that I last saw him alive on November 20, 1927, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis (acute attack)

9 days

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Pulmonary fibrosis

(duration) 9 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Lived in France

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis?

(Signed) Charles O'Donovan, M. D.

Nov 21, 1927 (Address) 5 E. Read St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 11/22 1927

20 UNDERTAKER Henry U. Weaver & Son

ADDRESS 505 N. Calvert

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27683

CERTIFICATE OF DEATH.

E 27683

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2921 Belmont ave (WARD) 6-67

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ina Anna centinico (Centinico)

(a) RESIDENCE NO. 2921 Belmont ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Salvatore Centinico

6 DATE OF BIRTH (month, day, and year): Nov 11-1875

7 AGE: Years 52 — Months 0 — Days 7 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Italy -

PARENTS

10 NAME OF FATHER: Anthony Fonti

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy -

12 MAIDEN NAME OF MOTHER: Mary Domini

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Salvatore Centinico

(Address) 2921 Belmont ave

21 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-18 1927

17 I HEREBY CERTIFY, That I attended deceased from 11-14 1927 to 11-18 1927

that I last saw h[illegible] alive on 11-18 1927

and that death occurred, on the date stated above, at 7 0 — m.

The CAUSE OF DEATH* was as follows:

Hemoplegia - arteriosclerosis Hypertention. Cardiac insufficiency (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute pancreatitis - (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) S. Demarco, M. D.

11-19 1927 (Address) 1604 Linden ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: 11-21 1927

20 UNDERTAKER: Robert Rueda & Son — ADDRESS: Baltimore Md

TION is very important See instructions on back of certificates. ...CUPA-

Spec.—1-12-23—M&T—500 Blks.

E 27684

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27684

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 313 St. Dunstans Road ST. 29-26 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maria Holmelin

(a) RESIDENCE No. 313 St. Dunstans Road ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? 5 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 16. 1846

7 AGE: Years 81 Months 6 Days 4 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Robert B. Roulston

(Address): 313 St. Dunstans Road

Filed 21 1927 19 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 20 1927

17 I HEREBY CERTIFY, That I attended deceased from Aug 30 1927 to Nov 20 1927

that I last saw her alive on Nov 20 1927

and that death occurred, on the date stated above, at 10 1/2 P m

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Cerebral arterio sclerosis (duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. A. Reifschneider M. D.

11/21 1927 (Address) 2935 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem. DATE OF BURIAL: Nov. 23 1927

20 UNDERTAKER: Harry W. Ellen ADDRESS: 1746 Druid

Spec.—1-12-23—M&T—500 Blks.

E 27685

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27685

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Stricker

(a) RESIDENCE NO. New Freedom ST. Pennsylvania WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 25 1881

7 AGE Years 46 Months 9 Days 25 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Milliner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) New Freedom (State or country) Pa

PARENTS

10 NAME OF FATHER Albert Stricker

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Hazen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hospital Records (Address)

15 Filed NOV 27 1927, 19 H. EMERSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-21-27

17 I HEREBY CERTIFY, That I attended deceased from 10-31-27, 19 , to 11-21-27 19

that I last saw h alive on 11-21-27 19

and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma Right Ovary

Chronic Myocarditis (duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) Post Operative Shock (duration) yrs. mos 3 hrs.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of 11-21-27

Was there an autopsy? Yes

What test confirmed diagnosis? Physical finding

(Signed) Geo Stricker, M.D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Freedom Pa

DATE OF BURIAL 11/24 1927

UNDERTAKER Bartenstein Mercantile Bldg

ADDRESS

NOTE—It is very important that you read instructions on back of certificate.

Spec.—1-12-23—M&T—506 Bks.

27686

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27686

CERTIFICATE OF DEATH.

49

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 503 S. Ann ST. 7-4 WARD)

2-FULL NAME Margaret Hubbe

(a) RESIDENCE NO. 503 S. Ann ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. mos. dy. How long in U. S., if of foreign birth? yrs. mos. dy.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Hubbe

6 DATE OF BIRTH (month, day, and year) Feb. 20 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	9	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Jacob Gettman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Gretchen Lackert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Minnie Winkelman (Address) 2522 W. Fayette St.

15 Filed NOV 21 1927 19 CHAMPION TOWS M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 20 1927

17 I HEREBY CERTIFY, That I attended deceased from 11/1 1927 to 11/19 1927

that I last saw h alive on 11/19 1927

and that death occurred, on the date stated above, at 1.30 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bowels 4 mos

(duration) yrs. mos 19 ds.

CONTRIBUTORY (Secondary) Cachexia & Heart failure

(duration) yrs. mos 19 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & Symptoms

(Signed) Thos D Dulboys M. D.

19 (Address) 1623 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Evangelical Cem. DATE OF BURIAL Nov. 22 1927

20 UNDERTAKER H. Sander Sons ADDRESS 1710 Fleet St

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27687

CERTIFICATE OF DEATH

46 E 27687

1-PLACE OF DEATH Hd. Gen. Hosp. REGISTERED NO.

City of BALTIMORE: (No. 15-16 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Edna Gist

(a) RESIDENCE NO. 4652 Park Hts Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: W

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mr. George F. Gist

6 DATE OF BIRTH (month, day, and year): Sept. 7, 1882.

7 AGE: Years 45 Months 2 Days 12 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) Gettysburg Pa

(State or country)

PARENTS

10 NAME OF FATHER Morel Comfort

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Lavina Tipton

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Penna

14 Informant (Address) Hosp. Record

15 DEC 21 1927 C. HAMPSON JONES, M. D. Registrar

Per RCH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 11-19-27

17 I HEREBY CERTIFY, That I attended deceased from 11-10- 19 27 to 11-19 19 27

that I last saw h~~e~~r alive on 11-19 19 27

and that death occurred, on the date stated above, at 11.10 H m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uteri.

(Primary)

(duration) 2 yrs? mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

4 hrs.

(duration) yrs. mos ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Evidence

(Signed) Chas. Hampson Jones, M. D.

, 19 (Address) 1111 Gilmore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Gettysburg Pa. Date of Burial Nov 22 1927

20 UNDERTAKER Hughes & Jones Inc ADDRESS 1111 Gilmore St

IMPORTANT. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Reg.—12-23-21—E.B.R.S.—400 Eks.

E 27688 HEALTH DEPARTMENT—CITY OF BALTIMORE E 27688

CERTIFICATE OF DEATH. 129

Registered No. 21-29

1-PLACE OF DEATH

City of BALTIMORE: (No.. 1124 W. Cross St. St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur L. Bishop

(a) Residence No. 1124 W. Cross St. St., 21 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	white	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) May 23-1885

7-AGE. 42 yrs. 5 mos. 28 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Richmond Va.

PARENTS.

10-NAME OF FATHER, Emmett W. Bishop

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va.

12-MAIDEN NAME OF MOTHER, Susan Davis

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va.

14-

(Informant) Charles L. Bishop

(Address) 1124 W. Cross St.

15-

Filed 21 1927 C. HAMPSON JONES, M. D. Registrar.

By ARD

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 11 | 21 | 27

17- I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1927 to Nov. 21, 1927 that I last saw h. in life on Nov. 20, 1927 and that death occurred, on the date stated above, at 4.20 a.m. The CAUSE OF DEATH* was as follows:

Pulmonary Odenena

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Ch. Int. Nephritis

(Duration) yrs. 3 mos. ds.

18-Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Urine Analysis

(Signed) John C. Schwarz M.D.

19 (Address) 1102 Lexington St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Richmond Va

DATE OF BURIAL. Nov 22 1927

20-UNDERTAKER Fred. A. Saunders

ADDRESS 703 Hanover St

Spec.–7-17-26–A Co.–200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 27689 — 129 — E 27689

1-PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE: (No. 1616 N Calvert St. 12-19 Ward)

2-FULL NAME John S. Tapscott

(a) RESIDENCE NO. 1616 N Calvert St. Ward

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word): Widow

5a If ~~married~~, widowed, or ~~divorced~~ HUSBAND of ~~(or) WIFE of~~ Late Rosa R Tapscott

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE — Years: about 82 — Months — Days — IF LESS than 1 day ..hrs. or ..min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Va

(State or country) ? Tapscott

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (City or town):

(State or country): Va

12 MAIDEN NAME OF MOTHER: Emily Ellis

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Va

14 Informant: W. H. Fisher Jr.

(Address) 1616 N Calvert St

15 Filed ... 1927 ... Registrar

For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 21 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 10 1927 to Nov. 20 1927

that I last saw h.. alive on Nov. 20 1927

and that death occurred, on the date stated above, at ..m.

The CAUSE OF DEATH* was as follows:

I Coronaritis

(duration) ..yrs. 3 mos — ds.

CONTRIBUTORY (Secondary) Bright Disease

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Doug E. Wilson M. D.

Nov. 21, 1927 (Address) 314 Eddie St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dillenwood Cem — Date of Burial: Nov 23 1927

20 UNDERTAKER: Henry H Jenkins & Son — ADDRESS: Garrison Boulevard

NOV 22 1927

very important. See instructions on back of certificates.

...be properly classified. Exact statement of OCCUPATION is ...may be prepared in plain terms, so that it ...

Spec.—6-9-19—H. P. Co.—1000 Blks.

E 27690 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27690

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 St Mary St. 17-24 Ward)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosa V Shalley

(a) RESIDENCE. No. 508 St Mary St. WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1890

7 AGE: Years 37 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Own

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Lucile Sewell (Address) 508 St Mary St

15 [illegible] C. HAMILTON JONES, M. D. Registrar

NOV 22 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-20 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 20 1927, to Nov 20, 1927, that I last saw her alive on Nov 20, 1927 and that death occurred, on the date stated above, at 12 Noon

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy a fortnight

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Don't Know

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 508 St Mary

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H K Gorsuch, M. D.

Nov 24 1927 (Address) 17 W Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: Nov 23 1927

20 UNDERTAKER: Howard Easton — ADDRESS 916 Pa Ave

This is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 27691

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1827 E 27691

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Key Highway & McComas St. St. 17-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lee Wilkens.(C)

(a) RESIDENCE NO. 707 Bradley St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	Colored	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Do not know.

6 DATE OF BIRTH (month, day, and year): Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	55	----------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Clara Goardley. (C)

(Address) 707 Bradley St.

15 Filed NOV 22 1927 19 C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) November 18, 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.

Accidental fall from a scow.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) H. M. Lemmach M. D. (Coroner)

11/21 1927 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem Date of Burial: Nov 22 1927

20 UNDERTAKER: Daniel Easter ADDRESS 916 60 ave

If death occurred in public institution, name it instead of street and number. If not in hospital, it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 27692 HEALTH DEPARTMENT—CITY OF BALTIMORE

111-001

CERTIFICATE OF DEATH.

REGISTERED NO. E 27692

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1645 Orleans St. (or WARD) 6-9

2-FULL NAME Richard Frederick Dinkins

(a) RESIDENCE No. 1645 Orleans St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ada Dinkins

6 DATE OF BIRTH (month, day, and year): March 2 1890

7 AGE: 37 Years | Months: 8 | Days: 12 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waiter 070

(b) General nature of industry, business, or establishment in which employed (or employer): Chesapeake Steam S.S. Co.

(c) Name of employer: Foreman Chesapeake S.S. Co.

9 BIRTHPLACE (city or town) (State or country): Camden S. Carolina

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Eliza Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Camden S. Carolina

14 Informant: Ada Dinkins (Address): 1645 Orleans St.

15 Filed NOV 22 1927 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-20 1927

17 I HEREBY CERTIFY, That I attended deceased from 11-8, 1927, to 11-20, 1927

that I last saw him alive on 11-20, 1927

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Gastric Ulcer and Secondary Peritonitis of about 3 days duration

(duration) yrs. X mos 15 ds.

CONTRIBUTORY (Secondary) Gastritis and Peritonitis (duration) X yrs. (7 for Gastritis) mos. ds.

18 Where was disease contracted if not at place of death? L

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & Signs

(Signed) Jas. W. Blake M. D.

11/21 1927 (Address) 724 Fairmount

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery — DATE OF BURIAL: Nov 24 1927

20 UNDERTAKER: Edward Bryan — ADDRESS 1631 Orleans St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27693

CERTIFICATE OF DEATH.

E 27693

REGISTERED NO.

1-PLACE OF DEATH Calvert & Pleasant - St. Francis Church -

City of BALTIMORE: (No. 6-9 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eva H. Brooks

(a) RESIDENCE NO. 241 N. Dallas St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col.

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1883

7 AGE — Years: 44 — Months — Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town): Pulaski
(State or country): Virginia

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

PARENTS

14 Informant: Daisy Starrs
(Address) 241 N. Dallas

NOV 22 1927

C. HAMPSON JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 19 Nov 27 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cancer Liver

One year (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulm. Edema

(duration) yrs. mos. ds.

(Signed) W. F. Reay M. D.
(Coroner)

Nov 27, 1927 (Address) 1637 Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death: yrs., mos., ds. In the State: yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn cemetery — Date of Burial: Nov 29 1927

UNDERTAKER: Edward Bryan — ADDRESS: 1631 Orleans St

very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Cor.—11-8-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27694

CERTIFICATE OF DEATH.

90 ✓ E 27694

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1109 N. Kenwood Ave St. 7-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophie Klima

(a) RESIDENCE NO. 1109 N. Kenwood Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
F	W	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anton Klima

6 DATE OF BIRTH (month, day, and year) Nov 15/1876

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	51	0	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home work 57

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Bohemia

PARENTS

10 NAME OF FATHER Joseph Helek

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Bohemia

12 MAIDEN NAME OF MOTHER Anna Henzik

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Bohemia

14 Informant Lillian Klima

(Address) 1109 N. Kenwood Ave

15 Filed NOV 22 1927 Registrar. HAMILTON JONES, M. D. Deputy Registrar.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21/27 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Probably Chr myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. Ed Calvert M. D. (Coroner)

11/21/27 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer. Date of Burial Nov. 24 1927.

20 UNDERTAKER August Pasek. ADDRESS 2406 E. Ashland Ave.

very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27695

CERTIFICATE OF DEATH.

202

E 27695

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital Ward 9027)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph R. Carson.

(a) RESIDENCE NO. 208 S. Monroe St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. 7 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, XXXXXXXXXXXX HUSBAND of XXXXXXXXX Thelma Carson.

6 DATE OF BIRTH (month, day, and year) April 9, 1905

7 AGE	Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
	22	7	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Acetylene Burner

(b) General nature of industry, business, or establishment in which employed (or employer) Union Ship Building

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.

(State or country)

PARENTS

10 NAME OF FATHER George W. Carson.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Lilly M. Perry.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland.

14 Informant William E. Carson. (brother)

(Address) 450 Burrow St.

FILED NOV 22 1927. C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) November 19, 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the neck.
Caught in an explosion aboard the steamer Jacob Luckenbauch. Occidental Death.

(duration) yrs. mos. ds.

CONTRIBITORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Otto A. Leinhardt M. D. (Coroner)

11/21 1927 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death: yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death? steamer Jacob Luckenbach at the Union Ship Building Co. Nov. 18/27

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Date of Burial 11/24 1927

20 UNDERTAKER Harry A. Wetzke ADDRESS 1531 W. Fayette

very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Cor.—12-9-25—A Co.—200 Bks.

E 27696

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27696

CERTIFICATE OF DEATH.

166

1-PLACE OF DEATH

City of BALTIMORE: (No.) Mercy Hospital St. 4-25 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME May Travers

(a) RESIDENCE NO. 243 N. Pine St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: 1888

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 39 Months Days IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Va. Virginia

PARENTS

10 NAME OF FATHER: not known

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER: not known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant: Jos. Mitchell

(Address) 313 N. Pine St.

C. HAMPSON JONES, M. D.

Address

NOV 22 1927

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 19 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide

Hg. Cl2 —

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Undetermined

(Duration) yrs. mos. 2 ds.

Nov 21 1927 (Signed) G C Yates M. D.

(Address) 1431 Edgar

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Date of Burial Nov 21 1927

20 UNDERTAKER: Jere A. Redden ADDRESS 736 S. Bridge st

very important. See instructions on back of certificate.

Last statement of OCCUPATION is

Spec.—12-9-25—A Co.—200 Bks.

E 27697. HEALTH DEPARTMENT—CITY OF BALTIMORE 100-001 E 27697.

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Sinai Hosp REGISTERED NO.

City of BALTIMORE: (No. St. 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hyman Koffelman

(a) RESIDENCE NO. 1624 Friedenburg Place Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed or divorced HUSBAND of (or) WIFE of: Violet Koffelman

6 DATE OF BIRTH (month, day, and year): Unknown.

7 AGE: Years 65 | Months — | Days — | IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Upholstery

(b) General nature of industry, business, or establishment in which employed (or employer): Mfg Co

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Russia

PARENTS

10 NAME OF FATHER: Joel Koffelman

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Russia

12 MAIDEN NAME OF MOTHER: Sarah Rachel

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Russia

14 Informant (Address): Violet Koffelman 1624 Friedenburg Pl

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Nov 21, 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 18, 1927, to Nov 21, 1927, that I last saw h[illegible] alive on Nov 21, 1927, and that death occurred, on the date stated above, at 2.50 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Meyer Miller, M. D.

, 19 (Address) Sinai Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Shaarei Tzedek — Date of Burial 11/22 1927

20 UNDERTAKER: Joseph Levin — ADDRESS 1439 E. Madison

NOV 22 1927 C. HAMPSON JONES, M. D. Registrar

very important. See instructions on back of certificates. Exact statement of OCCUPATION is

Spec.—1-12-23—M&T—500 Bks.

E 27698 HEALTH DEPARTMENT—CITY OF BALTIMORE E 27698

CERTIFICATE OF DEATH

REGISTERED NO. 100061

1-PLACE OF DEATH Balto City Hospl.

CITY OF BALTIMORE: (No.) Balto Md (St.) 3-5 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Morris Zimberg

(a) RESIDENCE NO. 1044 Danby St (St.) (Ward)

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Ida Kaun

6 DATE OF BIRTH (month, day, and year):

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: 080

(b) General nature of industry, business, or establishment in which employed (or employer): Pressed

(c) Name of employer:

9 BIRTHPLACE (City or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Balto City Hospl Balto Md

Rec'd NOV 22 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11 — 18 1927

17

I HEREBY CERTIFY, That I attended deceased from 11—6—, 1927, to 11—18 1927.

that I last saw him alive on 11—18, 1927

and that death occurred, on the date stated above, at 4 to 1 m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Psychosis w/ Cerebral Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) Nina F. Rosenbush M. D.

11/19/27 (Address) Bon Secours City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Hebrew Cem

DATE OF BURIAL: 11/22 1927

20 UNDERTAKER: Jacob Levin 1119 Druid Hill Ave

ADDRESS

Spec.—1-12-23—M&T—500 Blks.

E 27699 HEALTH DEPARTMENT—CITY OF BALTIMORE E 27699

CERTIFICATE OF DEATH.

38

9-47

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 722 E 37th ST., WARD)

2-FULL NAME Charles E Stoner

(a) RESIDENCE NO. 722 E 37th ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX. M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced. (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lida M Stoner

6 DATE OF BIRTH (month, day, and year) May 1888

7 AGE Years 39 Months Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sales Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) 604

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Thomas Stoner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Margaret Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Lida M Stoner

(Address) 722 E 37th St

15 Filed NOV 22 1937 HAMPSON JONES, M. D.

By Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 22 19 37

17 I HEREBY CERTIFY, That I attended deceased from Nov 7 19 37, to Nov 22 19 37, that I last saw h alive on Nov 20 19 37, and that death occurred, on the date stated above, at 5.1 m

The CAUSE OF DEATH* was as follows:

Perforation ulcer duodenum
Chronic Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 11-23 19 37

UNDERTAKER [illegible]

ADDRESS [illegible]

Spec.—1-12-23—M&T—500 Blks.

E 27700 HEALTH DEPARTMENT—CITY OF BALTIMORE E 27700

CERTIFICATE OF DEATH.

164

REGISTERED NO. 14-20

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1515 Mc Culloh ST. (WARD)

2-FULL NAME Richard Johnson

(a) RESIDENCE NO. 1515 Mc Culloh ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Johnson

6 DATE OF BIRTH (month, day, and year) ? 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Lizzie Sampson

(Address) 1515 Mc Culloh St.

NOV 22 1927 FILED J. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 20th 1927.

17 I HEREBY CERTIFY, That I attended deceased from Nov. 20th, 1926, to Nov. 20th, 1927, that I last saw h[illegible] alive on Nov. 20th, 1927, and that death occurred, on the date stated above, at 10:30 A. m.

The CAUSE OF DEATH* was as follows:

Infirmities of age

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart worth

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) A. Lee Ellis, M. D.

1927 (Address) 924 Mass. ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 11/23/1927

20 UNDERTAKER Geo. Geo H. Holland

ADDRESS 1631 Druid Hill Ave

Spec.—1-12-23—M&T—500 Bks

E 27701 HEALTH DEPARTMENT—CITY OF BALTIMORE E 27701

CERTIFICATE OF DEATH.

REGISTERED NO. 10-14 139

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 105 Dummont ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Munchell

(a) RESIDENCE NO. 105 Dummont ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Munchell

6 DATE OF BIRTH (month, day, and year) Dec 7, 1888

7 AGE Years 39 Months 7 Days 6 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Peter Dunmeier

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Magdalena

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Frank Munchell

(Address) 105 Dummont St

15 Filed OCT 22 1927 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 22 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 3 1927, to Oct 20th 1927, that I last saw h[illegible] alive on Oct 20th 1927, and that death occurred, on the date stated above, at 9.50 A. m.

The CAUSE OF DEATH* was as follows: Uraemia Uraemia Coma

(duration) 2 yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

(duration) 2 yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Saunders, M. D.

, 19 (Address) 719 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 10 23 1927

20 UNDERTAKER [illegible]

ADDRESS 322 E North Ave

Cor.—12-9-25—A Co.—200 Bks.

E 27702

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27702

CERTIFICATE OF DEATH.

REGISTERED NO. 18-903

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hospital St. 14-20 Ward)

2-FULL NAME Ida E. Thompson

(a) RESIDENCE NO. 40 W. Mechanic St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Divorced

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 26, 1856

7 AGE: Years 69 Months 7 Days 29

IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Robert H. Phillips

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Henrietta Cooke

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md.

14 Informant Capt. Vivian Phillips

(Address) Towson, Md.

Filed NOV 22 1927 HAMPSON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 20, 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull (accidental) 1 hrs

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Automobile accident

(duration) yrs. mos. ds.

(Signed) J. J. Hennessy M. D. (Coroner)

1927 (Address) 2572 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — Date of Burial 11/23 1927

20 UNDERTAKER: Fallon Cook — ADDRESS 502 E. Fayette Ave

very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Spec.—1-12-23—M&T—500 Bks.

E 27703 HEALTH DEPARTMENT—CITY OF BALTIMORE E 27703

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2700 ST. Hugo Ave WARD 46

2-FULL NAME Mary Ella Peltz

(a) RESIDENCE NO. 2700 ST. Hugo Ave WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE white | 5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of William C. A. Peltz

6 DATE OF BIRTH (month, day, and year) April 7 1860

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
67	7	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Sudmeier

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Carl Peltz
(Address) 2700 Hugo Ave

15 Filed NOV 22 1927 CLAMPITT JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 3, 1927, to Nov 21, 1927, that I last saw h[illegible] alive on Nov 20, 1927 and that death occurred, on the date stated above, at 4 15 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Stomach

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Luigi D. Di Stefano M. D.

Nov 21, 1927 (Address) 407 N. Exeter St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Matthews Cem | DATE OF BURIAL Nov 23, 1927

20 UNDERTAKER John Ellerich | ADDRESS 2008 Eutaw

Spec.—7-17-26—A Co.—200 Bks.

E 27704

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27704

CERTIFICATE OF DEATH

129

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2 St Helens St. 27-45 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henrietta Wilhelmina Schafer

(a) RESIDENCE NO. 2 St Helens av St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frederick L Schafer

6 DATE OF BIRTH (month, day, and year): May 22-1840

7 AGE: Years 87 Months 5 Days 4 IF LESS than 1 day hrs. or min. 25

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Germany

PARENTS

10 NAME OF FATHER: Henry Gadau

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Dorothea Luth

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: Mrs Augusta Schaefer

(Address) 2 St Helens av

Filed NOV 22 1927 19 C. HAMPSON JONES, M.D. Registrar

By L Lantz

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 18th 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 14 1926 to Nov 18th 1927

that I last saw her alive on Nov 17 1927

and that death occurred, on the date stated above, at 10 30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) L. L. Sordy M.D.

1148. 1927 (Address) 421 S Norfolk Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cem

Date of Burial: Nov 22 27

20 UNDERTAKER: John Ullrich

ADDRESS: 2005 Eutaw

very important. See instructions on back of certificates.

Spec. 17-M-26—A Co.—200 Bks.

E 27705

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27705

CERTIFICATE OF DEATH

75-002

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2131 E. Federal St. 8-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Creidwise

(a) RESIDENCE NO. 2131 E. Federal St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Creidwise

6 DATE OF BIRTH (month, day, and year): Oct 16" 1845

7 AGE: Years 82 Months 1 Days 11 IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Grocer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany.

PARENTS

10 NAME OF FATHER: John Creidwise

11 BIRTHPLACE OF FATHER (City or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): " "

14 Informant: Theo. Hart

(Address): 2131 E. Federal St.

Filed NOV 22 1927

C. HAMPSON JONES, M. D. Registrar

By M. Hall

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 27: Nov. 20

17 I HEREBY CERTIFY, That I attended deceased from July, 19 27, to November, 19 27, that I last saw him alive on Nov. 20th, 19 27, and that death occurred, on the date stated above, at 1130 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Paralysis.

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms.

(Signed) Wm. Robert Fluck M. D.

19 (Address) 3005 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

Date of Burial: Nov 25 1927

20 UNDERTAKER: Lee M. Frick & Son

ADDRESS: [illegible] St Paul

very important. See instructions on back of certificates.

Spec.—1-12-23—MAT—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27706

E 27706

CERTIFICATE OF DEATH.

129

15-61

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3601 Springdale Ave ST. (WARD)

2-FULL NAME Dr Scott Kennedy Wilson

(a) RESIDENCE NO. 3601 Springdale Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ona Virginia Wilson

6 DATE OF BIRTH (month, day, and year) March 29-1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	7	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Dr Henry Beatty Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Ella Kennedy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Frank K. Wilson

(Address) 2606 Roslyn Ave

15 Filed NOV 22 1927 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 21 1927

17 I HEREBY CERTIFY, That I attended deceased from October 24 1927, to November 21 1927, that I last saw h[illegible] alive on November 21 1927 and that death occurred, on the date stated above, at 5:30 a.m.

The CAUSE OF DEATH* was as follows:

Pernicious anemia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Bright's disease

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry E. Wilson, M. D.

, 19 (Address) 30 W. Biddle St.

Nov. 21, 1927

*State the Disease causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Boonsboro, Md

DATE OF BURIAL Nov 23 1927

20 UNDERTAKER J. Bastron

ADDRESS Boonsboro, Md

Spec.—1-12-23—M&T—500 Bks.

E 27707

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

17 E 27707

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) No. 3907 Bucks Ave ST., 28-63 WARD)

2-FULL NAME William E Allender

(a) RESIDENCE No. 3907 Bucks Ave ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence May Allender

6 DATE OF BIRTH (month, day, and year) May 9 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manager

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Singer Sew. Mach Co

9 BIRTHPLACE (city or town) (State or country) Long Green Balto Co. Md.

PARENTS

10 NAME OF FATHER Geo. John Allender

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Jennie Scarborough

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Florence Allender
(Address) 3907 Bucks Ave.

15 Filed NOV 22 1927 HAMPS[illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 19, 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec [illegible], 19[illegible] to Nov 19 1927, that I last saw h alive on Nov 19 1927, and that death occurred, on the date stated above, at 6.15 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. T. Hudson, M. D.

(Address) 5261 Rustic Grove Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. DATE OF BURIAL Nov 22 1927

20 UNDERTAKER [illegible] Flickner Sons ADDRESS Md Ave

Spec.—1-12-23—M&T—500 Bks.

E 27708 HEALTH DEPARTMENT—CITY OF BALTIMORE E 27708

CERTIFICATE OF DEATH.

REGISTERED NO. 100,001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3947 Greenmount Ave ST., 9-47 WARD)

2-FULL NAME Karen Hoffman Shane

(a) RESIDENCE NO. 3947 Greenmount Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 0 mos. xx ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie E Shane

6 DATE OF BIRTH (month, day, and year) Oct 29-1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	69	0	xx	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electro Typer

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer Shane Brewer Co

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Edward Shane

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Hannah Gray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mrs H G Howard

(Address) 3947 Greenmount Ave

15 Filed NOV 22 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 20 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 13, 1927, to Nov 20, 1927, that I last saw him alive on Nov 20, 1927, and that death occurred, on the date stated above, at 1.10 p m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) — yrs — mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of Death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) John A. Lemmon, M. D.

11/22, 1927 (Address) 43 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Pk Cemetery — DATE OF BURIAL Nov 23 1927

20 UNDERTAKER J. E. Lemmon Sons — ADDRESS N. Paca

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 27709 — REGISTERED NO. — E 27709

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 295 Fulton Ave ST., 15-67 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes Reed

(a) RESIDENCE NO. 295 Fulton Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F | 4 COLOR OR RACE: W | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward Reed

6 DATE OF BIRTH (month, day, and year): Feb 1852

7 AGE: Years 75 | Months | Days 7 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Robert Watts

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Agnes Shaw

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Edward Reed (Address) 295 Fulton Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 21 19 27

17

I HEREBY CERTIFY, That I attended deceased from Nov 1 19 27 to Nov 21 19 27,

that I last saw her alive on Nov 21 19 27

and that death occurred, on the date stated above, at 6.10 p.m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Nephritis

Hypertension (duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) E. L. Tull, M. D.

19 (Address) 515 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount | DATE OF BURIAL 11-23 19 27

20 UNDERTAKER: J. Wm. Cook & Son | ADDRESS 1711 E. Baltimore St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 27710

REGISTERED NO. E 27710

1-PLACE OF DEATH

City of BALTIMORE: (No.) Foot of Decatur St. Ward 24-35

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. Fallon.

(a) RESIDENCE NO. 1801 Richardson St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 10 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, widowed or divorced, WIFE of XXXXXXXXXX HUSBAND of XXXXXXXX Frances Fallon.

6 DATE OF BIRTH (month, day and year) January 4 1887.

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
	40	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore.

(b) General nature of industry, business, or establishment in which employed (or employer) 074

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Fallon.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland.

12 MAIDEN NAME OF MOTHER Eleanore

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Frances Fallon. (wife)

(Address) 1801 Richardson St.

15 Filed 12 1927 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) November 19/27 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.
Accidental fall between wharf & scow.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) H. M. Lemmerich M. D. (Coroner)

11/22 '27 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Date of Burial 11/13 1927

20 UNDERTAKER Charles L. Storms ADDRESS 1501 E. Fort Ave.

Very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27711

CERTIFICATE OF DEATH.

E 27711

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals ST. (or COUNTY) WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Johnson

(a) RESIDENCE NO. 1404 E. Fayette ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lena Johnson

6 DATE OF BIRTH (month, day, and year): 1884

7 AGE: Years 43 Months Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waiter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: John Bunn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Maryland

12 MAIDEN NAME OF MOTHER: Hannah McThomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Hospital Records

(Address)

15 Nov 22 1927 H. M. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 19 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct. 27. 1927. to Nov. 19 1927.

that I last saw him alive on Nov. 19 1927

and that death occurred, on the date stated above, at 10:45 P.M.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(duration) yrs mos ds

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical, Lab & Path.

(Signed) [illegible], M. D.

, 19 (Address) Balto City Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: Nov 22 1927

20 UNDERTAKER: Thomas E. Kelson

ADDRESS 303 Preston St

Cor.—12-9-25—A Co.—200 Bks.

E 27712

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 27712

REGISTERED NO. 90

1-PLACE OF DEATH

City of BALTIMORE: (No. ~~700~~ 38 W. Biddle St. 10 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Curtis

(a) RESIDENCE NO. 1823 Front St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct 24 1881

7 AGE: Years 46 Months Days 25 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work.

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Q. A. Co. Md

PARENTS

10 NAME OF FATHER: Jno Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: A. Cravay

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Q. A. Co. Md

14 Informant: Eliz. Brannan (Address) 321 Front

15 Filed NOV 22 1927 16 HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 18 27 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows: Arteriosclerosis

Contributory (Secondary) Chronic Endocarditis

(duration) 1 yrs. 7 mos. 1 ds.

(Signed) L. M. Riley (Coroner) M. D.

nov 22 1927 (Address) 1623 Bruner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary Date of Burial 11/22/27

20 UNDERTAKER: Wm. H. A. Elliott ADDRESS 1725 Eastland Ave

very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Spec.—1-12-23—M&T—500 Blks.

E 27713 HEALTH DEPARTMENT—CITY OF BALTIMORE E 27713

CERTIFICATE OF DEATH

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 3 3 rd. & Calvert St. 17-49 WARD) REGISTERED NO. 49

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Wilmer Biddle

(a) RESIDENCE NO. 1st Chestnut ave, Phil. Pa ST. WARD Phila., Pa

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W	married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mrs. J. Wilmer Biddle

6 DATE OF BIRTH (month, day, and year) Nov. 22, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Phila, Pa.

PARENTS

10 NAME OF FATHER Alexander Biddle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Phil Pa.

12 MAIDEN NAME OF MOTHER Julia Rush

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Phil Pa

14 Informant Mrs. Biddle (Address) Phila, Pa.

15 Filed NOV 22 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 22, 1927

17 I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1927, to Nov. 22, 1927, that I last saw h alive on Nov. 21, 1927, and that death occurred, on the date stated above, at 5 10 A m

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Pulmonary embolism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. S. Hamaker, M. D.

19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Phila Pa

DATE OF BURIAL Nov 22 1927

UNDERTAKER Henry Heinemann & Co.

ADDRESS Eutaw & Lexington Sts

Spec. -7-17-26—A Co.—200 Bks.

27714

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 27714

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 26-37 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Bessie Henry

(a) RESIDENCE NO. 3516 E Fairmount ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George F. Henry

6 DATE OF BIRTH (month, day, and year) June 6/82

7 AGE: Years 45 Months 5 Days 15 If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) City

(State or country)

PARENTS

10 NAME OF FATHER George Jennings

11 BIRTHPLACE OF FATHER (City or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Mary Peronette

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant Geo. F. Henry

(Address) 3516 E. Fairmount ave

15 Filed 22 1927 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 21-1927 19

17 I HEREBY CERTIFY, That I attended deceased from Nov 17, 1927, to Nov 21, 1927, that I last saw her alive on Nov 21, 1927, and that death occurred, on the date stated above, at 11:25a.m.

The CAUSE OF DEATH* was as follows:

Cardio-vascular Renal Disease with Auricular Fibrillation and decompensation

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Heart failure

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? 3516 E. Fairmount ave

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) F. L. Lusby M. D.

19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dulaney Valley

Date of Burial 11/25 19

20 UNDERTAKER Philip Henry

ADDRESS 2246 Eutaw

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 27715 HEALTH DEPARTMENT—CITY OF BALTIMORE E 27715

CERTIFICATE OF DEATH. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp ST. 1014 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hattie Bayne

(a) RESIDENCE NO. 703 Sterling ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Eltes Bayne

6 DATE OF BIRTH (month, day, and year): 1899

7 AGE: Years 28 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): N Carolina

PARENTS

10 NAME OF FATHER: Henderson Hodges

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. C.

12 MAIDEN NAME OF MOTHER: Harriet Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N.C.

14 Informant: Husband (Address)

15 11/21 1927 C. HAMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 18 1927

17

I HEREBY CERTIFY, That I attended deceased from Nov 18, 1927, to Nov 18, 1927

that I last saw h[illegible] alive on Nov 18, 1927

and that death occurred, on the date stated above, at 11.15 P.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Intercapillary
Spontaneous Pneumoth.

Under (duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy & Clinic

(Signed) L. E. Maddux M. D.

11/19 1927 (Address) Balto City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fayetteville N.C.

DATE OF BURIAL: 11/22 1927

20 UNDERTAKER: Byron & Wright

ADDRESS 1218 McElderry St

Spec.—1-10-21—M&T—1500 Bks.

E 27716

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 27716

161-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. 19 WARD)

2-FULL NAME Baby Croucher

(a) RESIDENCE NO. Jones Creek, Box 75, Sparrows Pt. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 19, 1927

7 AGE — Years — Months — Days: one — If LESS than 1 day, 7 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Croucher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Catherine Hughes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant (Address) Otto Neikam M. D. Johns Hopkins Hospital

15 Filed 22 1927 C. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 20 1927

17

I HEREBY CERTIFY, That I attended deceased from 11-19, 1927, to 11-20, 1927, that I last saw he alive on 11-20, 1927 and that death occurred, on the date stated above, at 8 00 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Otto Neikam M. D.

11-21-1927 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL NOV 29 1927

...TION IS very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 27717

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27717

CERTIFICATE OF DEATH.

REGISTERED NO. 74

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 25-3/ Mc Culloh St., 13-54 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucy Morris

(a) RESIDENCE NO. 25-3/ Mc Culloh ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo. Morris

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Spencer Jarvis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Libia Allen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Libia V Burks

(Address) 2633 Mc Culloh St

Filed 22 1927 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/20 1927

17 I HEREBY CERTIFY, That I attended deceased from 8/30 1927, to 11/20 1927,

that I last saw her alive on 11/20 1927,

and that death occurred, on the date stated above, at 6:00 P m

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

Fatal Paralysis

(duration) yrs. 2 mos 22 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Benj Curtis, M. D.

11, 1927 (Address) 2139 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel

DATE OF BURIAL: Nov. 23 1927

20 UNDERTAKER: W. A. Braun & Son

ADDRESS: Baltimore

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 27718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

E 27718

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1630 N Bruce St. (WARD) 44-20

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jessie McCleary

(a) RESIDENCE. No. 1630 N Bruce St. ST.. WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): unknown 1920

7 AGE: 7 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none 700

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maysville S.C.

PARENTS

10 NAME OF FATHER: Jesse McCleary

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maysville S.C.

12 MAIDEN NAME OF MOTHER: Mary Holmes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maysville S.C.

14 Informant (Address): Mary McCleary 1630 N Bruce St

15 Filed 2 2 1927 C. HAMPSON JONES, M. D. Registrar

Dist. Regd.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 22 1927

17

I HEREBY CERTIFY, That I attended deceased from Nov 9 1927, to Nov 23 1927, that I last saw h alive on Nov 22 1927, and that death occurred, on the date stated above, at 2.47 m.

The CAUSE OF DEATH* was as follows:

Nitrol Atenosis (Heal-Babe)

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jas A Mahon, M. D.

19 (Address) 1303 W Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Ct — DATE OF BURIAL: Nov 23 1927

20 UNDERTAKER: J R Brown & Son — ADDRESS: 1620 Druid

Be very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

(Carman) ✓

E 27719

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27719

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS St. 1724 Ward)

REGISTERED NO. 12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Carman.

(a) RESIDENCE No. 1309 Sheldon Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Edward Fields

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant

(Address) Records

15 Filed 2 2 1927, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11 / 19 / 1927

17

I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1927, to Nov. 19, 1927.

that I last saw h[illegible] alive on Nov. 19, 1927

and that death occurred, on the date stated above, at 3:00 P.m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis. - uraemia.

Intermittent hypertension (duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Gross & Sec

(Signed) C. Holmead Boyd M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery

DATE OF BURIAL 11 23 1927

UNDERTAKER Samuel T. Hemsley

ADDRESS 578 N. Eddie

Spec.—1-12-23—M&T—500 Bks.

E 27720

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27720

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2735 Huntingdon St., 12-51 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James M. Fisher

(a) RESIDENCE No. 2735 Huntingdon St., Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 16 1873

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	8	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Iron Worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Linard Fisher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Jessie Shaffer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant William H. Jenkins

(Address) 2735 Huntingdon Ave.

15 Nov 22 1927 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21 1927

17 I HEREBY CERTIFY, That I attended deceased from November 17 1927, to Nov. 21, 1927, that I last saw h[illegible] alive on Nov. 21, 1927, and that death occurred, on the date stated above, at 7 35 a.m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Edema

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical sign

(Signed) Frank H Meade, M. D.

, 19 (Address) 4037 Falls Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Marys Hampden — DATE OF BURIAL Nov 25 1927

20 UNDERTAKER Thurston Son — ADDRESS 3615 Harford Ave

Reg. No. [illegible]

Please answer questions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 27721 HEALTH DEPARTMENT—CITY OF BALTIMORE E 27721

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Balto City Hospl 100-001

CITY OF BALTIMORE: (No.) Balto 2nd ST. 13-5 (WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mable Perigoy

(a) RESIDENCE No. 3639 Elm Ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Mumed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Thomas Perigoy

6 DATE OF BIRTH (month, day, and year) Sept 23 1882

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	2	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 037

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER George T Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Laura Tracey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Balto City Hospl (Address) Balto Md.

15 Filed 2 7 1927 E. HAMPSON JONES, M. D. Registrar Per ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-21 1927

17 I HEREBY CERTIFY, That I attended deceased from 11-12- 1927. to 11-21-1927.

that I last saw her alive on 11-20- 1927.

and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Epileptic Psychosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Wm H Edmonds M.D.

. 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Balto Co. DATE OF BURIAL Nov 24 1927

20 UNDERTAKER Johnson & Son ADDRESS 3610 Chestnut Ave

Spec.—1-12-23—M&T—500 Bks.

E 27722

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27722

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3115 Parkside Drive ST., 7-45 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Floyd N. James

(a) RESIDENCE NO. 3115 Parkside ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of or) ~~WIFE~~ of Cornelia James.

6 DATE OF BIRTH (month, day, and year) Feb 14 1858

7 AGE: Years 69 Months 9 Days 2 If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Storekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): West Virginia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): West Virginia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): West Virginia

14 Informant: John L. Thomas (Address) 3115 Parkside Drive

15 11 22 1927 C. HANSON JONES, M. D. Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 10, 1927, to Nov 21, 1927, that I last saw him alive on Nov 20, 1927, and that death occurred, on the date stated above, at 4.15 P. M.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) L. L. Grady, M. D.

11-22 1927 (Address) 4218 Gorsuch Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Glendale Md. Va

DATE OF BURIAL: 11/23rd 1927

20 UNDERTAKER: Virginia Cook

ADDRESS: 502 E North Ave

Spec.—1-10-21—M&T—1500 Blks.

E 27723

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27723

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1063 W. Lexington St. (Ward) 18-N

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Smith

(a) RESIDENCE NO. 1063 W. Lexington St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Ada Smith

6 DATE OF BIRTH (month, day, and year): [illegible] 1858

7 AGE: Years 68 Months Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Day Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): UC comac. Co. Va

PARENTS

10 NAME OF FATHER: Louis Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Martha Oliver

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 20 1927

17

I HEREBY CERTIFY, That I attended deceased from Nov 13, 1927, to Nov 20, 1927,

that I last saw h[illegible] alive on Nov 20, 1927,

and that death occurred, on the date stated above, at 7.15 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

~~(duration)~~ yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical observation & Symptoms

(Signed) Charles H. Hawkins M. D.

Nov 21 1927 (Address) 712 S. Howard St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant: Ada Smith

(Address) 1063 W. Lexington St.

15 Nov 22 1927 C. HAMPSON JONES, M. D. Registrar

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: Nov 23, 19 27

20 UNDERTAKER: John H. Stadden

ADDRESS 1037 Round Rd.

THIS IS very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 27724 HEALTH DEPARTMENT—CITY OF BALTIMORE E 27724

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 405 N. Calhoun St (St.) 19-11 (Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Matilda Frazier

(a) RESIDENCE NO. 405 N. Calhoun St ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	Negro	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 10th 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	52	5	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unemployed

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER John Blake

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant William Frazier
(Address) 405 N. Calhoun St.

15 Filed 12 1927 C. HAMPSON JONES, M. D. Registrar
Per R.E.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 20th. 1927

17 I HEREBY CERTIFY, That I attended deceased from Aug. 18 1927, to Nov. 20th 1927,
that I last saw her alive on Nov. 19th. 1927
and that death occurred, on the date stated above, at 8:45 P. M.
The CAUSE OF DEATH* was as follows:

Ch. Parenchymatous Nephritis

Mitral Ins.

(duration) yrs. 4 mos 2 ds.

CONTRIBUTORY (Secondary) Mitral Ins.

(duration) yrs. 4 mos. 2 ds.

18 Where was disease contracted if not at place of death? At place of dea

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Urinanylisis, Physical Exam.

(Signed) Walter J. Jackson, M. D.

1931 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL Nov 23 1927

20 UNDERTAKER John H. Toadvine — ADDRESS 1027 Hanover

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27725

CERTIFICATE OF DEATH.

18-601

E 27725

1 PLACE OF DEATH

City of BALTIMORE: (No.) 821 Belvedere Ave St. 27-56 Ward

2-FULL NAME Joseph Tatarsa

(a) RESIDENCE NO. 821 Belvedere Ave St. Ward

(Usual place of abode)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Anna Tatarsa

6 DATE OF BIRTH (month, day, and year): March 9-1882

7 AGE — Years: 45 — Months: 8 — Days: 11 — If LESS than 1 day ..... hrs. or ..... min.: 10

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Italy

PARENTS

10 NAME OF FATHER: D. Tatarsa

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Italy

12 MAIDEN NAME OF MOTHER: Mariamo Raffaele

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Italy

14 Informant: Mrs. Clarke

(Address): 821 Belvedere

15 Filed ..... 19..... A. ..... M. ..... M. D., Registrar.

Per .....

OCT 23 1927

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/19 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said ..... and that said deceased came to death

(autopsy or inquiry.)

on the day stated above.

The CAUSE OF DEATH* was as follows: Coronary thrombosis. Fatty degeneration of heart.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

(Coroner)

11/21 1927 (Address) 1572 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — Date of Burial: 11/23 1927

20 UNDERTAKER: Geo J. Ruth — ADDRESS: 1735 Harford Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Blks.

E 27726

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27726

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 575 N Paca (St.) (WARD) 7230

REGISTERED NO. 16200

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia Chaney

(a) RESIDENCE NO. 575 N Paca St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F.	W	S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 11/6/27

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
Still birth	5 1/2		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address)

15 11/23 1927 192 11/17 1927 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 6 192 7

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Still Birth
Cause Unknown

(duration) yrs. mos. — ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

11/17/27 (Signature) G C Hadley, M. D.

192 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL DATE OF BURIAL 192

20 UNDERTAKER ADDRESS

TION is very important See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 27727

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

10-002

E 27727

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital (WARD) 16-23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fred Pate, Jr.

(a) RESIDENCE NO. 1329 Mosher ST., WARD 16

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) August 10, 1922

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	3	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Fred Pate

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Mary Hix

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant P. Morton Chase

(Address) 1450 Mosher St.

15 NOV 23 1927 C. CLARKSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 22, 1927

17

I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1927, to Nov. 22, 1927, that I last saw h/m alive on Nov. 22, 1927 and that death occurred, on the date stated above, at 11:10 A. m.

The CAUSE OF DEATH* was as follows:

Diphtheria - Nasal,
Pharyngeal Involvement

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Bilateral Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? 1329 Mosher St.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Bacteriological

(Signed) V. L. Levin, M. D.

11-23, 1927 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Nov 23 1927
20 UNDERTAKER Wm. H. Buschhorn	ADDRESS No. Mosher

FROM BABY BOOK

Read carefully important! See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27728

CERTIFICATE OF DEATH.

2 E 27728

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital 18 ST., WARD)

2-FULL NAME Edward Charles Roberts

(a) RESIDENCE No. 1705 Ensor St ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 17, 1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	0	9	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Child
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John W. Roberts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Anna M Little

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14
Informant John W Roberts
(Address) 1705 Ensor St

15 Filed 2-3-1927, 19 C. HAMPSON JONES, M. D. Registrar
By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 22 1927

17
I HEREBY CERTIFY, That I attended deceased from Oct 25, 1927, to Nov 22, 1927, that I last saw him alive on Nov 22, 1927, and that death occurred, on the date stated above, at 12 50 a m.
The CAUSE OF DEATH* was as follows:

Cutaneous poliomyelitis

(duration) yrs mos 37 ds

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis Clinical
(Signed) Myron G. Tull, M. D
11/22/1927 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem — DATE OF BURIAL: 11/23/27

20 UNDERTAKER: George J. Tuttle — ADDRESS: 1225 Hanford

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27729

CERTIFICATE OF DEATH.

E 27729

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2009 Cecil Ave (St.) (WARD)

2-FULL NAME Mary Elizabeth Wingrove

(a) RESIDENCE NO. 2009 Cecil Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. 6 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas R. Wingrove

6 DATE OF BIRTH (month, day, and year): May 3 1856

7 AGE: Years: 71 Months: 6 Days: 18 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Thomas Canby

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs Helen Franklin

(Address) 2009 Cecil Ave.

Filed NOV 23 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 21 19 27

17 I HEREBY CERTIFY, That I attended deceased from Oct 1 1927 to Nov 21 1927, that I last saw h[illegible] alive on Nov 20 1927, and that death occurred, on the date stated above, at 9.15 a.m.

The CAUSE OF DEATH* was as follows:

arteriosclerosis

chronic interstitial nephritis, myocarditis

(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary): anasarca

(duration) yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of none

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) S. T. Magness, M. D.

11/23 1927 (Address) 1205 E. Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem DATE OF BURIAL: Nov 23 19 27

UNDERTAKER: Wm Wickner Sons ADDRESS: Norel & Pa

Spec.—1-12-23—M&T—500 Blks.

Lic 6708 H E Knipfe

E 27730 HEALTH DEPARTMENT—CITY OF BALTIMORE

4025 - Edmondson

CERTIFICATE OF DEATH.

51 E 27730
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 6017 ST., Bellona Ave WARD 27-48

2-FULL NAME Edith Varney

(a) RESIDENCE NO. 6017 ST., Bellona Ave WARD
(Usual place of abode)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William W Varney

6 DATE OF BIRTH (month, day, and year): March 4 1876

7 AGE: Years 51 | Months 8 | Days 18 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimor Md

PARENTS
10 NAME OF FATHER: Wm H. McDonnal
11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland
12 MAIDEN NAME OF MOTHER: Dorothy Stockdale
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: William W. Varney
(Address) 6017 Bellona Ave

15 Filed 19 C. HAMPSON JONES, M. D. Registrar
By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 22 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 16, 1925, to Nov 22, 1927, that I last saw her alive on Nov 21, 1927, and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows: acromegaly, diabetes, nephritis carbuncle.

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Coma

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual tests.

(Signed) H. E. Knipfe, M. D.

11/23, 1927 (Address) 4025 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem — DATE OF BURIAL: 11/27/1927

UNDERTAKER: William Cook — ADDRESS: 502 E North Ave

Spec.—1-12-23—M&T—500 Bks.

E 27731

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 27731

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1303 Frederick Ave ST., 8-15 WARD)

2-FULL NAME Katherine [illegible] = Kuzle =

(a) RESIDENCE NO. 1631 Dawley Ave ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. 9 mos. 14 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Fred'k Kuzle

6 DATE OF BIRTH (month, day, and year): Feb 2nd 1889

7 AGE: Years 38 Months 9 Days 14 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): =

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: [illegible] Markenhauser

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Hospital Clerk

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Fred'k Kuzle (Address) 1631 Dawley Ave

15 Filed NOV 23 1927 C. HANSON JONES, M.D. Registrar

For .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 19 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 19, 1926, to Nov 19, 1927.

that I last saw her alive on Nov 19 1927 9:50 a.m.

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1631 Dawley Ave

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) J. E. [illegible], M.D.

Nov 20 1927 (Address) 1301 N Bath St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Nov 23 1927

UNDERTAKER: [illegible]

ADDRESS: 850 W Baltimore St.

Cor.—12-9-25—A Co.—200 Bks.

E 27732

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 27732

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2720 Riggs Av 16 68 Ward)

2-FULL NAME Mary Ella Smith

(a) RESIDENCE NO. 732 Riggs Av St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Hubert D. Smith

6 DATE OF BIRTH (month, day, and year): Jan 5, 1862

7 AGE: Years 65 Months 10 Days 16 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 37

(c) Name of employer

9 BIRTHPLACE (city or town): Md

(State or country)

PARENTS

10 NAME OF FATHER: James Simmons

11 BIRTHPLACE OF FATHER (city or town): Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Louise Dunn

13 BIRTHPLACE OF MOTHER (city or town): Md.

(State or country)

14 Informant: Herbert D. Smith

(Address) 732 Riggs Av

15 Filed 11-26 1927 H. [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said [illegible] (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) no other history

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. F. Hennessy, M. D.

(Coroner)

(Address) 2522 Edmondson Av

Nov 22 1927

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the state.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery Date of Burial: Nov 24 1927

20 UNDERTAKER: George J Smith ADDRESS: 153 Hollins St

very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Spec.—1-10-21 M&T 1500 Bks.

E 27733

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

E 27733

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 N. Carey ST., 16-23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Wagner

(a) RESIDENCE NO. 602 N. Carey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 6 1832

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	75	8	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll Co Md

PARENTS

10 NAME OF FATHER Daniel Mone

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sally Brookl

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carroll Co Md

14 Informant Andrew Wagner

(Address) 602 N Carey St

15 Filed NOV 23 1927 C. HA[illegible] Registrar

Per [illegible] M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21 1927

17 I HEREBY CERTIFY, That I attended deceased from July, 1919, to Nov 21, 1927, that I last saw h[illegible]alive on Nov 20, 1927, and that death occurred, on the date stated above, at 4.15 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 8 yrs. 4 mos — ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) [illegible] M. D.

11-22 1927 (Address) 300 E Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Westminster Cemetery Westminster Md	Nov 24 1927
20 UNDERTAKER George J Smith	ADDRESS 532 Hollins

ION IS very important. See instructions on back of certificates. PARTICULARS OF OCCUPA-

Spec.—1-12-23—M&T—5:0 Bks.

Lottie Ballard.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27734

CERTIFICATE OF DEATH.

E 27734

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hospitals ST., 7-13 WARD)

2-FULL NAME Lottie Ballard

(a) RESIDENCE NO. 619 N Dallas ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 32 | Months | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Alfred Kirkwood

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Martha ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Emma Clark

(Address) 619 N Dallas st

NOV 23 1927

FILED H. A. [illegible] JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 21, 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1927. to Nov. 21, 1927.

that I last saw h[illegible] alive on Nov. 21, 1927

and that death occurred, on the date stated above, at 3:15 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic Cardiac Vascular Disease - Chronic Myocarditis. Convulsions & bulbar Debility (duration) Unknown

CONTRIBUTORY (Secondary) Myocardial Dysfunction (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Barnard M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pocomoke City Md. DATE OF BURIAL: Nov 26 1927

20 UNDERTAKER: Mrs. R. A. Elliott ADDRESS: 1725 Eastlund Ave

Spec.—1-12-23—M&T—500 Blks.

E 27735

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27735

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt. Saint Agnes College ST. 27-54 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sister Mary Bernard O'Kane

(a) RESIDENCE NO. Mt. St. Agnes College, Mt. Washington ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? 2 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 26, 1846

7 AGE Years 81 Months 7 Days 6 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work... Religious 065

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER John O'Kane

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address)

15 Filed NOV 23 1927 C. HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 22 1927

17 I HEREBY CERTIFY, That I attended deceased from [illegible], 19 27, to Nov 21, 19 27, that I last saw h[illegible] alive on Nov 21, 19 27, and that death occurred, on the date stated above, at 5 [illegible] m. The CAUSE OF DEATH* was as follows: Arterio Sclerotic Cardio Vascular Disease

Contributory Pulmonary Congestion

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Feebleness

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. Reymund Peters, M. D.

, 19 (Address) 1125 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt St Agnes Cem.

DATE OF BURIAL Nov 24 19 27

20 UNDERTAKER Henry J. Jenkins & Sons

ADDRESS McCulloh & Orchard

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27736

CERTIFICATE OF DEATH.

129 E 27736

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1219 N. Gay St., 8-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret B. J. Kraft

(a) Residence No. 1219 N. Gay St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yr. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced (Write the word.): Married

5a-If married, widowed, or divorced WIFE of (or) HUSBAND of: John P. Kraft

6-DATE OF BIRTH (month, day and year): June 1/59

7-AGE: 68 yrs. 5 mos. 21 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Cat

PARENTS:
10-NAME OF FATHER: Fritz Galster
11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany
12-MAIDEN NAME OF MOTHER: Unknown
13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

14-(Informant): John P. Kraft
(Address): 1219 N. Gay St.

15-NOV 23 1927 at C. HAMILTON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Nov 22/1927

I HEREBY CERTIFY, That I attended deceased from June 10 1927 to Nov 22 1927
that I last saw h alive on Nov 21 1927
and that death occurred, on the date stated above, at 5.50 A.M.
The CAUSE OF DEATH* was as follows:

1 Chronic endocarditis.
(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic interstitial nephritis
(Duration) yrs. 6 mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs.

(Signed) Wm. Hebert M. D.

Nov 22, 1927 (Address) Maplewood, Belair Rd.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem. DATE OF BURIAL: 11/25 1927

20-UNDERTAKER: Philip Herwig ADDRESS: 2016 Orleans

Instructions on back of certificates.

Spec.—12-9-25—A Co —200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

E 27737.

REGISTERED NO. E 27737

1-PLACE OF DEATH

City of BALTIMORE: (No. 111 N Edwards St. 18-2½ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jno. Harris

(a) RESIDENCE NO. 111 N Edwards St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs/ mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col'd

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: 47 Years | Months | Days | IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town): Va.
(State or country)

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant: Agnes Carter
(Address) 111 N Edwards.

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 22 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct. 19 1927 to Nov 22 1927, that I last saw h... alive on Nov 21 1927, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Organic Disease
1 Hour Unknown
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Putrid Abscess
(duration) yrs. mos. 1 ds.

18 Where was disease contracted
If not at place of death
Did an operation precede death? No Date of No
Was there an autopsy?
What test confirmed diagnosis?

(Signed) J. Howard Hopkins, M. D.
, 19 (Address) 4 Hopkins Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — Date of Burial: Nov 25 1927

20 UNDERTAKER: Wm. Peter F. Williams — ADDRESS 322 N Edwards St

NOV 23 1927

very important. See instructions on back of certificates. Exact statement of OCCUPATION is

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27738

CERTIFICATE OF DEATH.

+ 74-001

REGISTERED E 27738

1-PLACE OF DEATH

City of BALTIMORE: (No. 1324 W. Carey St. 15-23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Rubie Robinson

(a) RESIDENCE NO. 1224 W. Carey St. Ward Res. Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Della Robinson

6 DATE OF BIRTH (month, day, and year): about 1862

7 AGE: Years 65 Months Days IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: farmer

(b) General nature of industry, business, or establishment in which employed (or employer): self

(c) Name of employer: self

9 BIRTHPLACE (city or town): Ga

(State or country)

PARENTS

10 NAME OF FATHER: James Robinson

11 BIRTHPLACE OF FATHER (city or town): Ga

(State or country)

12 MAIDEN NAME OF MOTHER: Agnes Pollard

13 BIRTHPLACE OF MOTHER (city or town): Ga

(State or country)

14 Informant: Ida Powell

(Address) 1224 W. Carey St.

15 Filed ..... (Date) C. HAMPSON JONES, M. D. Registrar

NOV 23 1927 By ....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 7 Nov. 23

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy, M. D. (Coroner)

Nov. 23 1927 (Address) 2572 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dowley's Wolfe Va. Date of Burial 11/25/27

20 UNDERTAKER: Samuel Ottenberg ADDRESS 1708 Bridge

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27739

CERTIFICATE OF DEATH.

129 E 27739

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1526 Mc Elderry (St.) 7-9 (Ward)

2-FULL NAME Wm H. Wilson

(a) RESIDENCE No. 1526 Mc Elderry St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	widowed

5a If married, widowed, or divorced HUSBAND of or ~~WIFE of~~ Carrie Wilson

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	about 65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer Odd

(b) General nature of industry, business, or establishment in which employed (or employer) none (at present)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Daughter Ella Waters

(Address) 1526 Mc Elderry St

15 Filed NOV 23 1927 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 15 1927 to Nov 21 1927, that I last saw h[illegible] alive on Nov 15 1927, and that death occurred, on the date stated above, at 6.30 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Intestinal Nephritis (duration) uncertain yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Physical

(Signed) R T Young M. D.

11/23, 1927 (Address) 1424 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery DATE OF BURIAL Nov 24, 1927

UNDERTAKER Jos. H. Rochester ADDRESS 1413 Jefferson St.

Spec.—1-12-23—M&T—500 Bks.

2A 8 427

2E 27740

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 E 27740

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 29 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fay McCutcheon

(a) RESIDENCE NO. 1143 NINTH AVENUE ST. Huntington W. Va WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Wm Mc Cutcheon

6 DATE OF BIRTH (month, day, and year): Nov 10, 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	34		12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Middleport Ohio

PARENTS

10 NAME OF FATHER: Aaron Lery Amos

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ohio

12 MAIDEN NAME OF MOTHER: Sarah Allmire

13 BIRTHPLACE OF MOTHER (city or town) (State or country): West Va

14 Informant: Records JOHNS HOPKINS HOSPITAL (Address)

15 Filed NOV 23 1927 HAND OF JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 22 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 14, 1927, to Nov 22, 1927, that I last saw h[illegible] alive on Nov 22, 1927, and that death occurred, on the date stated above, at 5-15 P. m.

The CAUSE OF DEATH* was as follows:

Brain Tumor - Cerebellar - Pontine Tumor

(Benign)

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Secondary Anemia

(duration) 2-3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 11/22/27

Was there an autopsy? no

What test confirmed diagnosis? Clinical & operature

(Signed) Edmund Chee, M. D.

11/22 1927 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Point Pleasant Mason Co. W. VA — DATE OF BURIAL: Nov 25 1927

UNDERTAKER: John B. Spence — ADDRESS: 1325 N. Caroline St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27741

CERTIFICATE OF DEATH.

143 E 27741

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St. 15-59 Ward)

2-FULL NAME Hazel Bennington Reinecke

(a) RESIDENCE NO. 1601 W. North Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. 7 mos. 16 How long in U. S., if of foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White (English)	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Edward J. Reinecke

6 DATE OF BIRTH (month, day, and year) April 10 1910

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	17	7	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Lorenzo Bennington

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Olia Young

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Frederick, Maryland

14 Informant Mrs Olia Bennington

(Address) 1601 W North Ave

NOV 23 1927 C. HAMPSON JONES, M. D.

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 22, 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1927, to Nov 22, 1927, that I last saw her alive on Nov 22, 1927, and that death occurred, on the date stated above, at 6:10 p. m.

The CAUSE OF DEATH* was as follows:

Pernicious vomiting of Pregnancy

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Renal Insufficiency

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm Schuman, M. D.

Nov 22, 1927 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Frederick Md Date of Burial Nov 25 1927

20 UNDERTAKER W M Routson ADDRESS 2282 North

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

Lib 2625 Burial

E 27742 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3523 Lib G Page 16

76 E 27742

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3933 Edmondson ST. 90-71 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry E Conway

(a) RESIDENCE NO. 3933 Edmondson ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Josephine A. Conway

6 DATE OF BIRTH (month, day, and year) May 23 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	6	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) 066

(c) Name of employer Frank B Conway

9 BIRTHPLACE (city or town) (State or country) Fairmont W. Va

PARENTS

10 NAME OF FATHER Thos. F Conway

11 BIRTHPLACE OF FATHER (city or town) (State or country) Fairmont W. Va

12 MAIDEN NAME OF MOTHER Elizabeth Kamer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Winchester Va

14 Informant Frank B Conway

(Address) 3933 Edmondson Ave

15 3 1927 . 19 THOMPSON JONES Mfg. Co. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 22 1927

17 I HEREBY CERTIFY, That I attended deceased from 8 years — to Nov 22 1927 that I last saw him alive on Nov 21 1927 and that death occurred, on the date stated above, at 9:30 A.M.

The CAUSE OF DEATH* was as follows:

Paresis

8 (duration) — yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas A. Duvall M. D.

. 19 (Address) 3523 Liberty Hgts Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL 11/24 1927

20 UNDERTAKER William Cook — ADDRESS 502 North

Spec. -7-17-26—A Co.—200 Bks.

E 27743

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 97-092

E 27743

1-PLACE OF DEATH

REGISTERED NO. 1424

City of BALTIMORE: (No. Provident Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alfred Jackson

(a) RESIDENCE NO. Elkridge Md St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 9-1927

7 AGE Years: 3 Months: 2 Days: If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Earlough Slight a. & Co Md

PARENTS

10 NAME OF FATHER: none Jackson

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Banks

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): James Jackson a a. Co. Md

23 1927 C. HAMPSON JONES M. D. Registrar

ACRA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-22-1927

17 I HEREBY CERTIFY, That I attended deceased from 11-7-1927 to 11-22-1927

that I last saw h[illegible] alive on 11-22-1927

and that death occurred, on the date stated above, at 1:30 p m.

The CAUSE OF DEATH* was as follows:

Acute Mastoiditis Hemorrhages to epithelioma of cerebellum meningitis

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary): Influenza

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 11/12/27

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. Jackson M. D.

11/22 1927 (Address) 508 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Forest Park Md a. a. Co Md — Date of Burial: Nov 29 1927

20 UNDERTAKER: John H. Scudieri — ADDRESS 1017 Madison

very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27744

CERTIFICATE OF DEATH.

E 27744

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 24 N. Gloves St. (ST.) 6-10 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Grace Elizabeth Mullen

(a) RESIDENCE. NO. 24 N. Gloves St. ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov 21 27

7 AGE: Years Months Days: 1 "

If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer #214 N. Gloves St.

9 BIRTHPLACE (city or town) (State or country) New York City N.Y.

PARENTS

10 NAME OF FATHER Leo Timothy Joseph Mullen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Florence Theresa Elizabeth Mullen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.Y.

14 Informant (Address)

15 Filed C. HAMPSON JONES, M.D. Registrar

23 1927 By ORH

1911

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 22 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 21, 1927, to Nov 22, 1927, that I last saw h[illegible] alive on Nov 22 1927, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

7 months Premature Baby.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) 1826 N. Milton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Commissioner Health

NOV 2 1927

Spec.—1-12-23—M&T—500 Bks.

E 27745

HEALTH DEPARTMENT—CITY OF BALTIMORE E 27745

CERTIFICATE OF DEATH.

REGISTERED NO. 24-001

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. [illegible] ST. 17-50 WARD)

2-FULL NAME Kathryn Williams

(a) RESIDENCE No. 2231 St. Paul ST. WARD City

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Ralph

6 DATE OF BIRTH (month, day, and year) May 18, 1884

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	6	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penn-

PARENTS

10 NAME OF FATHER Scott Umsteby

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Mary Snyder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Records (Address)

15 Filed [illegible] 19 [illegible] Registrar

231927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 23 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov-21 1927 to Nov. 23 1927, that I last saw her alive on Nov-23 1927 and that death occurred, on the date stated above, at 1.05 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 11-22-27

Was there an autopsy? Yes. Limited to the head

What test confirmed diagnosis? Clinical & operative

(Signed) George E Pfeiffer M. D.

Nov. 23 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel, Penna.

DATE OF BURIAL Nov. 24, 1927

20 UNDERTAKER Chas O Mitchell & Sons ADDRESS 1900 Eutaw Place

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27746

CERTIFICATE OF DEATH.

44 E 27746

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2615 N Calvert ST. 17-50 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Marks

(a) RESIDENCE NO. 2615 N Calvert ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W.

5 ~~Single~~, ~~Married~~, Widowed, ~~or Divorced~~, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm D Marks

6 DATE OF BIRTH (month, day, and year) Feb 17-1858

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
69	9	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Benjamin Cox

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Thomas

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Mrs Carrie E Marks

(Address) 2615 N Calvert St

15 Filed JAN 23 1927, 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23rd 27

17 I HEREBY CERTIFY, That I attended deceased from Jan 6, 19 27, to Jan 23, 19 27

that I last saw h alive on Jan 22, 19 27

and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Breast

(duration) 7 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Gen Debility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of Apr. 1st 1926

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. Steuart Gwynn M.D.

, 19 27 (Address) 14 W Read St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemt

DATE OF BURIAL Jan 25th 27

20 UNDERTAKER Fortune & Son

ADDRESS 1727 Pennsylvania Ave

Spec.-7-17-26—A Co.—200 Bks.

E 27747

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001

E 27747

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St Joseph Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Mack

(a) RESIDENCE NO. 717 S. Bond St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1886

7 AGE: Years 41 Months Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Grinder

(c) Name of employer at Weiskettle

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Martin Mack

11 BIRTHPLACE OF FATHER (City or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Mary Giza

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Anna Mack

(Address) 717 S Bond St.

15 NOV 23 1927 C. HARRISON LEWIS M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/22/27 19

17 I HEREBY CERTIFY, That I attended deceased from 11/20/27, 19 , to 11/22/27, 19 , that I last saw h alive on 11/22/27, 19 , and that death occurred, on the date stated above, at 2:25 A.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Cardiac dilatation

(duration) yrs. mos 12 hrs.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Adrianne Fahney, M. D.

19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary cem Date of Burial: NOV 25 1927

20 UNDERTAKER: John M Weber ADDRESS: 1803 Bank

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 27748 HEALTH DEPARTMENT—CITY OF BALTIMORE E 27748

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 644 S Curley ST. 1-2 WARD)

2-FULL NAME Anastasia Rybarczyk

(a) RESIDENCE NO. 644 S Curley St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
FE Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 07

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Bertha Rorcher

(Address) 644 S Curley St.

15 3 1927 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 22 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 21 1927 to Nov. 22 1927.

that I last saw h[illegible] alive on Nov. 22 1927.

and that death occurred, on the date stated above, at 1a. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

Uremia

Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Andrew Rautowski M. D.

11/27/1927 (Address) 4539 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Cem. DATE OF BURIAL Nov 25 27

20 UNDERTAKER John M Weber ADDRESS 1873 Bank

Cor.—12-9-25—A Co.—200 Bks.

E 27749

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 27749

66

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 924 Penna ave St. 13-59 Ward)

2-FULL NAME Goldie Johnson

(a) RESIDENCE NO 2540 Madison ave St._____ Ward_____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow,

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): About 1902

7 AGE: Years 25 Months Days

IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto City Md

PARENTS

10 NAME OF FATHER William Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard Co Md

12 MAIDEN NAME OF MOTHER Alvista Walker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Will Burkett

(Address) 2540 Madison ave

C. HAMPSON JONES, M. D. Registrar

23 1927

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 22 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

acute alcoholism

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) D. F. Hennessy (Coroner) M. D.

Nov 23 1927 (Address) 2577 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial Nov 24 1927

20 UNDERTAKER Lewis Eaton ADDRESS 916 Pa ave

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 27750

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 27750

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH — Home

CITY OF BALTIMORE: (No. 2004 Hollins ST. 70-27 WARD)

2-FULL NAME Mr. Kate Hoyt.

(a) RESIDENCE NO. 2004 Hollins ST. ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. — mos. — ds. How long in U. S., if of foreign birth? 69 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of WIFE of: William H. Hoyt

6 DATE OF BIRTH (month, day, and year): Dec. 25-1853

7 AGE — Years: 73. Months: 10 Days: 27 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House-wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mrs. Frances T. Offutt 23 S. Payson St.

15 Filed 23 1927 C. HAMPSON JONES, M. D. Registrar

By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 22 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct. 5 1927, to Nov. 22 1927, that I last saw her alive on Nov. 21 1927, and that death occurred, on the date stated above, at 10 30 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic myocarditis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. D. Offutt, M. D.

, 19 (Address) 1825 Patterson Pk. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Nov. 25, 1927.

20 UNDERTAKER: Elmer W. Conkling — ADDRESS: 924 E. Eager St.

IMPORTANT: See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27751

CERTIFICATE OF DEATH.

66

E 27751

1-PLACE OF DEATH

City of BALTIMORE: (No. 2326 Fountain St. 1-3 Ward)

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thos Miller

(a) RESIDENCE NO. 2326 Fountain St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years 38 Months Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Boiler Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Germany.

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: Mrs Straginski

(Address) 2326 Fountain St

15 Date 11-24-1925 C. HARRISON JONES, M. D.

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 23 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Coroner, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ac. Alcoholism

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Ex Exposure

(duration) yrs. mos. ds.

Nov 23/25 (Signed) Gsd Charles Wolfe M. D.

(Coroner)

, 19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Date of Burial Nov 24 1925

20 UNDERTAKER: F W. Ozgazewski ADDRESS 1930 Eastern Ave

Cor.—12-9-25—A Co.—200 Bks.

OF DEATH in plain terms, so th... very important. See instructions on back of certificate.

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27752

CERTIFICATE OF DEATH

+ 90 E 27752

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. University Hospital 30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Johnson

(a) RESIDENCE NO. Laurel, Md. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: black

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE: Years 53 Months ? Days ?

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer at $1.40

(b) General nature of industry, business, or establishment in which employed (or employer): Laurel Rock Work

(c) Name of employer: Elmer Duncan

9 BIRTHPLACE (city or town) (State or country): Kentucky

PARENTS

10 NAME OF FATHER: Henry Johnson

11 BIRTHPLACE OF FATHER (City or town) (State or country): Kentucky

12 MAIDEN NAME OF MOTHER: Martha Saunders

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Kentucky

14 Informant: Lizzy Davis

(Address) Laurel Md

NOV 24 1927

15 Filed 19 C. MARTIN JONES, M. D. Registrar

Per RHF

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1927 Nov. 20

17 I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1927, to Nov. 20, 1927

that I last saw him alive on Nov. 20, 1927

and that death occurred, on the date stated above, at 7:35 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac decompensation with auricular fibrillation

(duration) ? yrs. 1 mns. ds.

CONTRIBUTORY (Secondary) ~~Typhoid fever~~ Myocardial degeneration

(duration) ? yrs. ? mos. ds.

18 Where was disease contracted if not at place of death? Laurel Md

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? History & clinical evidence.

(Signed) Lewis Elder Layton M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Snells Country

Date of Burial: Nov 25 1927

UNDERTAKER: Edward Foster

ADDRESS: Laurel Md

very important. See instructions on back of certificates.

...ing, or that it may be properly classified. Exact statement of OCCUPATION is

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

27753

662

REGISTERED NO. 27753

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital 42-30 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul Gelazel

(a) RESIDENCE NO. 422 Camden St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. — mos. ds. How long in U. S., if of foreign birth? 38 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) NO. 1872

7 AGE 55 Years — Months — Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Tailor

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Lithvania

PARENTS

10 NAME OF FATHER M.Gelazel

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Lithvania

12 MAIDEN NAME OF MOTHER Anne Stankunas

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Lithvania

14 Informant J.Gelazel

(Address) 422 W Camden Street

Filed NOV 24 1927 A. M.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 22 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

Thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Alcoholism

CONTRIBUTORY (Secondary) Cirrhosis (duration) yrs. mos. 5 ds.

Nov 23/27 (Signed) J.E.Peters (duration) yrs. mos. 1 ds.

, 19 (Address) 1436 Bway M. D.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the state yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial Nov. 24. 1927

20 UNDERTAKER John Grebliauckas & Co. ADDRESS 423 S Paca St.

very important. See instructions on back of certificate. Full statement of OCCUPATION is

Spec—12-23-21—E.B.R.S.—400 Bks.

E 27754 HEALTH DEPARTMENT—CITY OF BALTIMORE

61-002

E 27754

CERTIFICATE OF DEATH.

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 860 W Fayette St St. 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Schwartz

(a) Residence No. 860 W Fayette St St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced (Write the word.): single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): Nov 23rd 1927

7-AGE: ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, 5½ hrs. or ..... mtn.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: none.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto. Md.

PARENTS.

10-NAME OF FATHER: Edward J Schwartz

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Balto Md.

12-MAIDEN NAME OF MOTHER: Freda Fleeter.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Balto Md

14- (Informant): Mr. Edward J Schwartz

(Address): 860 W Fayette St

15- NOV 24 1927 [illegible] M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Nov 23rd 1927

17- I HEREBY CERTIFY, That I attended deceased from 11/23/ 19 27 to 11/23/ 19 27

that I last saw h[illegible] alive on 11/23/27 19

and that death occurred, on the date stated above, at 7 P. m.,

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. 5' mos. 1 day ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Bernard J Levy M. D.

11/24, 19 27 (Address) 9 W Lan[illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem

DATE OF BURIAL: Nov 24th 1927

20-UNDERTAKER: John J Cowen & Son

ADDRESS: 901 Allen St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27755

CERTIFICATE OF DEATH.

90 E 27755

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3300 Batavia St. 27-41 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pauline Weissenhalter

(a) RESIDENCE NO. 3300 Batavia St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lemon Weissenhalter

6 DATE OF BIRTH (month, day, and year): June 18/1849

7 AGE: Years 78 | Months 5 | Days 4 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Germany

PARENTS

10 NAME OF FATHER: Valentine Knecht

11 BIRTHPLACE OF FATHER (city or town)

(State or country): U.S.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): [illegible]

14 Informant: Mrs. Pauline Weissenhalter

(Address) 3300 Batavia ave

15 Filed 11-24 1927 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): November 22 1927

17

I HEREBY CERTIFY, That I attended deceased from November 1923 to November 21, 1927, that I last saw h.. alive on November 21, 1927, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary): General Arteriosclerosis

(duration) 5 yrs. mos. ds.

Is Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Francis J. Ayd M. D.

Nov 23 1927 (Address) 2005 E. Monument St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Date of Burial: Nov. 26 1927

20 UNDERTAKER: Jos. J. Berrador ADDRESS: 156 N. Luzerne

Very important. See instructions on back of certificates. Each statement of OCCUPATION is

Cor.—12-9-25—A Co.—200 Bks.

William E Davis

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27756

CERTIFICATE OF DEATH.

179

REGISTERED NO. E 27756

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital 1126-29 St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME W. H. Davis

(a) RESIDENCE NO. 619 N. Highland Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 5 1924

7 AGE: Years 3 Months 4 Days

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country) Md

PARENTS

10 NAME OF FATHER: Benton Davis

11 BIRTHPLACE OF FATHER (city or town): Va.

(State or country)

12 MAIDEN NAME OF MOTHER: Jillian Lewis

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country)

14 Informant: Jillian Lewis Davis

(Address) 619 N. Highland Ave

15 Filed NOV 24 1927 16 H. HANSON JONES, M. D. Registrar

Per RCE

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Nov 24/27

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon, and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute burns (B.S.A.) on abdomen & thorax

Supposed to be mistaken

2 days (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) M. D.

(Coroner)

Nov 24, 1927 (Address) 637 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral

Date of Burial: Nov. 25 1927

20 UNDERTAKER: Jos. J. Herrason

ADDRESS: 156 N. Eutaw

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27757

CERTIFICATE OF DEATH.

100-001

E 27757

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1713 N. Bruce St. 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Otis Blackwell

(a) RESIDENCE NO. 1713 N. Bruce St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 4 mos. 3d. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male | 4 Color or Race: colored | 5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 7, 1926

7 AGE: Years 1 | Months 4 | Days 20 | IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) [illegible]

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md. (Nov. 15 1927)

(State or country)

PARENTS

10 NAME OF FATHER Otis Blackwell

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ga

12 MAIDEN NAME OF MOTHER Sarah Burke

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ga

14 Informant Otis Blackwell

(Address) 1713 N. Bruce

Nov 28 1927 H. HAMILTON JONES, M. D. Registrar

Per [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Nov. 22 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) and from [illegible] find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) no history

(duration) yrs. mos. ds.

(Signed) J. T. Kennedy M. D.

(Coroner)

1927 Address 2512 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Calvary — Date of Burial: Nov 24 1927

20 UNDERTAKER: Joseph A Lively — ADDRESS: 409 N Mount Street

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27758

CERTIFICATE OF DEATH

E 27758

1-PLACE OF DEATH Union Memorial Hospital ST 17-44 WARD)

CITY OF BALTIMORE: (NO.

2-FULL NAME Frank Holloway Hammond

(a) RESIDENCE NO. Covington, Va. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Scott Hammond.

6 DATE OF BIRTH (month, day, and year) 2/18/1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	67	9	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Covington

(State or country) Va.

PARENTS

10 NAME OF FATHER Geo. Wilson Hammond

11 BIRTHPLACE OF FATHER (city or town) Va.

(State or country)

12 MAIDEN NAME OF MOTHER Emma Scott.

13 BIRTHPLACE OF MOTHER (city or town) Va.

(State or country)

14 Informant Emma Scott Hammond

(Address) Covington, Va.

Filed NOV 24 1927, 19 Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/23/27 19

17 I HEREBY CERTIFY, That I attended deceased from Nov 13, 1927, to Nov 23, 1927, that I last saw him alive on Nov 23, 1927, and that death occurred, on the date stated above, at 6 40 PM

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, hypotension, myocarditis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Palmer F. C. Williams M. D.

11/23 19 27 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Covington Va

UNDERTAKER Henry S. Jenkins & Son

DATE OF BURIAL Nov 24 1927

ADDRESS Orchard & Baltimore

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

27759

122-002

REGISTERED NO. E 27759

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital No. 22 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph ~~Capocasa~~ Capocasa

(a) RESIDENCE NO. 3513 Gough St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug 5. 1885

7 AGE: 42 Years 3 Months 17 Days

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor

(b) General nature of industry, business, or establishment in which employed (or employer): Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Michele Capocasa

11 BIRTHPLACE OF FATHER (City or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Deodata Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Biagio Caprigotti

(Address) 3613 Gough St.

Filed NOV 24 1927

Registrar

Par

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 22 19 7

17 I HEREBY CERTIFY, That I attended deceased from Nov 11, 19 7, to Nov 22, 19 7, that I last saw h[illegible] alive on Nov 22, 19 7, and that death occurred, on the date stated above, at 2.45 P m.

The CAUSE OF DEATH* was as follows:

Biliary Cirrhosis with Chyloma ascites and chylous exudate in both pleural cavities

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical + Autopsy

(Signed) E E Lusby M. D.

. 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery Date of Burial 11/25 1927

20 UNDERTAKER: Geo J. Rutty ADDRESS 1735 Harford Ave

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27760

CERTIFICATE OF DEATH.

129 E 27760

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 533 N. Washington ST., (WARD) 7-13

2-FULL NAME Mary E. Kennedy

(a) RESIDENCE NO. 533 N. Washington ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Kennedy

6 DATE OF BIRTH (month, day, and year): May 15 1871

7 AGE: Years 56 Months 6 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: James Bulley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Ann Jane Dunlevy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Joseph Kennedy 533 N. Manchester Ave

15 Filed NOV 24 1927 Registrar: H. A. JONES, M. D.

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 22 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 10 1927 to Nov. 22 1927, that I last saw h alive on November 21 1927 and that death occurred, on the date stated above, at 12.10 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination Urinalysis

(Signed) [illegible], M. D.

Nov 23 1927 (Address) 533 N. Washington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Nov. 25 1927

20 UNDERTAKER: William G. Schaeffer — ADDRESS: 1816 Monument

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 27761 HEALTH DEPARTMENT—CITY OF BALTIMORE E 27761

CERTIFICATE OF DEATH.

69

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital (St.) 4-1 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alec Zweigel

(a) RESIDENCE NO. 153 N Jay St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 11, 1920

7 AGE: Years 7; Months 5; Days 13; If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Schoolboy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Oakland Maryland

PARENTS

10 NAME OF FATHER: Morris Zweigel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria

12 MAIDEN NAME OF MOTHER: Anna Hyman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Austria

14 Informant: Morris Zweigel

(Address) 153 N Jay St

Filed NOV 24 1927 C. H. JONES, M. D. Registrar.

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24 1927

17 I HEREBY CERTIFY, That I attended deceased from June 21 1926 to Nov 24 1927

that I last saw h[illegible] alive on Nov 24 1927

and that death occurred, on the date stated above, at 1-30 P.M.

The CAUSE OF DEATH* was as follows:

Endocarditis

Aortic Aneurism

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage

(duration) 8 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Thomas H Maynard M. D.

11/24 1927 (Address) 14 E. Read St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Herring Run

DATE OF BURIAL: 11/24 1927

UNDERTAKER: Bofol Funeral Co

ADDRESS 1123 E Baltimore St

Spec.—1-12-23—M&T—500 Bks.

208228

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27762

E 27762

CERTIFICATE OF DEATH.

T59

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) (St.) (Ward) 9

2-FULL NAME Concha Rodriguez

(a) RESIDENCE NO. Tampa, Florida ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, ~~Widowed, or Divorced~~, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 22; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cigar Factory

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Tampa Cigar Co.

9 BIRTHPLACE (city or town) (State or country): Florida

PARENTS

10 NAME OF FATHER: Angel Rodriguez

11 BIRTHPLACE OF FATHER (city or town) (State or country): Spain

12 MAIDEN NAME OF MOTHER: Maria Beria

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Cuba

14 Informant: Wife

(Address) JOHNS HOPKINS HOSPITAL, Baltimore, Md.

15 Filed NOV 24 1927

C. HAMILTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 22 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1927, to Nov. 22, 1927, that I last saw h[illegible] alive on Nov. 22, 1927, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Pituitary Tumor

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): None

(duration) — yrs. mos. ds.

18 Where was disease contracted if not at place of death? Florida

Did an operation precede death? Yes Date of Oct 28, 1927

Was there an autopsy? Yes.

What test confirmed diagnosis? Air Injection.

(Signed) George E. Heuisler M. D.

Nov 29 (Address) John Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Tampa, Florida

UNDERTAKER: J. A. Moran

DATE OF BURIAL: 11/24/1927

ADDRESS: 300 E Ballot.

Spec.—1-10-21—M&T—1500 Bks.

E 27763

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 27763
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1704 N. Collington Ave ST. 8-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henriette Babette Broemer

(a) RESIDENCE NO. 1704 N. Collington Ave. ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 9y yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

5a If married, widowed, or divorced
(or) WIFE of William Broemer

6 DATE OF BIRTH (month, day, and year) Jan. 10. 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	10	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Carl G. Kresse

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Helene Ziegelhoefer

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Wilhelmina Broemer (daughter)
(Address) 1704 N. Collington Ave

NOV 25 1927

15 Date, 19 C. HALLOCK JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 22. 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1927, to Nov 22, 1927, that I last saw h[illegible] alive on Nov 22, 1927, and that death occurred, on the date stated above, at 11:15 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pernicious Anemia
(duration) yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Blood Exam.

(Signed) Harvey S. Beck M. D.

19 (Address) St Paul & 23rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Nov. 25 1927

UNDERTAKER: Hughes & Jones Inc. — ADDRESS: 424 N. Broadway

IMPORTANT. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Blks.

E 27764

HEALTH DEPARTMENT—CITY OF BALTIMORE

93 E 27764

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) No. 734 N. Gay St. 10-14 Ward

2-FULL NAME Louisa Schaller

(a) RESIDENCE. No. 734 N. Gay St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? 26 yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: The Late John Schaller

6 DATE OF BIRTH (month, day, and year): May 11. 1871

7 AGE: Years 58 Months 7 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

11 Informant: Mr. McGee

(Address) 734 N. Gay St

15 Filed 1927 C. HANSON Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 23 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 31- 1927, to Nov 23 1927

that I last saw h alive on Nov 23 1927

and that death occurred, on the date stated above, at 10:30 A.M.

The CAUSE OF DEATH* was as follows:

Cardiac Embolism.

(duration) yrs. mos. 1 hr

CONTRIBUTORY (Secondary) — Phlebitis of Leg.

(duration) yrs. mos. 1 wk

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C. Mitchell M. D.

11/29 1927 (Address) 1279 Hilton St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery

DATE OF BURIAL: Nov 26 1927

20 UNDERTAKER: Frankel Embalming Co

ADDRESS: 1111 Madison Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27765

CERTIFICATE OF DEATH.

38 E 27765

1-PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No.) Balto Md. (St.) 6-11 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Fiedler

(a) RESIDENCE NO. 304 N. Ellwood Ave (St.) WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Maggie Fiedler

6 DATE OF BIRTH (month, day, and year): ~~Dec~~ 23 1884

7 AGE: Years 42 Months 10 Days 30 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work:

(b) General nature of industry, business, or establishment in which employed (or employer): Driver

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: George Fiedler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Catherine Bolts

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Balto City Hospt (Address): Balto Md

15 NOV 25 1927 A. M. [illegible] Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-22 1927

17 I HEREBY CERTIFY, That I attended deceased from 10-6- 1926 to 11-22- 1927 that I last saw him alive on 11-21- 1927 and that death occurred, on the date stated above, at 4.16 A m.

The CAUSE OF DEATH* was as follows:

General Paralysis of Insane (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Luetic Infection (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Laboratory

(Signed) Harry [illegible] M. D.

(Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cem — DATE OF BURIAL: Nov 25 1927

UNDERTAKER: Wm C. Miller & Son — ADDRESS: 2337 Jefferson

Spec.—1-12-23—M&T—500 Blks.

B7443 27766

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

86 E 27766

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Solomon Koromilas

(a) RESIDENCE NO. 241 Cambridge ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Aug 5 1927

7 AGE: Years — Months: 3 — Days: 8 — If LESS than 1 day, hrs. or min. — 16 Weeks

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER Angelo Koromilas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Greece

12 MAIDEN NAME OF MOTHER Katie Kontrias

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Greece

14 Informant (Address) JOHNS HOPKINS HOSPITAL

15 NOV 25 1927 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 23 19 27

17 I HEREBY CERTIFY, That I attended deceased from Oct. 11, 19 27, to Nov 23, 19 27, that I last saw h alive on Nov 23, 19 27, and that death occurred, on the date stated above, at 7 32 p m.

The CAUSE OF DEATH* was as follows:

Marasmus

(duration) yrs. 3 mos. da.

CONTRIBUTORY (Secondary): Bilateral otitis media

(duration) yrs. mos. 5 da.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Aspiration pus from ears.

(Signed) J. S. Bennett M. D.

11/27, 1927 (Address) John Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem

DATE OF BURIAL: Nov 25 19 27

(UNDERTAKER) Thos C. Miller & Son

ADDRESS 2334 Jeffer[illegible]

Spec.–7-17-26—A Co.—200 Bks.

E 27767

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 27767

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. BALTIMORE CITY HOSPI[redacted] St., 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kent Queen

(a) RESIDENCE NO. 1721 Park Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): ?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ?

6 DATE OF BIRTH (month, day, and year): 1858

7 AGE: Years 69 Months Days

IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Odd

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (City or town)

(State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) ?

14 BALTIMORE CITY HOSPITALS

Informant

(Address) Records

15 Filed ..... 19..... Registrar

NOV 25 1927 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/21/1927

17 I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1922, to Nov. 21, 1927.

that I last saw him alive on Nov. 21, 1927

and that death occurred, on the date stated above, at 2:00 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic - acute

Arteriosclerosis

Hypertension

(duration) yrs. 5 mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted ?

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General + Sub

(Signed) C. J. Wendel Carroll, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ft. Auburn Cem.

Date of Burial: 11/25 19 27

20 UNDERTAKER: Samuel H. Hurley Jr.

ADDRESS: Waddell

very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27768

CERTIFICATE OF DEATH.

46

E 27768

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1325 (St.) N. Lombard (Ward) 19-24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Llewellen ~~Gibbon~~ B. Sutor

(a) RESIDENCE. No. 1325 N. Lombard St.. Ward.

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of S. T. Sutor

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Jacob B. Welsh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna

12 MAIDEN NAME OF MOTHER Hannah McWhelan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant S. T. Sutor (Address) 1325 N Lombard St

15 FILED NOV 25 1927 C. HAYDEN JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 22 1927

17 I HEREBY CERTIFY, That I attended deceased from 12/2 1926, to 11/22 1927, that I last saw h[illegible] alive on Nov. 22 1927, and that death occurred, on the date stated above, at 8:15 P. m.

The CAUSE OF DEATH* was as follows:

Carcinomatosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) W. H. Triplett M. D.

11/23 1927 (Address) 13 [illegible] W. Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Nov 25 27
20 UNDERTAKER	ADDRESS
Robert Brooks & Son	Calhoun Hollins

See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

CERTIFICATE OF DEATH.

E-27769 PLACE OF DEATH

E 27769
REGISTERED NO.

CITY OF BALTIMORE: (No. 1909 Barclay ST. 17-19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert S. Tonry

(a) RESIDENCE No. 1909 Barclay ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carola Tonry

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
5b		3	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman Yard

(b) General nature of industry, business, or establishment in which employed (or employer) Highway Dept

(c) Name of employer City of Baltimore

9 BIRTHPLACE (city or town) Baltimore, Md
(State or country)

PARENTS

10 NAME OF FATHER William P. Tonry

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Anna E. Surratt

13 BIRTHPLACE OF MOTHER (city or town) District of Columbia
(State or country)

14 Informant Reginald J. Tonry
(Address)

15 Filed NOV 25 1927, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 22 1927

17 I HEREBY CERTIFY, That I attended deceased from November 20 1927. to November 22 1927.

that I last saw him alive on November 22 1927

and that death occurred, on the date stated above, at 11 30 P. m.

The CAUSE OF DEATH* was as follows:

Collapse
Congestion of Lungs

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Heart failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Reginald J. Tonry, M. D.

, 19 (Address) 414 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Cemetery	Nov 25 1927
20 UNDERTAKER	ADDRESS
Mary M. Wiedefeld	501 E 22nd

IRON is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27770
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

100-001 E 27770
REGISTERED NO.

CITY OF BALTIMORE: No. 5 N Durham ST. 6-9 WARD.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Johnson Steward

(a) RESIDENCE. No. 5 N Durham ST.. WARD.
(Usual place of abode)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: Col.
5 Single, Married, Widowed, or Divorced (write the word): M.
5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Steward
6 DATE OF BIRTH (month, day, and year): 1874
7 AGE: Years 53; Months —; Days —; If LESS than 1 day, hrs. or min.
8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): odd
(c) Name of employer: Bethlehem Steel Co
9 BIRTHPLACE (city or town) (State or country): Va

PARENTS
10 NAME OF FATHER: Bottley Steward
11 BIRTHPLACE OF FATHER (city or town) (State or country): —
12 MAIDEN NAME OF MOTHER: —
13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant: Annie Steward
(Address) 417 N Chapel St

15 Filed . 19 HAMILTON JONES, M. D. Registrar

OCT 25 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-23 1927

17 I HEREBY CERTIFY, That I attended deceased from 11-20 . 19 27 . to 11-23 . 19 27 . that I last saw h— alive on 11-23-27 . and that death occurred, on the date stated above, at 5-55 P. m.

The CAUSE OF DEATH* was as follows:

Terminal Pneumonia
Pulmonary Tuberculosis DSE
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) Jno B. Butler, M. D.

. 19 (Address) 428 N. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: Nov 26 1927

20 UNDERTAKER: Franklin W Seitz — ADDRESS: 709 W 33rd St

(Rev. 4560)

(SEE INSTRUCTIONS ON BACK OF CERTIFICATES.)

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27771

CERTIFICATE OF DEATH.

23 E 27771

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 N. Mansfield ave ST., 10 WARD)

2-FULL NAME John K Brandyis

(a) RESIDENCE No. 403 N. Mansfield ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Brandyis

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoedealer

(b) General nature of industry, business, or establishment in which employed (or employer) Retail

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Holland

PARENTS

10 NAME OF FATHER Jacob Brandyis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Holland

12 MAIDEN NAME OF MOTHER Mary Huisman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Holland

14 Informant Martin Brandyis

(Address) 403 N. Mansfield ave

15 Filed NOV 25 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 23 1927

17

I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1927, to Nov. 23, 1927, that I last saw him alive on Nov. 23, 1927 and that death occurred, on the date stated above, at 8 15 P. m.

The CAUSE OF DEATH* was as follows:

Acute Epidemic Encephalitis

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Robert F. Green, M. D.

11-24, 1927 (Address) 120 Dugenith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	11/26, 1927
20 UNDERTAKER Philip Stuwig	ADDRESS 216 Aliceanna

HAMPSON JOYCE, M. D.

Registrar

ITION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27772

CERTIFICATE OF DEATH

7001

E 27772

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 628 N. Chester St., 7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew N. Berge

(a) RESIDENCE NO. 628 N. Chester St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Martha Berge

6 DATE OF BIRTH (month, day, and year): May 9 1856

7 AGE: Years 71 Months 6 Days 14 IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Paint Merchant

(b) General nature of industry, business, or establishment in which employed (or employer): Himself 045

(c) Name of employer

9 BIRTHPLACE (city or town): Norway

(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (City or town): Norway

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (City or town):

(State or country) Norway

14 Informant: Mrs. Berge (Wife)

(Address) 628 N. Chester St

NOV 25 1927 HARRY JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 23/27 19

17 I HEREBY CERTIFY, That I attended deceased from Nov 10 19 27 to Nov 23 19 27

that I last saw him alive on Nov 23 19 27

and that death occurred, on the date stated above, at 4 35 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

13 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Atrophy

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William H. Grossmann M. D.

Nov 26 27 (Address) 801 N. Calhoun

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

Date of Burial: 11 25 1927

D. UNDERTAKER: Phelps Sons

ADDRESS: Eutaw St

very important. See instructions on back of certificates. Exact statement of OCCUPATION is

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27773

CERTIFICATE OF DEATH

111-001

E 27773

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. St. Joseph's Hospital 46 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William F. Schuerman

(a) RESIDENCE NO. 2233 Cecil Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Marie Schuerman

6 DATE OF BIRTH (month, day, and year): May 25 1893

7 AGE: Years 37 Months 5 Days 28 IF LESS than 1 day ....hrs. or ....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Silversmith

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Chas H Schuerman

11 BIRTHPLACE OF FATHER (City or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Elizabeth Cravens

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Baltimore

14 Informant: Frank C Schuerman

(Address) 2233 Cecil Ave

NOV 25 1927 J. HARRISON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: 11/22/27

17 I HEREBY CERTIFY, That I attended deceased from 11/19/27, 19.... to 11/22/27, 19....

that I last saw h.. alive on 11/22/27, 19....

and that death occurred, on the date stated above, at 3:22 P. m.

The CAUSE OF DEATH* was as follows: Tetanus after surgical treatment

(duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary): Cardiac degeneration

(duration) ....yrs. ....mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H Lawrence Fabian M. D.

19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem

Date of Burial: Nov 25 19 27

UNDERTAKER: John Clerici

ADDRESS: 2008 Eutaw

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

Norton

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27774

CERTIFICATE OF DEATH.

40

E 27774

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. Cabert or Saratoga ST. 21-31 WARD)

2-FULL NAME Anna Norton

(a) RESIDENCE NO. 516 W. Hamburg ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 19, 1875

7 AGE: Years 52 Months 4 Days 5 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Operator

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Noah S Barb

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Nancy Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Noah S Barb

(Address) Manassas Va

15 1 25 1927 G. HA[illegible]ES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/24 1927

17

I HEREBY CERTIFY, That I attended deceased from 11/21, 1927, to 11/24, 1927,

that I last saw h[illegible] alive on 11/24, 1927,

and that death occurred, on the date stated above, at 5-45 A m.

The CAUSE OF DEATH* was as follows:

Salpingitis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Post operative Shock and Hemorrhage (duration) yrs. 14 hrs mos.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 11/23/27

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Owen Bassé Wallace M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Manassas Va

DATE OF BURIAL: 11/20/27

20 UNDERTAKER: Geo W Farley

ADDRESS: Fulton Sta

Spec.—1-12-23—M&T—500 Bks.

Gus Hansen's

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27775

E 27775

66

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS St. [illegible] WARD) 26-37

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gus Hansen.

BALTIMORE CITY HOSPITALS

(a) RESIDENCE NO. [redacted] ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	?

5a If married, widowed, or divorced HUSBAND of or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Norway

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

BALTIMORE CITY HOSPITALS

14 Informant (Address) Friends

15 Filed 1927 19 E. A. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/21/1927

17

I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1927 to Nov. 21, 1927

that I last saw him alive on Nov. 21, 1927

and that death occurred, on the date stated above, at 6 15 A. m.

The CAUSE OF DEATH* was as follows:

Adenolymphoma - acute.

(duration) yrs. mos ? ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general appearance

(Signed) C. Holmes Boyd, M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL 11/25 19 27

20 UNDERTAKER J. J. Fahy Son

ADDRESS 1318 Light St

Spec.—1-12-23—M&T—500 Bl. See Letter in file signed by L. E. Madden M.D. Dated 12-21-1927

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27776 — CERTIFICATE OF DEATH. — 31 E 27776

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (ST.) 21-29 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emil Kessler

(a) RESIDENCE NO. 1344 Carroll st. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) ~~1863~~ 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62 ~~64~~			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Switzerland

PARENTS

10 NAME OF FATHER Nick Kessler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Switzerland

12 MAIDEN NAME OF MOTHER Mary Kessler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Switzerland

14 Informant (Address) Hospital Records

Filed 12-25 1927 HAMILTON JONES, M. D. Registrar

Per RHP

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 22, 1927

17 I HEREBY CERTIFY, That I attended deceased from July 29, 1927, to Nov. 22, 1927, that I last saw him alive on Nov. 22, 1927, and that death occurred, on the date stated above, at 12 • 15 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) L. E. Madden, M. D.

11-22-27 (Address) Balto. City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart — DATE OF BURIAL 11/25 1927

20 UNDERTAKER J. J. Foley Sons — ADDRESS 1318 Light St

Spec.—1-12-23—M&T—500 Bks.

E 27777 HEALTH DEPARTMENT—CITY OF BALTIMORE E 27777

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3617 Chestnut Ave. ST., 13 (WARD) 28

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hilda M. Unsworth.

(a) RESIDENCE No. 3617 Chestnut Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 16 1908.

7 AGE — Years: 19 — Months: 5 — Days: 8 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore city (State or country) Maryland

PARENTS

10 NAME OF FATHER Paul E Unsworth

11 BIRTHPLACE OF FATHER (city or town) Balto city (State or country) Maryland

12 MAIDEN NAME OF MOTHER Effie E Davis

13 BIRTHPLACE OF MOTHER (City or town) Balto city (State or country) Maryland

14 Informant Paul E. Unsworth (Address) 3617 Chestnut ave

Filed 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24 1927.

17 I HEREBY CERTIFY, That I attended deceased from November 21, 1927. to November 24 1927.

that I last saw HER alive on Nov. 24, 1927

and that death occurred, on the date stated above, at 7-35 A m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Status Epilepticus

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) J. H. Unsworth, M. D.

11/24, 1927 (Address) 4037 Falls Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem

DATE OF BURIAL: Nov 28 1927

UNDERTAKER: Walter Davis

ADDRESS: 3307 Penn St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27778

CERTIFICATE OF DEATH.

129

E 27778

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 220 Chesterfield Ave ST. Hamilton 27-43 WARD)

2-FULL NAME George D. Clarke

(a) RESIDENCE NO. 20 Chesterfield Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 COLOR OR RACE W.

5 ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word) Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Davis Clarke

6 DATE OF BIRTH (month, day, and year) May 13-1860

7 AGE Years 67 Months 6 Days 12 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Lumber &c

(c) Name of employer General Products Co. Balto

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER John Clarke

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Helen Longsdorf

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Mrs Kate D. Clarke

(Address) 20 Chesterfield Ave

15 [illegible] 25 1927 C. HARRISON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24th 27

17 I HEREBY CERTIFY, That I attended deceased from Sept 30 1927 to Nov 24 1927 that I last saw h[illegible] alive on Nov. 22 1927 and that death occurred, on the date stated above, at 12.30 a m

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

5

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Hypertrophy Chronic

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Francis C. Clark M. D.

11.25 1927 (Address) Lexington Apts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakwood Cemetery

DATE OF BURIAL Nov 26th 27

20 UNDERTAKER Peterman & Love

ADDRESS 1730 Eutaw Pl

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27779

CERTIFICATE OF DEATH.

E 27779

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

CITY OF BALTIMORE: (NO. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Melvin Ward

(a) RESIDENCE NO. E. St. Louis, Ill. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 13 1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
		8	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) E. St. Louis, Ill.

PARENTS

10 NAME OF FATHER Charles Ward

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Anthony

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant JOHNS HOPKINS HOSPITAL (Address)

15 [illegible] HARRISON JONES, M. D.

NOV 25 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 26 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1927, to Nov. 26, 1927, that I last saw him alive on Nov. 26, 1927, and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus, obstructive

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? E. St. Louis, Ill.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edward C. Lee M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL East St. Louis, Ill. DATE OF BURIAL Nov 28 1927

20 UNDERTAKER W. M. Cook ADDRESS 202 E. Main St.

(1) Fill out all items if possible. (2) Use indelible pencil or pen and ink. (3) See instructions on back of certificates.

Cor.—12-3-26—A Co.—200 Bks.

Rolle

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27780

CERTIFICATE OF DEATH.

75-001 ✓

75 E 27780

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1719 Ensor St St. 9-18 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emil A. Rolle

(a) RESIDENCE NO. 1719 Ensor St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Annie C. Rolle

6 DATE OF BIRTH (month, day, and year) Oct 17 1871

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	56	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hardwood Finisher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Anthony Rolle

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Eleanor Bailey

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Wife

(Address)

NOV 25 1927

C. HAMILTON JAMES, M. D.
Registrar

For

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. E. Boone M. D.
(Coroner)

19 11/25/27 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery Date of Burial Nov. 26 1927

20 UNDERTAKER Henry Troeck Son ADDRESS 1301 E Eager St

Very important. See instructions on back of certificate. Any statement of OCCUPATION is

HEALTH DEPARTMENT--CITY OF BALTIMORE

27781

CERTIFICATE OF DEATH

REGISTERED No. E 27781

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 6314 Brooklyn Ave Ward 37-42 Raspberry)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John J Kelly

(Residence in Baltimore: No 6314 Brooklyn Ave St.)

(Age: 77 yrs. 7 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: February 6, 1850 (Month) (Day) (Year)

7 AGE: 77 yrs. 7 mos. 15 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Policeman
(b) General nature of industry, business, or establishment in which employed (or employer): 061

9 BIRTHPLACE (State or country): Ireland

PARENTS

10 NAME OF FATHER: John J Kelly

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Mahoney

13 BIRTHPLACE OF MOTHER (State or country): Virginia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Margaret M Kelly

(Address) 6314 Brooklyn Raspberry

Nov 25 1927 C. HAMPTON JONES, M. D.

191 Per ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov (Month) 25 (Day), 1927 (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1927, to Nov 18, 1927, that I saw h[illegible] alive on Nov 23, 1927, and that death occurred, on the date stated above, at 8.00 P m.

The CAUSE OF DEATH* was as follows:

Cancer of rectum,

(Duration) yrs. 4 mos. ds.

Contributory (SECONDARY) Bronchial Pneumonia

(Duration) yrs. 1 mos. ds.

(Signed) John Enright M. D.

Nov 24, 1927 (Address) 7th & Main

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

	yrs.	mos.	ds.		yrs.	mos.	ds.
At place of death				In the State			
Where was disease contracted, if not at place of death?							
Former or usual residence							

19 PLACE OF BURIAL OR REMOVAL: Mount Cathedral — DATE OF BURIAL: Nov 26, 1927

20 UNDERTAKER: George Smith — ADDRESS: 1532 Hollins St

is very important. See instructions on back of certificate. Exact statement of OCCUPATION

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 27782 — 129 — E 27782

1-PLACE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2931 N. Charles St. 42-50 WARD)

2-FULL NAME Hazel M Roman

(a) RESIDENCE NO. 2931 N Charles ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Philip Roman

6 DATE OF BIRTH (month, day, and year) May 13-1885

7 AGE	42 Years	6 Months	11 Days	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Mt. Pulaski Ill.

PARENTS

10 NAME OF FATHER Wm M. Martin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mt. Pulaski Ill

12 MAIDEN NAME OF MOTHER Emma L. Brent

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frederick Co. Md

14 Informant Mrs. D. D. Martin
(Address) 2931 N. Charles St.

15 Filed 25 1927 W. H. Murphy M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24th 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 10, 1927, to Nov 24, 1927, that I last saw h alive on Nov 23rd, 1927, and that death occurred, on the date stated above, at 9.30 a m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilation

(Duration) yrs. mos 1 hour ds.

CONTRIBUTORY (Secondary) Ch. Valvular Insufficiency

(duration) Unknown ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Jefferies Beard M. D.

11/25/27 (Address) 110 S. Charles Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem

DATE OF BURIAL Nov 26 1927

20 UNDERTAKER J. J. Linton, Son

ADDRESS The La Cor

Cor.—11-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 27783 (1-PLACE OF DEATH)

90 E 27783 REGISTERED NO.

City of BALTIMORE: (No. 2724 N. Mosher St. Sq. 16-68 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas H. Smith

(a) RESIDENCE NO. 2724 N Mosher St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. 7 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year): April 7-1885

7 AGE — Years: 42 Months: 7 Days: 15 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: B & O R R

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Charles Smith

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Sallie Travers

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Unknown

14 Informant: Mrs Carrie E Travers

(Address): 2724 N Mosher St

Filed: NOV 25 1927

C. H. A. LEON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): November 22 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

Nov 25 1927 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. Date of Burial: Nov 1927

20 UNDERTAKER: Wm J Jackson Jones ADDRESS: Pratt & Ave

Very important. See instructions on back of certificate. Statement of OCCUPATION is

Spec.—1-12-23—M&T—500 Bks.

E 27784 HEALTH DEPARTMENT—CITY OF BALTIMORE E 27784

CERTIFICATE OF DEATH.

REGISTERED NO. 179

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2930 Baker ST., 16-67 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Coons Kennard

(a) RESIDENCE No. 2430 Baker ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Bransford F. Kennard

6 DATE OF BIRTH (month, day, and year): June 7 1843

7 AGE: Years 84 Months 10 Days 15 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Silver Springs Co Md

PARENTS

10 NAME OF FATHER: Oliver B Maynard

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Rosanna Crowley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Louisa Kennard 2430 Baker St

15 Filed NOV 25 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 23 1927

17

I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1927, to Nov 23, 1927.

that I last saw h[illegible] alive on Nov. 22, 1927

and that death occurred, on the date stated above, at 11 30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis. —

(duration) 3 or 4 yrs. — mos — ds.

CONTRIBUTORY (Secondary): Pulmonary Edema

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Usual.

(Signed) M B Barnard M. D.

Nov 2, 1927 (Address) 626 N. Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn — DATE OF BURIAL: Nov 26 27

20 UNDERTAKER: [illegible] Dickerson — ADDRESS: North Av

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

702

E 27785 — REGISTERED NO. E 27785

1-PLACE OF DEATH

City of BALTIMORE: (No. Ben Taken & Gilmore 5-9 Ward)

2-FULL NAME Thomas H. Moorley

(a) RESIDENCE NO. 1409 Jefferson St. Ward:

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1905

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	22			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Little Plymouth Va.
(State or country)

PARENTS

10 NAME OF FATHER Lee Wormley

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Little plymouth Va.

12 MAIDEN NAME OF MOTHER Flora Collins

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Little plymouth Va.

14 Informant Flora Wormley
(Address) 1409 Jefferson St.

15 Filed NOV 25 1927 16 H. A. HILTON JONES, M. D.
By Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 23 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:

Fracture of neck accidental (duration) Instant death
CONTRIBUTORY (Secondary) None-see (duration) yrs. mos. ds.

(Signed) J. T. Newcomer M. D.
(Coroner)
1927 (Address) 2522 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Little plymouth Va. Date of Burial Nov 26 1927.

20 UNDERTAKER Jos. H. Rochester ADDRESS 1413 Jefferson St

very important. See instructions on back of certificate. CAUSE SATISFACTORY OF OCCUPATION IS

Spec.—1-12-23—M&T—500 Bks.

E 27786

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 27786

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ____ ST. 1-13 WARD)

REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Audsett Johnson

(a) RESIDENCE NO. 944 N. Durham ST. ____ WARD City

(Usual place of abode)

Length of residence in city or town where death occurred 5yr. 5 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): ____

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6 DATE OF BIRTH (month, day, and year) Feb 4 1927.

7 AGE: Years ____ Months 2 Days 9

If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ____

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Frank Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Carrie Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant JOHNS HOPKINS HOSPITAL

(Address) Records

Filed NOV 25 1927 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 23 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1927, to Nov. 23, 1927, that I last saw her alive on Nov. 23, 1927 and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:

Meningitis, Pneumococcus

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) ____

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of ____

Was there an autopsy? Yes

What test confirmed diagnosis? Exam. Spinal Fluid

(Signed) J. S. Bennett M. D.

11-27-1927 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery

DATE OF BURIAL Nov 26 1927

20 UNDERTAKER Jos. T. H. Rochester

ADDRESS 1403 Jefferson St.

Spec.—1-12-23—MAT—500 Bks.

27787

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

94 E 27787

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 838 N. Fayette St. 18-N WARD)

2-FULL NAME Ella Fooks

(a) RESIDENCE NO. 838 N Fayette. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Dr. Fred E. Fooks.

6 DATE OF BIRTH (month, day, and year): Sept 13. 1854

7 AGE — Years: 73 Months: 2 Days: 10 If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Abraham Startzman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Eliz Hollingsworth

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Walter M. Fooks

(Address) 838 N. Fayette St.

NOV 25 1927 Date Received. H. A. [illegible], M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 23 1927.

17 I HEREBY CERTIFY, That I attended deceased from Jan. 5 1927, to Nov. 23 1927,

that I last saw h alive on Nov. 23 1927,

and that death occurred, on the date stated above, at 8.30 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

Infirmities of Old Age

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thos. H. Magruder M. D.

19 [illegible], 1927 (Address) 1 E. Read St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount. DATE OF BURIAL: Nov 26 1927

20 UNDERTAKER: Mr. & Mrs. John W. Teufel & Son ADDRESS: 801 W. Fayette

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 27788

129 E 27788

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 S. Bethel St. ST. 3-5 WARD)

2-FULL NAME Adam Sin Clair.

(a) RESIDENCE No. 305 S. Bethel St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Estella Sin Clair.

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Adam Sin Clair

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Josphine Pritchet

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Estella Sin Clair. (Address) 305 S. Bethel St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 22. 19 27

17 I HEREBY CERTIFY, That I attended deceased from Nov 12. 1927. to Nov 22. 1927. that I last saw h alive on Nov 22. 1927. and that death occurred, on the date stated above, at 12 Noon

The CAUSE OF DEATH* was as follows: Intestinal Syphilis

(duration) 1 yrs mos 10 ds.

CONTRIBUTORY (Secondary) Cystitis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Jos Fineburg M.D.

(Address) 17 W. Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Cemetery DATE OF BURIAL 11-25-1927

20 UNDERTAKER Wm. H. G. Elliott ADDRESS 325 Washington Blvd

Spec.—1-12-23—M&T—500 Blks.

E 27789

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49

E 27789

REGISTERED NO

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 N Edew ST. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jannie Odell

(a) RESIDENCE NO. 708 N Edew ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Widowed

5a If married, widowed, or divorced ~~Husband of~~ or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
appox 54	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington D.C.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Sarah Butler (Friend) (Address) 708 N Edew st.

15 Filed NOV 25 1927 C. H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) NOV. 22 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1927, to NOV 22, 1927, that I last saw h[illegible] alive on NOV 20, 1927, and that death occurred, on the date stated above, at 6A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J Young M. D.

11/23, 1927 (Address) 1429 E monument st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cushing Cemetery DATE OF BURIAL Nov. 26 1927

UNDERTAKER [illegible] ADDRESS [illegible] Maryland Ave

(Instructions on back of certificates. See instructions on back of certificates. Items 1 to 15 are very important. See instructions on back of certificates.)

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27790

CERTIFICATE OF DEATH.

31 E 27790

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2603 Fait ave. ST., 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Kosiorek

(a) RESIDENCE NO 2603 Fait ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. | How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced (or) WIFE of Teofil Kosiorek

6 DATE OF BIRTH (month, day, and year) August 23-1890

7 AGE: Years 36 | Months 7 | Days 1 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Blazek Knapatzki

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland.

12 MAIDEN NAME OF MOTHER: Stonezek.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland.

14 Informant (Address): Teofil Kosiorek 2603 Fait ave.

15 Filed NOV 25 1927 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cer Ts

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) E Lausone

(duration) yrs. mos. 1 ds.

(Signed) J C Gladis, M. D.
(Coroner)

Nov 26 1927 (Address) 143 N Arlington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus Cem. — DATE OF BURIAL: Nov 26 1927

20 UNDERTAKER: George A. Weber — ADDRESS: 2205 Bank St.

DEC 2 1927

Cor.—12-9-25—A Co.—200 Bks.

27791

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

25-27 90 E 27791

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 102 Plum St. Curtis Bay. St. Ward

2-FULL NAME John E. McCann.

(a) RESIDENCE NO. 102 Plum St. Curtis Bay. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred: 40 yrs. ---------- (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced. (write the word): Widower.

5a If XXXXX widowed, XXXXXX HUSBAND of XXXXXXXX: Mary E. McCann.

6 DATE OF BIRTH (month, day, and year): Do not know.

7 AGE: Years 75 | Months ---------- | Days | IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shoemaker.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Harford Co, Md

PARENTS

10 NAME OF FATHER: Ephriam McCann.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pennsylvania.

12 MAIDEN NAME OF MOTHER: Mary E. Ayers.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland.

14 Informant (Address): John E. McCann. (son) C. 5618 Garrison Blvd.

C. HARTON JONES, M. D. Registrar

NOV 25 1927

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): November 24, 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Lenhardt M. D. (Coroner)

11/25 1927 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Salem Cemetery Baltimore Co. Date of Burial: Nov. 27 1927

20 UNDERTAKER: J. Robt. Burns Sons ADDRESS: Towsontown

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 27792 HEALTH DEPARTMENT—CITY OF BALTIMORE E 27792

CERTIFICATE OF DEATH. 7-37 101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Valentine Adamski

(a) RESIDENCE NO. None ST. WARD Eastern Pk

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White (Polish)

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine

6 DATE OF BIRTH (month, day, and year) [illegible] 1873

7 AGE: 54 Years; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer 086

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Charles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Catharine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant (Address)

15 25 Jul 1927. 19 HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-24 1927

17

I HEREBY CERTIFY, That I attended deceased from 11-22 .1927. to 11-24 .1927.

that I last saw him alive on 11-24 .1927

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. Owens Boyd M. D.

. 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Nov 26 1927

DATE OF BURIAL

20 UNDERTAKER J W Ozgewski

ADDRESS 1930 Eastern

Spec—12-23-21—E.B.R.S.—400 Blks.

E 27793

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27793

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

City of BALTIMORE: (No. 2212 Eager Place 7-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry J. Stupka

(a) Residence No. 2212 Eager Place St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. 4 mos. 23 ds. How long in U. S., if of foreign birth? 23 yrs. 4 mos. 21 ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: white

5-SINGLE, Married, Widowed, or Divorced (Write the word.): single

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year): July 1- 1904 1904

7-AGE: 23 yrs. 4 mos. 23 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: pattern-maker

(b) General nature of industry, business, or establishment in which employed (or employer): woodwork

(c) Name of employer: Dixie Mfg Co

9-BIRTHPLACE (city or town) (State or Country): Balto. Md.

PARENTS.

10-NAME OF FATHER: Michael Stupka

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Bohemia

12-MAIDEN NAME OF MOTHER: Otilie Domkova

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Bohemia

14-(Informant) Mrs. O. Stupka

(Address) 2212 Eager St.

15-NOV 25 1927 HAMPSON JONES, M. D.

Per —

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Nov 24. 27

17- I HEREBY CERTIFY, That I attended deceased from May 15 19 27 to Nov 24 19 27

that I last saw h[illegible] alive on Nov 24 19 27

and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis.

(Duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) asthenia

(Duration) — yrs. 6 mos. — ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? usual

(Signed) Edward Horak M. D.

, 19 (Address) [redacted] Eutaw Pl.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Hill

DATE OF BURIAL: Nov 27. 1927

20-UNDERTAKER: August Rasch

ADDRESS: 240 N. Broadway

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27794

CERTIFICATE OF DEATH.

179 ✓

REGISTERED E 27794

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hosp St. 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. Hawkins

(a) RESIDENCE NO. 2241 Brunt St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col.

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unk

7 AGE: Years 61 Months Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Fal. Off

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: R. Hawkins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: R. Reeder

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: W. Hawkins (Address): Md.

Filed NOV 25 1927 C. HANSON JONES, M.D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 23 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

2nd degree burns neck, chin & hands by lighted celluloid collar

Other Conditions Edema Lungs

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) W. T. Riley M. D. (Coroner)

Nov 26, 1927 (Address) 1039 Bruce

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Brandy Prince George Co. Date of Burial: Nov 26 1927

20 UNDERTAKER: Virginia A. Brooks ADDRESS: 1463 N. Carey St

very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

E 27795

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 27795

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 733 N. Broadway St. 7-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Bell

(a) RESIDENCE NO. 733 N. Broadway St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 10 mos. 24 da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Dec 31. 1851

7 AGE: Years 75 Months 10 Days 24 IF LESS than 1 day ....hrs. or ....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: Edward J. Bell

11 BIRTHPLACE OF FATHER (City or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: Sarah R. Sutton

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: Jennie M. Bell

(Address) 733 N. Broadway

15 Filed NOV 25 1927 19 A.E. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Nov 24 - 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 23, 1927, to Nov 24, 1927,

that I last saw her alive on Nov 24, 1927,

and that death occurred, on the date stated above, at 8:15 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac & Respiratory Paralysis

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Arterial Sclerosis

(duration) 1 yrs. mos. da.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) T. E. Bruce M. D.

Nov. 19 27 (Address) 1301 N. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Balto Co. Md Date of Burial Nov. 26 1927

20 UNDERTAKER: John O. Mitchell Sons ADDRESS 1900 Eutaw Place

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27796

CERTIFICATE OF DEATH.

E 27796

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2548 Fillmore ST. 20-69 (WARD)

2-FULL NAME John J. McCracken

(a) RESIDENCE NO. 2548 Ft Mtns ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma R. McCracken

6 DATE OF BIRTH (month, day, and year) Nov 15-1853.

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
74		7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Real Estate Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penna.

PARENTS

10 NAME OF FATHER Jos - McCracken

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna -

12 MAIDEN NAME OF MOTHER Sarah Rice

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna

14 Informant Mrs Olga Johnson - (Address) 2548 Fillmore

15 Filed NOV 25 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 22 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 1 1926 to Nov 22 1927 that I last saw h alive on Nov 22 1927 and that death occurred, on the date stated above, at 9 20 a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis Coronaria

Hypertrophy Concentrica

CONTRIBUTORY (Secondary) (duration) 1 yrs. mos. ds. Pulmonary Edema

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Robert O. Kitel M. D.

(Address) 2151 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL 11-25-1927

20 UNDERTAKER Geo A Farley ADDRESS 1800 W Fayette

Instructions imperative. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27797

CERTIFICATE OF DEATH.

179

REGISTERED No. E 27797

1-PLACE OF DEATH

City of BALTIMORE: (No. 315 S Durham St. 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Damilowski

(a) RESIDENCE NO. 315 S Durham St. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 22 1926

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	1	4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Alexander Damilowski

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Mary Sudka

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md.

14 Informant Mary Damilowski

(Address) 315 S. Durham St.

15 Filed Nov 25 1927 H. A. [illegible], M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 23 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Injury (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Injury (Inquest, autopsy or inquiry.) find that said deceased came to Immediate death on the day stated above.

The CAUSE OF DEATH was as follows:

Acc Burns.

2nd & 3rd degree.

(Duration) 1 hrs. mos. ds.

CONTRIBUTORY (Secondary) Hepatitis

(Duration) Not mos. 1 ds.

Performed 24/27 G C Bodes M. D.

(Coroner)

19 (Address) 143 N 13 may

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

St. Stanislaus Cem. Nov. 25 1927

20 UNDERTAKER — ADDRESS

John N Weber 1803 Boyd

Very important. See instructions on back of certificate. — CHANGE IN DESCRIPTION OF OCCUPATION IS

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27798

CERTIFICATE OF DEATH.

E 27798

74-001

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2801 Odonnel St. St. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mollie Jaworski

(a) RESIDENCE NO. 2801 Odonnel St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Jaworski

6 DATE OF BIRTH (month, day, and year) Jan. 6 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	10	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Joseph Karwacki

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Frank Jaworski

(Address) 2801 Odonnel St.

15 [illegible] HAMPSON JONES, M. D. Registrar

NOV 25 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 23 1927

17 I HEREBY CERTIFY, That I attended deceased from November 19, 1927, to November 23 1927, that I last saw her alive on November 23, 1927, and that death occurred, on the date stated above, at 9.45 A m.

The CAUSE OF DEATH* was as follows:

Apoplexy

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Andrew Nawrocki, M. D.

11/27, 1927 (Address) 2529 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus Cem. DATE OF BURIAL: Nov. 28 1927

20 UNDERTAKER: John C. Weber ADDRESS: 1803 Bank St

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 27799

HEALTH DEPARTMENT—CITY OF BALTIMORE E 27799

CERTIFICATE OF DEATH.

REGISTERED NO. 24-001

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ____ ST., 79 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Israel White

(a) RESIDENCE NO. Morgantown W. Va ST., ____ WARD ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 4 ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, ~~widowed~~, or ~~divorced~~ HUSBAND of (or) ~~WIFE of~~ Mrs. J. C. White

6 DATE OF BIRTH (month, day, and year) November 1st 1848

7 AGE: Years 79 | Months | Days 24 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Phil-

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Michael White

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va -

12 MAIDEN NAME OF MOTHER: Mary Rhoseil

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa -

14 Informant: JOHNS HOPKINS HOSPITAL (Address) Records -

15 5 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 25 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 21, 1927, to Nov 25, 1927, that I last saw him alive on Nov 25, 1927, and that death occurred, on the date stated above, at 12 57 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis. Hypertension, Cardiac Enlargement, Complete Heart Block

(duration) 10? yrs. ____ mos ____ ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage Immediate

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? W Va.

Did an operation precede death? yes Date of 11-21-27 Hernia

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy -

(Signed) George W. Janney M. D.

Nov 25 1927 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Morgantown W Va

DATE OF BURIAL: Nov 25 1927

UNDERTAKER: Harry Jenkins & Co

ADDRESS: Charles & Dolphin St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27800

CERTIFICATE OF DEATH.

E 27800

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 9 E. 18 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Buckley

(a) RESIDENCE No. 423 N. Central Ave. ST. ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. 10 mos. 30 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Harry F Buckley

6 DATE OF BIRTH (month, day, and year): Dec 25 1876

7 AGE — Years: 50 Months: 10 Days: 30 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: William Freeman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Nancy Whitby

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant ..... (Address) JOHNS HOPKINS HOSPITAL

Filed NOV 25 1927 H. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 24 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 1. 1927 to Nov. 24 1927, that I last saw her alive on Nov 24 1927 and that death occurred, on the date stated above, at 7.50 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the gall bladder with metastases.

(duration) — yrs. 6 mos — ds.

CONTRIBUTORY (Secondary): Myocardial failure

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of Nov. 8, 1927

Was there an autopsy? No

What test confirmed diagnosis? Exploration

(Signed) Harold R. Bohlman M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cambridge Md — DATE OF BURIAL: Nov 26 1927

20 UNDERTAKER: George Schilling & Sons — ADDRESS: 1162 Hanover St

Cor.—1-12-28—M&T—100 Bks.

E 27801

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 27801

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) City Hospital (ST.) 26-37 (WARD) 19

2-FULL NAME Ramus Steinbach

(a) RESIDENCE No. 726 ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	C	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) —

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	26			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) 087
(c) Name of employer

9 BIRTHPLACE (city or town) —
(State or country)

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) —
(State or country)

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) —
(State or country)

14
Informant
(Address)

15
Filed ..... 192 .....
C. HAMPSON JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 18 — 192 7

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy, or inquiry.)
thereon; that from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) I find that said deceased came to Her death on the day stated above.
The CAUSE OF DEATH* was as follows:

Homicide
Gun shot wounds
Septicemia (Duration) yrs. ..... mos. 14 ds.
Nov 18 (Contributory) (Secondary)
(Signed) H. G. Bond (Duration) yrs. ..... mos. ..... ds.
..... 192 (Address) 1538 Bway, M. D.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
PUBLIC CEMETERY	192
20 UNDERTAKER	ADDRESS

NOV 25 1927

Commissioner of Health

Spec.—1-12-23—MAT—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27802

CERTIFICATE OF DEATH.

38 E 27802

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 8-26 ST. WARD)

2-FULL NAME James Cuff.

(a) RESIDENCE NO. 1041 Wagon alley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Charles Cuff. 1041 Wagon alley (Address)

Filed 19 Per 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24 1927

17 I HEREBY CERTIFY, That I attended deceased from Sept 3 1927, to Nov. 24 1927, that I last saw h[illegible] alive on Nov. 23 1927, and that death occurred, on the date stated above, at 7.20 A. m.

The CAUSE OF DEATH* was as follows:

General paralysis of the Insane

(duration) Unknown ds.

CONTRIBUTORY (Secondary) Cystitis Infection (duration) Unknown ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Pathology & Clinical findings

(Signed) John T. Clowes M. D.

11/27 1927 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

REGISTRAR OF MARYLAND NOV 28 1927

Spec.–7-17-26—A Co.—200 Bks.

E 27803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 27803

1-PLACE OF DEATH Colonial Hospital

City of BALTIMORE: (No. 15-21 St.) REGISTERED NO.

2-FULL NAME Baby Girl Linck

(a) RESIDENCE NO. 2013 Ryeground Ave (Usual place of abode) St. Mount St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.) Colonial Hosp.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years Months Days IF LESS than 1 day 15 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Frederick Linck

11 BIRTHPLACE OF FATHER (City or town) (State or country) Illinois

12 MAIDEN NAME OF MOTHER Mary Gillus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address)

15 Filed NOV 25 1927

C. HAMPSON JONES, Registrar

Per 1012

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 24th, 1927 19

17 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

that I last saw h..... alive on ....., 19.....

and that death occurred, on the date stated above, at 2.45 P.m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Asphyxia Palida

(duration) 15 minutes

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Julius Boltzky M. D.

. 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL Date of Burial: NOV 25 1927

20 UNDERTAKER: Commissioner of Health. ADDRESS

Per Wm. E. Woodall

very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

E 27804

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 27804

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2402 Barclay St. 17-50 Ward)

2-FULL NAME Kate Holmes

(a) RESIDENCE NO. 2402 Barclay St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 4 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Robert F. Holmes

6 DATE OF BIRTH (month, day, and year): June 27 1854

7 AGE — Years: 73 — Months: 4 — Days: 26 — If LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md.

10 NAME OF FATHER: Christian Weigner

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Louise Dahl

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

PARENTS

14 Informant: Robert F. Holmes

(Address) 2402 Barclay St

5-1927

FILED ON (Date) ... 19...

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 28 1927

17 I HEREBY CERTIFY, That I attended deceased from July 1 1926 to Mar 28 1927

that I last saw her alive on Mar 28 1927

and that death occurred, on the date stated above, at 1.30 P.M.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation

from heart

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) O H Cushman M. D.

Mar 24. 1928 (Address) 2100 Fairmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — Date of Burial: Mar 28 27

20 UNDERTAKER: Chas. G. Black — ADDRESS: 1421 W. North Ave

Any inquiries. See instructions on back of certificates.

Cor.—1-12-28—M&T—100 Blks.

E 27805

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27805

CERTIFICATE OF DEATH.

179

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST. 12-50 WARD)

2-FULL NAME: Laura Walter Beatty

(a) RESIDENCE NO. 208-E-25th. Street ST., WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 3 mos. X 5 ds. How long in U. S., if of foreign birth? 74 yrs. 3 mos. X 5 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of
Single

6 DATE OF BIRTH (month, day, and year) Aug-17-X-1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3	X 5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer None

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER James Beatty

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary L. Goodwin

13 BIRTHPLACE OF MOTHER (city or town) North Point
(State or country) Maryland

14
Informant Mr. Castleman Beatty (brother)
(Address) 208-E-25th. Street City

15
Nov 25 1927 (Signed) HARRISON JONES, M. D.
(Registrar)
Per Ruth

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Nov 24/27

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Nephritis- Extensive burns
Clothing accidentally caught
Fire from kitchen gas range

Nov 22/27 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. H. Watson, M. D.
(Coroner)

11/24/27, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery	Nov-26-27 192

20 UNDERTAKER STEWART & MOWEN COMPANY
ADDRESS 108 W NORTH AVE

Spec.—1-12-23—M&T—500 Blks.

E 27806

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-401

E 27806

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 605 Argyle Ave (St.) (Ward) 14-70

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John M. Johnson

(a) RESIDENCE NO. 605 (St.) Argyle Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col.

5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Clara Johnson

6 DATE OF BIRTH (month, day, and year): May 9-1869

7 AGE: Years 58 | Months 6 | Days 5 | If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Junk dealer

(b) General nature of industry, business, or establishment in which employed (or employer): 045

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Kentucky

PARENTS

10 NAME OF FATHER: Benj Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ken

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant: Clara Johnson

(Address) 605 Argyle Ave

15 Filed 25 1927 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 25 19 27

17

I HEREBY CERTIFY, That I attended deceased from Nov 24 19 27 to Nov 25 19 27

that I last saw h/m alive on Nov 25 19 27

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Broncho - Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D

(Address) 515 [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: Nov 28 19 27

20 UNDERTAKER: [illegible]

ADDRESS: 1100 Mosher

Spec.—1-12-23—M&T—500 Bks.

Brunt Court, between Laurens & Wilkin
Division & Brunt St

E 27807

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27807

CERTIFICATE OF DEATH.

129

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 539 Brunt Court ST. (Hospital, Asylum, etc.)

2-FULL NAME David Thomas

(a) RESIDENCE NO. 539 Brunt Court ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

5a If married, ~~widowed~~, or divorced HUSBAND of (or) ~~WIFE~~ of Mary Thomas

6 DATE OF BIRTH (month, day, and year) ? 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor 870

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Charles Co. Md

PARENTS

10 NAME OF FATHER Lake Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Charles Co. Md

12 MAIDEN NAME OF MOTHER Court Knod

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Charles Co.

14 Informant Mary Thomas
(Address) 539 Brunt Court

15 Filed ... 19... Registrar C. HAMPSON JONES, M. D.
11 25 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 24 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 20 1927, to Nov 24 1927, that I last saw him alive on Nov 24 1927 and that death occurred, on the date stated above, at 7-20 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 1 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Paul Brown, M. D.

Nov 24, 1927 (Address) 183 Dana ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL 11/28/1927

20 UNDERTAKER Mrs. Geo. H. Holland — ADDRESS 1631/2 Druid Hill

Spec.—1-10-21—M&T—1500 Bks.

(Guercio) ✓

E 27808

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27808

CERTIFICATE OF DEATH.

100601

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 W Franklin St. 17-25 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stephen Guercio

(a) RESIDENCE NO. 420 W Franklin St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan. 22—1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		10	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Stephen Guercio

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Carolina Sabatto

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant (Address) Stephen Guercio 420 W Franklin

15 NOV 25 1927 C. HAMPTON JONES, M. D. Registrar

Per —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 24 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 10 - 1927, to Nov. 24, 1927, that I last saw him alive on Nov. 24, 1927, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Primary)

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Symptoms

(Signed) H. H. Pauls, M. D.

11/25, 1927 (Address) 1313 E Pratt St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem — DATE OF BURIAL 11/26 1927

20 UNDERTAKER Geo J Ruth — ADDRESS 1735 Harford Av

Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 27809

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 27809

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1833 Belt Ave ST.) 74-34 (WARD)

2-FULL NAME John J. McKeown.

(a) RESIDENCE No. 1833 Belt St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): 1869

7 AGE: Years 58; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter

(b) General nature of industry, business or establishment in which employed (or employer): 10 05

(c) Name of employer: United Railways & El. Co

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Michael McKeown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Ford Finnigan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Rosa M Boyce

(Address): 1833 Butler

15 Filed: NOV 25 1927 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 24 1927

17

I HEREBY CERTIFY, That I attended deceased from Nov. 1925, to Nov. 24, 1927, that I last saw him alive on Nov 23, 1927, and that death occurred, on the date stated above, at 2.50 P m.

The CAUSE OF DEATH*; was as follows:

Pulmonary tuberculosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary): Anemia.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. C. Bulkley M. D.

11/25, 1927 (Address) 201 East Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cem

DATE OF BURIAL: 11 26 1927

20 UNDERTAKER: Mon Cook

ADDRESS: 502 E Monument

...TION is very important. See instructions on back of certificates.

Spec.–7-17-26–A Co.–200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27810

CERTIFICATE OF DEATH

E 27810

REGISTERED NO. 10670

1-PLACE OF DEATH Maryland General Hospital

City of BALTIMORE: (No. Madison & Lanvale St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Georgiana Kuhn

(a) RESIDENCE NO. 3051 Stricklands St. Ward Balt. Md.

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S. if of foreign birth 35 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White American

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sophie Kuhn

6 DATE OF BIRTH (month, day, and year): March 5, 1889

7 AGE: Years 38 Months 8 Days 19 (20) IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Electrician (Journeyman)

(b) General nature of industry, business, or establishment in which employed (or employer): Electrical Business

(c) Name of employer: Don't Know.

9 BIRTHPLACE (city or town): Ober-Frauden,

(State or country): Germany

PARENTS

10 NAME OF FATHER: Christian Kuhn

11 BIRTHPLACE OF FATHER (City or town): Ober-Frauden

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Anna B Kuhn

13 BIRTHPLACE OF MOTHER (city or town): Ober-Frauden

(State or country): Germany

14 Informant: Elmer L. Kuhn

(Address) 1004 Scott St.

25 1927 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-25-1927

17 I HEREBY CERTIFY, That I attended deceased from 11-23-1927 to 11-25-1927 that I last saw h[illegible] alive on 11-25-1927 and that death occurred, on the date stated above, at 12.05 a.m.

The CAUSE OF DEATH* was as follows:

Idiopathic Purpura Hæmorrhagica

(duration) — yrs. — mos. 14 ds.

CONTRIBUTORY (Secondary) Oedema of Lungs & Cardiac Failure

(duration) — yrs. — mos. 15 hrs.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? No Date of None

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) [illegible], M. D.

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet

Date of Burial: 11/28 1927

20 UNDERTAKER: W. Cook

ADDRESS: 517 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, State (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

Very important. See instructions on back of certificates. Exact statement of OCCUPATION is

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27811 ✓ 90 E 27811

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Retreat (St.) 2863 (WARD)

2-FULL NAME Thomas E Jones

(a) RESIDENCE NO. Mt Hope Retreat ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) (Unk. - 1887)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Thos E Jones

11 BIRTHPLACE OF FATHER (city or town) W. Va. (State or country)

12 MAIDEN NAME OF MOTHER A Vogle

13 BIRTHPLACE OF MOTHER (city or town) Balto Md (State or country)

14 Informant Mt Hope Records (Address) Mt Hope Balto Md

15 5 1927 . 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 25 1927

17

I HEREBY CERTIFY, That I attended deceased from Sept 1926 to Nov 25, 1927, that I last saw h— alive on Nov 24, 1927, and that death occurred, on the date stated above, at 2.15 a m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis and Exhaustion

(duration) Unknown mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Pneumonia

(duration) 13 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical Observation.

(Signed) A. Ba Emmor, M. D.

11-25 1927 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood — DATE OF BURIAL 11/26 1927

20 UNDERTAKER H M Cook — ADDRESS 327 E North Ave

Spec.—1-12-23—M&T—500 Blks.

E 27812

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27812

CERTIFICATE OF DEATH.

REGISTERED NO. 15-67 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2404 W North ave ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm J Brown.

(a) RESIDENCE NO. 2404 W. North ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married.

5a If married, widowed, or divorced HUSBAND of or) WIFE of Marguerite M Brown

6 DATE OF BIRTH (month, day, and year) Oct 16 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	1	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Commission Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Schneider & Blumford

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER John H. Brown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Elizabeth Lang.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Marguerite M. Brown. (Address) 2404 W. North ave

15 Filed , 19 HAMPSON Registrar

2 5 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24 1927

17 I HEREBY CERTIFY, That I attended deceased from April 1 , 1927 , to Nov 24 , 1927 .

that I last saw him alive on Nov 23 , 1927 ,

and that death occurred, on the date stated above, at 2-45 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 2 yrs. 7 mos 10 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) 2 yrs. 7 mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam. Microscopic

(Signed) Geo Billups, M. D.

, 19 (Address) 2224 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine. DATE OF BURIAL Nov 26 1927

20 UNDERTAKER Cornbrooks ADDRESS 201 E. North ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27813

CERTIFICATE OF DEATH.

90 E 27813

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 16-26 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nathaniel Newman

(a) RESIDENCE No. 619 Gilbert ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE 60 Years Months Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Md

PARENTS

10 NAME OF FATHER John

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sara

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address)

Filed 5 1927 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-23 1927

17 I HEREBY CERTIFY, That I attended deceased from 9-11, 1927, to 11-23, 1927.

that I last saw him alive on 11-23, 1927

and that death occurred, on the date stated above, at 9 15 A m.

The CAUSE OF DEATH* was as follows: Myocarditis, Chronic

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. Holmes Boyd M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem DATE OF BURIAL Nov 26 27

20 UNDERTAKER Daniel Eather ADDRESS 216 Saint

Spec.—1-12-23—M&T—500 Blks.

E 27814

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27814

CERTIFICATE OF DEATH.

101-08

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 766 W Mulberry St. (Ward) 17-26

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sapper Davis

(a) RESIDENCE NO. 766 W Mulberry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1889

7 AGE: Years 40 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): N.B.

PARENTS

10 NAME OF FATHER: Sapper Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country): N B

12 MAIDEN NAME OF MOTHER: Higgins Lockwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N B

14 Informant (Address): Higgins Davis 766 W Mulberry St

15 5 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 23 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 15 1927, to Nov 23 1927, that I last saw him alive on Nov 23 1927, and that death occurred, on the date stated above, at 9.25 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Thomas A Keasley, M. D.

, 19 (Address) 1530 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cem

DATE OF BURIAL: Nov 26 1927

20 UNDERTAKER: Arnold Norton

ADDRESS: 916 Pa ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27815 E 27815

CERTIFICATE OF DEATH.

REGISTERED NO. 57

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1607 N. Broadway ST. 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick C. Loock

(a) RESIDENCE NO. 1607 N. Broadway ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 1 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mattie Loock

6 DATE OF BIRTH (month, day, and year) Sept 25 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	1	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Retired (5 yrs)

9 BIRTHPLACE (city or town) Balto. Md

(State or country)

PARENTS

10 NAME OF FATHER Charles Loock

11 BIRTHPLACE OF FATHER (city or town) Germany

(State or country)

12 MAIDEN NAME OF MOTHER Frederika ?

13 BIRTHPLACE OF MOTHER (city or town) Germany

(State or country)

14 Informant Mr. Robert J. Loock

(Address) 550 Lakefield Heights Ave

15 5 1927 C. HAMPSON JONES, M. D. Registrar

Per Dept

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 24 1927

17 I HEREBY CERTIFY, That I attended deceased from Jan 1st 1923 to Nov 24 1927.

that I last saw him alive on Nov 23 1927.

and that death occurred, on the date stated above, at 4.45 a m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Diabetic Coma

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinalysis & Clinical findings

(Signed) L. M. C. Barker, M. D.

11/30, 1927 (Address) 1114 Hollins Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Black Rock Cem. Butler Md — DATE OF BURIAL Nov 26 1927

20 UNDERTAKER Wm. Tuckner Sons — ADDRESS North Ave

Cor.—12-9-26—A Co.—200 Blks.

Grave at 1213 N. Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27816

CERTIFICATE OF DEATH.

66 E 27816

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 203 N Edew St. 5-9 (Ward)

2-FULL NAME Walter Jenkins

(a) RESIDENCE NO. Unknown St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. 9 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb 11 1859

7 AGE: Years 68 Months 9 Days 7 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Inkmaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER James Jenkins

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Baltimore

12 MAIDEN NAME OF MOTHER Amanda Eaton

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Worchester Co Md

14 Informant (Address): Bertha Scott, Sister 209 Edalia Terrace

15 Filed ..... 19..... C. HAMPSON JONES, M.D. Registrar

Per .....

NOV 25 1927

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 18 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Alcoholism

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. ..... mos. 1 ds.

Nov 25 27 (Signed) C. E. Foster M. D.

(Coroner)

(Address) 1436 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery Date of Burial: Nov 26 1927

20 UNDERTAKER: Henry Lutz ADDRESS 1203 N Broadway

Very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

E 27817

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1129 E 27817

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. President Hospital 11-24 Ward)

2-FULL NAME Thomas W. Tyree

(a) RESIDENCE NO. Turners Station, Md St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. 3 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: c

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 8-15-1892

7 AGE: Years 35 Months 3 Days 9 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Steel Worker O.D.

(c) Name of employer Bethlehem Steel Co Sparrows Point

9 BIRTHPLACE (city or town)

(State or country) Va

PARENTS

10 NAME OF FATHER Caesar Tyree

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Va

12 MAIDEN NAME OF MOTHER Emma White

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Va

14 Informant Mrs. Mary Adams

(Address) Turners Station, Md.

I ..... M. D.

5 1927 C. HAMPSON JONES, M. D.

Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-24 1927

17

I HEREBY CERTIFY, That I attended deceased from Sept 21, 1927, to Nov 24, 1927, that I last saw him alive on 23rd November, 1927, and that death occurred, on the date stated above, at 12:30 P.M.

The CAUSE OF DEATH* was as follows: Calculus Heart Uremia and Nephritis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

Is Where was disease contracted if not at place of death? Turners Station, Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Marcellus & Tyree, M. D.

, 19 (Address) 1745 N. Carey St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Buckhan & Co Date of Burial Nov 27 1927

20 UNDERTAKER: Mrs R A Elliott ADDRESS 1725 Oakland

Very important. See instructions on back of certificates.

Spez.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27818

CERTIFICATE OF DEATH.

51 E 27818

REGISTERED NO.

1-PLACE OF DEATH Sinai Hosp

City of BALTIMORE: (No. G Street 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes Murphy

(a) RESIDENCE NO. 809 St. Paul St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 Color or Race W

5 Single, Married, Widowed, or Divorced. (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1908

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	19	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Scholar

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Frank Murphy

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Md

12 MAIDEN NAME OF MOTHER Lizzie August

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Md

14 Informant Agnes Murphy

(Address) 809 St. Paul St.

15 Filed [illegible] Registrar

5 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 23, 1927 19

17 I HEREBY CERTIFY, That I attended deceased from Oct 21 1927, to Nov 23, 1927, that I last saw h[illegible] alive on 11/22/27, 19 27, and that death occurred, on the date stated above, at 8 30 m.

The CAUSE OF DEATH* was as follows:

Rheumatic Endocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Infarctions

24 hrs (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Marie Dudley M. D.

, 19 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Cemetery Date of Burial 11/28 1927

20 UNDERTAKER J. J. Bakey & Sons ADDRESS 1318 Eight

Very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

Banks

E 27819 HEALTH DEPARTMENT—CITY OF BALTIMORE E 27819

CERTIFICATE OF DEATH. 31

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 23-31 ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Banks

(a) RESIDENCE NO. 216 W. Hamburg st. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Concrete mixer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Georgia

PARENTS

10 NAME OF FATHER Edwin Banks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Harriet Cleveland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records

(Address)

15 Filed 2 8 1927, 19 C. HAMILTON JONES, M. D.

By Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 21, 19 27

17

I HEREBY CERTIFY, That I attended deceased from Nov. 18, 19 27, to Nov. 21, 19 27, that I last saw him alive on Nov. 21, 19 27, and that death occurred, on the date stated above, at 7 p. m.

The CAUSE OF DEATH* was as follows:

Sudden death from Lobar Pneumonia Both Lungs.

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Autopsy

(Signed) L. E. Madden, M. D.

11-26-27, 19 (Address) Balto. City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL Nov. 27 1927

20 UNDERTAKER W. E. Burns & Son

ADDRESS 1711 Madison Ave

Spec.—1-12-23—M&T—500 Blks.

E-27820 HEALTH DEPARTMENT—CITY OF BALTIMORE E. 27820

CERTIFICATE OF DEATH 46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1700 Webster (WARD) 24-34

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susie E. Alexander

(a) RESIDENCE NO. 1700 Webster ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs 8 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of George Alexander

6 DATE OF BIRTH (month, day, and year) Nov. 9-1888

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min
39	0	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Isaac Allen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Susie Wales

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Allen
(Address) 1700 Webster

15 [illegible] 26 1927 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-23 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 12, 1927, to Nov 23, 1927, that I last saw her alive on Nov 23, 1927, and that death occurred, on the date stated above, at 10.50 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

Unknown
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C Hann M. D.

, 19 (Address) 1215 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Hill Cem

DATE OF BURIAL 11/26 1927

20 UNDERTAKER J. F. McCully

ADDRESS 130 S Eutaw

Spec.—12-9-25—A Co.—200 Blks.

Roberts

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 27821

CERTIFICATE OF DEATH.

E 27821

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1024 N. Saratoga St. 16-26 Ward)

2-FULL NAME Helen Ann Roberts

(a) RESIDENCE NO. 1024 N. Saratoga St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50+ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
female	c.d.	widow

5a If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of William D Roberts

6 DATE OF BIRTH (month, day, and year) uncertain

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	50+			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Mabel R. Franklin

(Address) 17 Penn St

15 Filed 1927 C. HANSON JONES, M. D. Registrar

Per RCR

26 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-24 1927

17

I HEREBY CERTIFY, That I attended deceased from 11-9- 1927, to 11-24, 1927, that I last saw h alive on 11-23, 1927, and that death occurred, on the date stated above, at 8:15 a.m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchopneumonia

Senile Marasmus

(duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. Jackson M. D.

11/26, 1927 (Address) 808 N Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery Date of Burial 11-28 1927

20 UNDERTAKER Mrs. Katie R. Williams ADDRESS 322 N. Schroeder St

Very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 27822

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27822

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hosp. (WARD) 24

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Coby William Henry Jones

(a) RESIDENCE NO. Bel-Air Md ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr. 26/27

7 AGE — Years: — Months: 6 Days: 30 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bel Air Md.

PARENTS

10 NAME OF FATHER Wm Henry Jones

11 BIRTHPLACE OF FATHER (city or town) Bel Air Md. (State or country)

12 MAIDEN NAME OF MOTHER Margaret Cochran

13 BIRTHPLACE OF MOTHER (city or town) Monkton, Md (State or country)

14 Informant (Address) Mother Bel air Md.

15 Filed 11 26 1927 C. HAMPSON JONES, Registrar

C. M. [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-25 1927

17 I HEREBY CERTIFY, That I attended deceased from Sept 16, 1927, to Nov 25, 1927, that I last saw alive on 11-25, 1927 and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

7th month Premature baby at 4th mon. Chil weighed 4 lbs 10 ozs when conceived, malnutrition, Bronchopneumonia (duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Malnutrition (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Bel-Air Md

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? N

(Signed) Frank K Morris, M. D.

, 19 (Address) A. M. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Forest Lawn Cath. Cem. Forwarded by Geo. Stanford Co. Md — DATE OF BURIAL 11/26 1927

20 UNDERTAKER Hunteyer & Goos — ADDRESS Fallston Md.

Spec.—1-12-23—M&T—500 Bks.

E 27823 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129~E 27823

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 Ensor ST. 5-8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Smith

(a) RESIDENCE NO. 615 Ensor ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write this word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1873

7 AGE: Years 52 Months Days If LESS than 1 day hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Charles Milburn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Harriett Cole

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mary Smith

(Address) 1220 N. Durham st

15 Filed 11/26 1927 C. HAMPSON JONES, M. D.

Per ARH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 23 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 19, 1927, to Nov 23, 1927, that I last saw her alive on Nov 23, 1927, and that death occurred, on the date stated above, at 0.9 m

The CAUSE OF DEATH* was as follows:

Ch. Nephritis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Acute Grippe

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. L. Hornstein, M. D.

11/25, 1927 (Address) 733 Aisquith st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery

DATE OF BURIAL: Nov 26 1927

20 UNDERTAKER: Edward Bryan

ADDRESS: 631 Orleans st

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27824

CERTIFICATE OF DEATH.

1001

+ 74

E 27824

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hotel Belvedere 11-15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jeanne Clark Adams

(a) RESIDENCE NO. Toledo Ohio St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 3-4 Months Days

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Nothing

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Ohio

PARENTS

10 NAME OF FATHER: Jim Clark

11 BIRTHPLACE OF FATHER (city or town)

(State or country): England

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): England

14 Informant: Christine Nelson

(Address): 2112 Edmondson Ave

26 1927 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 25 — 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

Sudden (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Nov 26 1927 (Signed) M. D. (Coroner)

(Address) 1037 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Toledo Ohio — Date of Burial: 26 Nov 1927

20 UNDERTAKER: H. W. Jenkins Sons Co — ADDRESS: 1071 W. Fayette

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27825 90 E 27825

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 803 Hamilton Ter. St. 11-24 Ward)

2-FULL NAME Edward G. Craig

(a) RESIDENCE NO. 803 Hamilton Ter. St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	60			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9 BIRTHPLACE (city or town) _____
(State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) Unknown

14 Informant Coroner's Agent
(Address)

Filed 11-26 1927 C. HAMPSON (Signed) M. D.
Per _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) _____ yrs. 6 mos. 7 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) _____ yrs. _____ mos. 1 ds.

Nov 26 1927 (Signed) J. C. Hampson (Coroner) M. D.

, 19 (Address) 143 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. Date of Burial Nov 26 1927

20 UNDERTAKER Chas. E. Francis ADDRESS 803 Madison

Very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27826

CERTIFICATE OF DEATH.

E 27826

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital St. 6-11 Ward)

2-FULL NAME Mary Smith

(a) RESIDENCE NO. 615 N Decker St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Daniel Smith

6 DATE OF BIRTH (month, day, and year) 1859

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Virginia

PARENTS

10 NAME OF FATHER James Swann

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Va.

12 MAIDEN NAME OF MOTHER Eliz. Smithy

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Va.

14 Informant Wm R. Eisley

(Address) 615 N. Decker Ave

6 1927

C. HAMPSON JONES, M. D.

Per _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and hour) Nov 24 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest, autopsy or inquiry, find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Senility Arteriosclerosis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. 1 ds.

Nov 26 1927 (Signed) C. Hampson Jones M. D.

(Coroner)

(Address) 143 N. Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. Date of Burial Nov 26 1927

20 UNDERTAKER George W. Zickler ADDRESS 1737 E. Eager

Very Important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27827

CERTIFICATE OF DEATH.

74-E 27827

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 131 S. East ave ST. 76-2 WARD)

2-FULL NAME Julius Wood

(a) RESIDENCE (No. 131 S. East ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Wood

6 DATE OF BIRTH (month, day, and year) Sept. 11-1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer (Retired)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B & O. R.R.

9 BIRTHPLACE (city or town) (State or country) Calvert Co, Md.

PARENTS

10 NAME OF FATHER Samuel Wood

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co. Md.

12 MAIDEN NAME OF MOTHER Sarah Burkett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co. Md.

14

Informant Mrs Ida Wood

(Address) 131 S. East ave

Filed 26 1927 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24 1927

17

I HEREBY CERTIFY, That I attended deceased from Nov 7 1927 to Nov 24 1927, that I last saw him alive on Nov 22 1927, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [signature] M. D.

Nov 25 1927 (Address) 1834 W. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery

DATE OF BURIAL Nov 28 1927

20 UNDERTAKER George W. Zinkler

ADDRESS 1737 E Eager st.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27828

CERTIFICATE OF DEATH.

E 27828

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 N. Washington St., 6-G WARD)

2-FULL NAME Kunigunda Stiefenhofer

(a) RESIDENCE NO. 211 N. Washington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Marcellus Stiefenhofer

6 DATE OF BIRTH (month, day, and year): Dec. 26 1849

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
76	10	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. K. Stumpf

(Address): 211 N. Washington St

15 NOV 26 1927 C. HARRISON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 22 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1927, to Nov. 22, 1927,

that I last saw h[illegible] alive on Nov. 22, 1927,

and that death occurred, on the date stated above, at 8:30 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

Nov 26 1927 (Address) 1937 Gough

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Nov 26, 1927

20 UNDERTAKER: John A Moran — ADDRESS: 3000 E Baltimore St.

THIS is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27829

CERTIFICATE OF DEATH.

90 E 27829

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 709 N. Port St. 7-12 Ward)

2-FULL NAME Vaclav Urbanek

(a) RESIDENCE NO. 709 N Port St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? 17 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Urbanek

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	74			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd Jobs

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Bohemia

PARENTS

10 NAME OF FATHER Jos. Urbanek

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Bohemia

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Bohemia

14 Informant Emma Urbanek

(Address) 709 N Port St

15 C. HAMILTON JONES, M. D. Registrar

Per

6 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24 19 27

17 I HEREBY CERTIFY, That I attended deceased from Nov. 14 19 27, to Nov 24 19 27

that I last saw h alive on Nov 24 19 27

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chron Interstitial Nephritis

Uremia

(duration) yrs. 3 mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death! Date of

Was there an autopsy!

What test confirmed diagnosis!

Signed [illegible] M. D.

(Address) 701 W Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial 19

20 UNDERTAKER Frank Graham ADDRESS 1000 Bond

Very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

Dr Riley 1639 N Bond.

E 27830

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 27830

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 617 N. Calvert (St.) (Ward) 11-7

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Jr Ballantyne

(a) RESIDENCE No. 617 N. Calvert St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Ballantyne

6 DATE OF BIRTH (month, day, and year) May 26 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	42	3	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Moulder

(b) General nature of industry, business, or establishment in which employed (or employer) 0 & T

(c) Name of employer So Balt

9 BIRTHPLACE (city or town) (State or country) Ga

PARENTS

10 NAME OF FATHER William Ballantyne

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ga

12 MAIDEN NAME OF MOTHER Lizzie Watersmith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant Mrs. Betty Ballantyne (Address) 617 N. Calvert St

15 FILED 2 6 1927 C. HAMPTON JONES, M. D. Registrar Per RRN

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24 1927

17

I HEREBY CERTIFY, That I attended deceased from 11-21- , 1927 , to 11-24- , 1927.

that I last saw h - alive on 11 - 24 - , 19 27

and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage ?

CONTRIBUTORY (Secondary) Acute Alcoholism (duration) yrs. mos 1 ds.

18 Where was disease contracted if not at place of death? (duration) yrs. mos 3 ds.

Did an operation precede death? Dr Pilson

Was there an autopsy? Dr Norris

What test confirmed diagnosis? Dr Pilson

(Signed) Dr Pilson M. D.

, 19 (Address) 1227 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wilmington, Del

DATE OF BURIAL 11 28 1927

20 UNDERTAKER W. E. Coyle

ADDRESS 1115 E. Lafayette Ave

Spec.—1-12-23—M&T—500 Bks.

E 27831

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27831

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 1-9 ST., 1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gertrude Storms

(a) RESIDENCE No. 23 N - George St ST., WARD Westminster Md

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Clarence

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min
38			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) West Va -

PARENTS

10 NAME OF FATHER L. Quick

11 BIRTHPLACE OF FATHER (city or town) (State or country) —

12 MAIDEN NAME OF MOTHER Zeferina Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant Friends — (Address) JOHNS HOPKINS HOSPITAL

15 6 1927 C. HAMPSON JONES, M. D. Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 25 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 6 1927, to Nov 25 1927, that I last saw her alive on Nov 25 1927 and that death occurred, on the date stated above, at 3 07 P m

The CAUSE OF DEATH* was as follows:

Carcinoma of the breast with metastases

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Pyelonephritis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of June, 1921

Was there an autopsy? Yes

What test confirmed diagnosis? Microscopic Section

(Signed) George E. Brown, M. D.

Nov. 26 1927 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Charlestown W. Va. DATE OF BURIAL Nov 28 1927

20 UNDERTAKER H. Bankard Son ADDRESS Westminster Md

Spec.—1-10-21—M&T—1500 Blks.

E 27832

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91-E 27832

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1612 Pennsylvania AVE. 14-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Warner

(a) RESIDENCE NO. 1612 Pennsylvania AVE. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? Born mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, or ~~Divorced~~, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Warner

6 DATE OF BIRTH (month, day, and year): July 16-1849

7 AGE — Years: 78 Months: 4 Days: 10 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Lenert Warner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Dorothea

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. Warner (Address): 1612 Pennsylvania Ave

15 NOV 26 1927 C. HAMPSON JONES, M. D. Registrar. Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 25th 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 31st, 1927, to Nov 25th, 1927, that I last saw h[illegible] alive on Nov 24, 1927, and that death occurred, on the date stated above, at 7.40 A m.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis

(duration) 10 yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. H. Jones M. D.

11/25, 1927 (Address) 720 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park DATE OF BURIAL: Nov 28 1927

20 UNDERTAKER: Frank L. Zepp ADDRESS: 1600 W North Ave

(See instructions on back of certificate.)

Spec.—1-12-23—M&T—500 Blks.

E 27833

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27833

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE, No. 522 Dennore Ave St. WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Waters

(a) RESIDENCE No. 522 Dennore Ave St. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of: Ida Hemon Waters

6 DATE OF BIRTH (month, day, and year): 1865

7 AGE — Years: 62 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Baltimore Co. Md.

PARENTS

10 NAME OF FATHER: James Waters

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Minnie Campbell

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Md.

14 Informant (Address): Ida H. Waters 522 Dennore Ave

15 FILED: 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nove. 23rd 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 10th. 1927 to Nove 23rd 27, 19

that I last saw he alive on 11, 19

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Perforated ulcer of Stomach

CONTRIBUTORY (Secondary): Interstital Nephritis (duration) 1 yrs. 13 mos. ds.

(Secondary): Unable to say (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of Death

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam.

(Signed) Walter S. Jackson M. D.

, 19 (Address) 1631 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Thomas Cem

DATE OF BURIAL: 11/26 19 27

20 UNDERTAKER: Samuel Hemsley

ADDRESS: N. Gilmor St.

Spec.—1-10-21—M&T—1500 Blks.

E 27834 HEALTH DEPARTMENT—CITY OF BALTIMORE E 27834

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1217 McCulloh ST. 11-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Silvia Tirisan

(a) RESIDENCE No. 1217 McCulloh ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Tobe Tirisan

6 DATE OF BIRTH (month, day, and year) Unknown 1889

7 AGE: Years 38; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S. Carolina

PARENTS

10 NAME OF FATHER Henry Durant

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. Carolina

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Tobe Tirisan (Address) 1217 McCulloh St.

15

16 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 24. 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1927, to Nov. 24, 1927, that I last saw h[illegible] alive on Nov. 24, 1927 and that death occurred, on the date stated above, at 6 [illegible] P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Robert J. Green, M. D.

11-25, 1927 (Address) 120 Aisquith St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cemetery S. C. — DATE OF BURIAL: Nov. 26, 1927

20 UNDERTAKER: Mrs. P. G. Elliott — ADDRESS: 1725 Ashland Ave

PLEASE IS VERY important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27835 E 27835

CERTIFICATE OF DEATH.

40

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 224 N. Patterson Park Ave. 6 10 WARD)

2-FULL NAME John E. Trager

(a) RESIDENCE NO. 224 N Patterson Park Ave. 6 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mary Trager

6 DATE OF BIRTH (month, day, and year) April 11 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	7	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Salesman of

(b) General nature of industry, business, or establishment in which employed (or employer) Furniture

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cincinatti Ohio

PARENTS

10 NAME OF FATHER Christian Trager

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Apolonia Eorwein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mary Trager (Wife)

(Address) 224 N. Patterson Park Ave.

15 Filed NOV 26 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 23 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 10, 1927, to Nov 23, 1927, that I last saw her alive on Nov 22, 1927 and that death occurred, on the date stated above, at 4.30 p. m.

The CAUSE OF DEATH* was as follows:

Cardiac Arteriosclerosis

CONTRIBUTORY (Secondary) (duration) yrs. mos 1 ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Abm L Lennard, M. D.

Nov 24 1927 (Address) 16 W Mt Vernon Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL Nov 26 1927

20 UNDERTAKER Lilly & Geiler — ADDRESS 703 S. Wolfe St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27836 E 27836

CERTIFICATE OF DEATH.

90

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1913 E. Lombard ST., 7-4 WARD)

2-FULL NAME W. Martin Schaefer.

(a) RESIDENCE No. 1913 E. Lombard ST., 2 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. 4 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: the late Francis Schaefer

6 DATE OF BIRTH (month, day, and year): June 28th 1866

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
61	4	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Martin Schaefer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Francis Sonkmeier

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Michael D. Schaefer Brother (Address) 1432 Taylor St. W. Balto.

15 NOV 26 1927 C. HAMPSON JONES, M. D., Registrar. Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 25th 1927

17 I HEREBY CERTIFY, That I attended deceased from June, 1927, to Nov. 25, 1927.

That I last saw him alive on Nov. 24, 1927.

and that death occurred, on the date stated above, at 5 1/4 a m.

The CAUSE OF DEATH* was as follows:

Chr. arteri-sclerosis - Chr. Valvular Heart Disease. Chr. myocarditis ?

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Acute edema of lungs

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas. L. Ziegler, M. D.

Nov 26 1927 (Address) 700 E. Balto St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: Nov 28 1927

20 UNDERTAKER: Lilly & Zeile — ADDRESS: 4035 Wash Ave

Sec. 3. Important. See instructions on back of certificates.

Cor.—12-9-26—A Co.—200 Blks.

E 27837

HEALTH DEPARTMENT—CITY OF BALTIMORE.

E 27837

66

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Providence Hospital St. 16-23 (Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cecilia F. Obertson

(a) RESIDENCE NO. 1014 Carroll Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Neal Obertson

6 DATE OF BIRTH (month, day, and year): Nov. 15, 1888

7 AGE: Years 39 Months Days 8 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Gunn (illegible)

9 BIRTHPLACE (city or town): Nov. 24

(State or country): Calvert Co. Md.

PARENTS

10 NAME OF FATHER: James Forbes

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Sarah Waters

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md.

14 Informant: Mary Forbes

(Address): 638 Bloom St

CHARLTON JONES, M. D. Registrar

NOV 26 1927

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 23, 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute alcoholism

(duration) .....yrs. .....mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. T. Hennessy M. D. (Coroner)

Nov. 24, 1927 (Address) 2572 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .....yrs., ...mos., ...ds. In the State .....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery Date of Burial: Nov 26 27

20 UNDERTAKER: Thomas E. Kelson ADDRESS: 1303 Pennsylvania Ave

Very Important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 27838

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27838

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 111 So Loppleton St. 18-20 Ward) Registered No.

2-FULL NAME Roseley L Seifert

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 111 So Loppleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) July 20 1927

7-AGE. yrs. 4 mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. Henry L Seifert

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Balto Md.

12-MAIDEN NAME OF MOTHER. Catherine E Noll

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto Md.

14-
(Informant) Mr Henry L Seifert
(Address) 111 So Loppleton St.

15-
Filed C. HAMPSON JONES, M. D. Registrar.
26 1927

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Nov 25 1927

17- I HEREBY CERTIFY, That I attended deceased from Nov. 23 1927 to Nov. 25 1927 that I last saw h[illegible] alive on Nov. 25 1927 and that death occurred, on the date stated above, at 6.30 A. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchopneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Pertussis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam Etc

(Signed) C. Hampson Jones M. D.

26 1927 (Address) 888 W. Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Olivet Cem. DATE OF BURIAL. Nov 26th 1927

20-UNDERTAKER. John F Cowan & Son ADDRESS 901 Baltimore

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27839 E 27839

CERTIFICATE OF DEATH.

40

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: No 1014 Roland Heights Ave. WARD 27-52

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Thomas Tracey

(a) RESIDENCE. No 1014 Roland Heights Ave WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 yrs — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, ~~or divorced~~ HUSBAND of ~~(or) WIFE of~~ Fannie H. Tracey

6 DATE OF BIRTH (month, day, and year) Oct. 15, 1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	1	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired (Carriage Builder)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland, U.S.A.

PARENTS

10 NAME OF FATHER Thomas C Tracey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland U.S.A.

12 MAIDEN NAME OF MOTHER Ruth Geist

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Ada Dorsey

(Address) 1014 Roland Heights Ave

15 Filed 26 1927 C. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 25, 1927

17

I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1927. to Nov. 25 1927. that I last saw him alive on Nov. 25 1927. and that death occurred, on the date stated above, at 1.20 p. m.

The CAUSE OF DEATH* was as follows:

Senile Myocarditis

(duration) — yrs. 2 mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Gustavus C Ohme M. D.

11/25/1927 (Address) 3014 St Paul St, Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pikesville Md Asbury Cemetery — DATE OF BURIAL Nov 27 1927

20 UNDERTAKER Thos. Wilson — ADDRESS 3415 Christ

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27840

CERTIFICATE OF DEATH.

4th E 27840

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 Forrester Ave ST. 27-44

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella M. Watkins Friel

(Residence in Baltimore: No. 107 Forrester Ave St.; 35 yrs.. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, September (Month) 21 (Day), 1857 (Year)

7-AGE, 70 yrs. 2 mos. 3 da. If LESS than 1 day, 4 hrs. or.... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Montgomery Co Md.

PARENTS.

10-NAME OF FATHER, Grafton Watkins

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Rhoda Mullinix

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister

(Address) Ambassador Hotel Atlantic City

15- Filed 1927 C. HAMPSON JONES, M. D. Registrar.

26 1927 Per act

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 25 (Day), 1927 (Year) 10:20 P.M.

17- I HEREBY CERTIFY, That I attended deceased from March 1926 to Nov 25 1927. that I saw her alive on Nov 25 1927. and that death occurred, on the date stated above, at 10:26 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach.

(Duration) yrs. 8 mos. da.

CONTRIBUTORY (Secondary) Gastritis

(Duration) 2 yrs. mos. da.

(Signed) P. S. Bourdeau - Edson M. D.

Nov 25 1927 (Address) 1315 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Parkwood Cemetery DATE OF BURIAL, Nov 28 1927

20-UNDERTAKER Johnson & Ebbert ADDRESS 3615 Chestnut Ave

Spec.—1-12-23—M&T—500 Bks.

908692 E 27841

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

60-001 E 27841

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST., 7-9 WARD)

2-FULL NAME John Blesnick

(a) RESIDENCE No. 20 Sherwood Pl ST., WARD Paterson N.J.
(Usual place of abode)

Length of residence in city or town where death occurred yrs mos 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Francis

6 DATE OF BIRTH (month, day, and year) — 1878

7 AGE Years 49 Months Unknown Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Musical Instrument Maker

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Charles Blesnick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address)

15. [illegible] C. H. [illegible] Registrar.

NOV 27 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 26 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1927, to Nov. 26, 1927, that I last saw ~~him~~ alive on Nov. 26, 1927 and that death occurred, on the date stated above, at 3:50 a.m.

The CAUSE OF DEATH* was as follows:

Hyperthyroidism

Myocardial Hypertrophy and Insufficiency

Auricular fibrillation

(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 11/23/27

Was there an autopsy? yes

What test confirmed diagnosis Surgical & Laboratory

(Signed) George S. Brown, M. D.

Nov 26 1927 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Newark N.J.

UNDERTAKER C. J. Boston

DATE OF BURIAL 11/26 1927

ADDRESS [illegible]

Spec.—1-12-23—MAT—500 Blks.

E 27842

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27842

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2446 (ST.) Frederick Ave (WARD) 10-69

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E Botts.

(a) RESIDENCE NO. 2446 Frederick Ave ST. WARD Havre de Grace Md.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel G Botts.

6 DATE OF BIRTH (month, day, and year) Nov 29 1843

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	83	11	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs Hammer Osmond. (Address) Havre de Grace Md

15 Filed 11 27 1927 19 H. [illegible] JONES, M. D. Registrar Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/26 1927

17

I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1927, to Nov-25-, 1927, that I last saw h[illegible] alive on Nov-25- 1927 and that death occurred, on the date stated above, at 5 25 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) A Heller Hemmeter M. D.

11/26 19 (Address) 2000 Hollins St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Havre de Grace Md — DATE OF BURIAL 11/27 1927

20 UNDERTAKER J A Symington & Son — ADDRESS Havre de Grace Md

Spec.—1-12-23—M&T—500 Blks.

E 27843

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27843

CERTIFICATE OF DEATH

1-PLACE OF DEATH Union Memorial Hospital

REGISTERED NO. 12-49

CITY OF BALTIMORE: (No. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Thomas Forster Lawson (Sarah Elizabeth)

(a) RESIDENCE NO. 700 Highland Ave. ST. WARD Towson, Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Forster Lawson

6 DATE OF BIRTH (month, day, and year) Oct 22 1849

7 AGE	Years	Months	Days	If LESS than 1 day, — hrs. or — min
	78	1	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) St. Clair Michigan

PARENTS

10 NAME OF FATHER Joseph Willenlamp

11 BIRTHPLACE OF FATHER (city or town) (State or country) Birmingham England

12 MAIDEN NAME OF MOTHER Catherine Poole Wainwright

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Birmingham England

14 Informant Daughter, Mrs. J. Elmer Cobb (Address) Towson, Md.

15 [illegible] 27 1927 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 26 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 22, 1927, to Nov 26, 1927, that I last saw h[illegible] alive on Nov 26, 1927 and that death occurred, on the date stated above, at 6 03 A. m.

The CAUSE OF DEATH* was as follows:

~~Exploratory Failure (not operated)~~
Cholecystitis

(duration) 8+ yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Bronchopneumonia, Respiratory Failure

(duration) — yrs. — mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Nov 22, 1927

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) R J Bellord, M. D.

Nov 26, 1927 (Address) Union memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Prospect Hill Cem DATE OF BURIAL Nov 28 1927

20 UNDERTAKER Henry Jenkins Sons Co ADDRESS Orland & Collins

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27844 E 27844

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1627 N. Bentalou ST. 15-68 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie Edlavitch

(a) RESIDENCE NO. 1627 N Bentalou ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? 39 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Leon Edlavitch

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: Years 60 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Israel Raslhoff

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Sarah L.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Dr. E. S. Edlavitch (Address): 1627 N. Bentalou St.

15 Filed NOV 27 1927 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 25 1927

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1927, to Nov 20, 1927, that I last saw h[illegible] alive on Nov 20, 1927, and that death occurred, on the date stated above, at 9.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis
Hypertension

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary): Acute dilatation of heart

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Frank Levinson, M. D.

, 19 (Address) 2805 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rodeph Sha[illegible]

DATE OF BURIAL: 11/29/27

20 UNDERTAKER: Jack Levin

ADDRESS: [illegible]

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27845

CERTIFICATE OF DEATH

161-001 E 27845

1-PLACE OF DEATH Woman's Hospital

REGISTERED NO.

City of BALTIMORE: (No. 13-59 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Hornstein

(a) RESIDENCE NO. Georgian Court Apts St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 26, 1927

7 AGE	Years	Months	Days	IF LESS than 1 day O hrs. or 5 min..
	0	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Woman's Hospital

(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Benjamin S. Hornstein

11 BIRTHPLACE OF FATHER (City or town) New York City

(State or country) New York.

12 MAIDEN NAME OF MOTHER Ida Goldstein

13 BIRTHPLACE OF MOTHER (city or town) New York City

(State or country) New York

14 Informant Benjamin S. Hornstein

(Address) Georgian Court Apts Baltimore

15 Filed 27 1927 HAMDEN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 26 1927

17 I HEREBY CERTIFY, That I attended deceased from 2 40 PM Nov 26 1927, to 2 42 PM Nov 26 1927.

that I last saw him alive on Nov. 26, 1927, 19 —,

and that death occurred, on the date stated above, at 2 43 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) D. Hunterstat M. D.

11/29 19 27 (Address) Woman's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Hebrew Friendship Cem 19

20 UNDERTAKER — ADDRESS

Jack Levin 1459 Eastern

very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

E 27846

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

57 ✓ E 27846

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 527 Beaumont Ave St. 27-48 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura E. Counselman

(a) RESIDENCE NO. 527 Beaumont Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. (If non-resident give city or town and State)

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm B. Counselman Sr.

6 DATE OF BIRTH (month, day, and year): April 5 1859

7 AGE — Years: 68 Months: 8 Days: 21 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Penna

PARENTS

10 NAME OF FATHER: Henry Killian

11 BIRTHPLACE OF FATHER (City or town) (State or country): Penna

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penna.

14 Informant: Wm B. Counselman Jr.

(Address): 527 Beaumont Ave

15 Filed 27 1927 C. [illegible] Registrar

Case KLOPP

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Nov. 26-1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 26, 19 24, to Nov 26, 19 27, that I last saw h[illegible] alive on Nov 26, 19 27, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus.

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. Wadders M. D.

11/26/27 19 (Address) 321-225 St W

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — Date of Burial: 11/28 19 27

20 UNDERTAKER: Chas F. Kraus & Son — ADDRESS: 118 W Mt Royal Ave

very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27847

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

20 E 27847

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

CITY OF BALTIMORE: (No. 516 Somerset ST., 5-X WARD).

2-FULL NAME Florida Fizzed Booker

(a) RESIDENCE NO 516 Somerset ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 18-1911

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	6	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Machine Op
(b) General nature of industry, business, or establishment in which employed (or employer) Worker in
(c) Name of employer [illegible]

9 BIRTHPLACE (city or town) (State or country) Iowa

10 NAME OF FATHER James Booker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Jane Fisher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Iowa

Informant (Address) James N. Booker 516 Somerset St

Filed [illegible] 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 23 192 7

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia (possibly terminal)

(History of traumatism of left hip & back Oct. 20-27. Accidental)

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Jos. Owen, M. D.
(Coroner)

11/25/27, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Retreat Cemetery	Nov. 27 192 7

20 UNDERTAKER Chas. H. Johnson ADDRESS 446 N. Calhoun St.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 27848

REGISTERED NO.

E 27848

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1626 Aisquith St. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucy A Payne

(a) RESIDENCE NO. 1626 Aisquith ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced (write the word): W Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) — — 1852

7 AGE 75 Years Months Days

If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER James Spriel

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 24 1927

17

I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1927, to Nov 24, 1927,

that I last saw h— alive on Nov 24, 1927,

and that death occurred, on the date stated above, at 3:15 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Heart Disease

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exa

(Signed) W. A. Perry, M. D.

, 19 (Address) 1520 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant (Address) Mary Payne 1626 Aisquith

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cemetery — DATE OF BURIAL: Nov. 27 1927

20 UNDERTAKER: Chas. H. Johnson & Son — ADDRESS: Eutaw St.

15 Filed NOV 27 1927 C. HAMPSON JONES M. Registrar

Keep this space free from imperfections. See instructions on back of certificates.

Cor.—12-8-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 27849

REGISTERED NO. E 27849

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel B. Finch.

(a) RESIDENCE NO. 202 S. First St. Brooklyn. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 4 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White.	Single.

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 11, 1921

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	6	4	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Walter G. Finch.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) North Carolina.

12 MAIDEN NAME OF MOTHER Bena M. Hoonts.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) North Carolina

14 Informant Walter G. Finch. (father)
(Address) 202 S. First St. Brooklyn.

Dec 27 1927 E. FRANK JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 26, 1927. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Internal Injuries, Struck & run over by Automobile while crossing a road
Accidental Death.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Coroner) M. D.

11/26 19 27 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death? First St between Potomac & Washington sts

Former or usual residence November 26, 1927

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lexington St. C | Date of Burial 11/28 1927

28 UNDERTAKER William Cook | ADDRESS 502 E Madison

very important. See instructions on back of certificate. FAILURE to fill out correctly the above statement of OCCUPATION is

Spec. 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

F 27850

1-PLACE OF DEATH 3702 Forest Park Ave

CITY OF BALTIMORE (No. ~~Hospital or Institution~~ 1541 ST. WARD)

REGISTERED NO. F 27850

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara L. Mueck

(a) RESIDENCE NO. 3702 Forest Park Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE White

5 ~~Single, Married~~, Widowed, or ~~Divorced~~, (write which) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 15, 1844

7 AGE Years 83 Months 2 Days 10

If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Duties.

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER David S[illegible]

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Dorothy Ortwine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Grace Edna Mueck

(Address) 3702 Forest Park Ave

15 Filed 11-29-1927 H. GRANT JONES, M. D. Registrar

Dat[illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-25-1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1927, to Nov. 25, 1927, that I last saw h[illegible] alive on Nov. 25, 1927, and that death occurred, on the date stated above, at 7.45P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Possibly (duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Possibly (duration) 15 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Millard Sorelle M.D.

, 19 (Address) 3705 Liberty Hgts Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem DATE OF BURIAL Nov 28 1927

20 UNDERTAKER George J Smith ADDRESS 1532 Hollins

IT IS very important. See instructions on back of certificates. EXACT STATEMENT OF OCCUPA-

Cor.—12-9-25—A Co—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27851

CERTIFICATE OF DEATH

90 E 27851

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1844 N. Dora (St.) 16 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W. Worden

(a) RESIDENCE NO. 1844 N. Dora St. 16 Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna E. Worden

6 DATE OF BIRTH (month, day, and year): Jan 21st 1862

7 AGE: Years 65, Months 10, Days 4. IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Asst Mng Baker

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Samuel R. Worden

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Elizabeth Saylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs. Mk. Nagel

(Address) 2518 W. Lanvale St

NOV 27 1927

Filed ..... H. A. [illegible], M. D.

Registrar

Per .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 25 1927

17 I HEREBY CERTIFY that I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained (inquest, autopsy or inquiry) find that said deceased came to h[illegible] death on the day stated above.

The CAUSE OF DEATH was as follows*: Acute Dilatation of Heart

Ar one

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Signed) Thos. R. Horton M. D.

Coroner

Nov 25 1927 (Address) Curtis Bay

*State the Disease Causing Death, or if Deaths from Violent Causes, state (1) Means and Nature of Injury, and whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem Date of Burial: Nov 28 1927

20 UNDERTAKER: George J. Leuth ADDRESS: 153[illegible] Hollins

Very important. See instructions on back of certificate. Full statement of OCCUPATION is

Spec.—1-10-21—M&T—1500 Bks.

E 27852

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 27852

REGISTERED NO. 49

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3324 Ellerslie ST. 9-41 WARD)

2-FULL NAME Charles Parker Fairbank

(a) RESIDENCE No 3324 Ellerslie ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Elizabeth Fairbank

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 46; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): Furniture

(c) Name of employer: Lowenhaupt Bros

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John Fairbank

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Laura Black

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Elizabeth Fairbank (Address) 3324 Ellerslie Ave

Filed 11/26 1927 M. A. [illegible], M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 25 1927

17 I HEREBY CERTIFY, That I attended deceased from Sept 25, 1927, to Nov 25, 1927, that I last saw him alive on Nov 25, 1927, and that death occurred, on the date stated above, at 6.45 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) Charles E Cole M. D.

(Address) 54 W Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Nov 28 1927

20 UNDERTAKER: Geo J Smith — ADDRESS 1632 Wallis Ave

Read very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27853

CERTIFICATE OF DEATH.

129

E 27853

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5202 Wesley Ave ST. 8-64 WARD)

2-FULL NAME Michael Joseph Leonard

(a) RESIDENCE NO. 5202 Wesley Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 80 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	widowed

5a If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~(or) WIFE of~~ Julia Leonard

6 DATE OF BIRTH (month, day, and year) Nov 11-1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83		11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Molding Grinder

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer B&O. R.R.

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Richard Leonard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Julia Kenny

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Miss Ella Leonard

Address 5202 Wesley Ave.

Filed ~~Nov 27~~ Dec 1, 1927 ~~Registrar~~

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 24 1927

17 I HEREBY CERTIFY, That I attended deceased from Apr 16 1927 to Nov 24 1927.

that I last saw him alive on Nov 24 1927

and that death occurred, on the date stated above, at 10.25 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Interstitial Nephritis (duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Paul Brown, M. D.

Nov 25 1927 (Address) 1537 Penna. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters-Cemetery

DATE OF BURIAL Nov 28 1927

ADDRESS 517 W. Lexington

20 UNDERTAKER H.A. Benning and Son

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27854

E 27854

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 565 Laurens St. 14-20 WARD)

2-FULL NAME Margaret Taylor

(a) RESIDENCE NO. 565 Laurens St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND OF~~ (or) WIFE of Gilbert Taylor

6 DATE OF BIRTH (month, day, and year) — — 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	—	—	-

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) " (State or country) "

12 MAIDEN NAME OF MOTHER Anna Dorsey

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country) "

14 Informant Nicholas Taylor (Address) 1216 N. Stricker St.

15 Filed 27 1927 C. HANDY [illegible] M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24. 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 21st, 1927, to Nov 24 1927,

that I last saw h[illegible] alive on 11/24/27, 1927,

and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Cardiac Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Organic Kidney Dis.

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Blevins, M. D.

11/25, 1927 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL 11/29 1927

20 UNDERTAKER Samuel H. Kemsley ADDRESS 578 Mad Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27855

CERTIFICATE OF DEATH.

129

REGISTERED No. 7855

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1609 E. Monument ST., 7-9 WARD)

2-FULL NAME Esther Hillard

(a) RESIDENCE NO. 1609 E. Monument ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred [illegible] yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Eugene Hillard

6 DATE OF BIRTH (month, day, and year): Aug 31 1870

7 AGE — Years: 57 — Months: 2 — Days: 23 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Gary White

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Priscilla Spencer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Florence Jones (Address) 609 Montclair St

Filed NOV 27 1927 H. A. Kelly Jones, M. D. Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 23 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 7, 1927, to Nov. 23, 1927, that I last saw h[illegible] alive on Nov. 23, 1927, and that death occurred, on the date stated above, at 10.10 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

1 (duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) 1 yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Postive

(Signed) Dr L W Kennard, M. D.

11-25 1927 (Address) 708 Encor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury

DATE OF BURIAL: 11-27 1927

20 UNDERTAKER: Samuel Bennett

ADDRESS 917 N Bond

Spec– 12-23-21—E.B.P.S.—400 Bks.

E 27856

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH (Hamilton) Registered No. 27444

City of BALTIMORE: (No. 72 Rueckert Ave. St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. James Fairfax Daniel

(a) Residence No. 72 Rueckert Ave St., Ward Deals Island.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Widower

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mary Catherine Daniel

6-DATE OF BIRTH (month, day and year): Sept-25-1855

7-AGE: 72 yrs. 2 mos. 1 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Watchman
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Deals Island Maryland.

PARENTS

10-NAME OF FATHER: James Daniel

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Deals Island Maryland.

12-MAIDEN NAME OF MOTHER: Louisa Thomas

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Deals Island Maryland.

14-Informant: Ralph A. Nichols

(Address): Mt Vernon Ave.

15-

27 1927 C. HARRISON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Nov 26-1927

17- I HEREBY CERTIFY, That I attended deceased from November 15, 1927 (to) Nov 26, 1927

that I last saw him alive on Nov 25 1927

and that death occurred, on the date stated above, at 1140 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Chronic Interstitial Nephritis

(Duration) yrs. mos. 12 ds

CONTRIBUTORY (Secondary) Strangulation Intestines

(Duration) yrs. mos. 1 ds

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Unnecessary

(Signed) Thos A. Dennis M D

Nov 26, 1927 (Address) 2578 Mayford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Deals Island Somerset Co. Md. DATE OF BURIAL: Nov. 27, 1927

20-UNDERTAKER: Fisher Home Inc. ADDRESS: Mt Vernon Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 27857

CERTIFICATE OF DEATH

100-001

E 27857

1-PLACE OF DEATH Balto City Hospl

CITY OF BALTIMORE: (No. Balto Md ST. 3-5 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Rutherdale

(a) RESIDENCE NO. 910 Eastern Ave ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced. (Write the word) Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 3 1862

7 AGE Years 64 Months 11 Days 24 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Janitress

(c) Name of employer do

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Balto City Hospl
(Address) Balto Md

15 Filed NOV 27 1927 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11 21 1927

17 I HEREBY CERTIFY, That I attended deceased from 11-6-1927, to 11-21-1927

that I last saw h. alive on 11-21-1927

and that death occurred, on the date stated above, at 11.40 A M.

The CAUSE OF DEATH* was as follows:

Terminal Bronchopneumonia

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Senile Psychosis with Deterioration

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Harry Feldmann M.D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore — DATE OF BURIAL Nov 28 1927

20 UNDERTAKER Wendell Dippel & Son — ADDRESS 37 d Ave

Spec.—1-12-23—M&T—500 Blks.

Thomas. Grady. ✓ 27858.

E27858

HEALTH DEPARTMENT—CITY OF BALTIMORE

114 E 27858

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [redacted] St. 1434 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Grady.

(a) RESIDENCE No. 100 Aisquith St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ~ ? ~ 1871

7 AGE: Years 56 | Months ~ | Days ~ | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman. 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Owen Grady

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Bridget Moran

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Records.

Filed 11/27 1927 C. HAMILTON JONES, M. D. Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/24/ 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 22 1927 to Nov. 24 1927, that I last saw h[illegible] alive on Nov 24 1927 and that death occurred, on the date stated above, at 2:30 P. m.

The CAUSE OF DEATH* was as follows:

Ulcerative colitis - etiology undetermined.

(duration) yrs 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Gen. & Sig.

(Signed) Charles Bond M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem DATE OF BURIAL 11/28 1927

UNDERTAKER J. F. Dailey Sons ADDRESS 1318 Light St

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27859

CERTIFICATE OF DEATH.

E 27859

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Rear of 1513 Bolton ST. 14-20 (WARD)

2-FULL NAME Francis W. McKinney

(a) RESIDENCE NO. 1417 Park Ave ST., WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 47 yrs. 0 mos 4 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Donna W. McKinney

6 DATE OF BIRTH (month, day, and year) Nov-11-1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	47	0	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Civil Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): Engineer
(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country) Ripley Tennessee

PARENTS

10 NAME OF FATHER Dr. C. S. McKinney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ripley Tenn.

12 MAIDEN NAME OF MOTHER Anna Pierson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ripley Tenn

14 Informant Mrs Donna W. McKinney (Address) 1417 Park Ave.

15 Filed [illegible] 192[illegible] [illegible] Registrar

For [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 25 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acc Poisoning
Carbon Monoxide
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Asphyxia
(duration) yrs. mos. ds.

(Signed) G C Yates M. D.
(Coroner) 11-27-27 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death — yrs., — mos., — ds. In the State 16 yrs., — mos., — ds.

Where was disease contracted, if not at place of death?
near 1523 Bolton St.

Former or usual residence 1417 Park Ave

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ripley - Tenn	Nov 28 1927
UNDERTAKER	ADDRESS
Stewart & Conn Co	1084 W Pratt

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

27860.

E 27860
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90

E 27860
REGISTERED NO.

CITY OF BALTIMORE: (No.) Mount Hope Retreat (St.) 2800 (Ward) 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Ellen Brady

(a) RESIDENCE NO. Mount Hope Retreat ST., 25th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year): Apl 11-1857

7 AGE: Years 70 | Months 0 | Days 0 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sister of Charity

(b) General nature of industry, business, or establishment in which employed (or employer): Religious Work

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: John Brady

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland (?)

12 MAIDEN NAME OF MOTHER: Anna Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland (?)

14 Informant (Address): Records of Mt Hope Retreat Baltimore Md

15 Filed NOV 27 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 26th 1927

17

I HEREBY CERTIFY, That I attended deceased from 1925 (last) to Nov 26th 1927.

that I last saw her alive on Nov 26th 1927.

and that death occurred, on the date stated above, at 7.25 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Paralysis

abt (duration) 2 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) Hypostatic Congestion

abt (duration) 0 yrs. 1 mos. 0 ds.

18 Where was disease contracted if not at place of death? Mt Hope Retreat

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Francis J Flanning, M. D.

Nov 27th 1927 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery — DATE OF BURIAL: Nov 29 1927

UNDERTAKER: Edward Monnelly — ADDRESS: Balto.

Spec.-7-17-26—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27861

CERTIFICATE OF DEATH

E 27861
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mt Gunthorpe 12-44 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Winnie Pointer Perry

(a) RESIDENCE NO. 2-E-3321 St. Ward Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ? mos. ! ds. How long in U. S. if of foreign birth 59 yrs. 0 mos. 10 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs Wm B Perry

6 DATE OF BIRTH (month, day, and year): Nov. 5-1868

7 AGE: Years 59 Months 0 Days 10 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) Fredericksburg
(State or country) Va.

PARENTS

10 NAME OF FATHER Wm B. Perry

11 BIRTHPLACE OF FATHER (City or town) Fredericksburg
(State or country) Va

12 MAIDEN NAME OF MOTHER Martha Proctor

13 BIRTHPLACE OF MOTHER (city or town) Fredericksburg
(State or country) Va

14 Informant (Address) Mrs Jennie R. Perry (wife)

15 Filed 11 27 1927

C. HARRY JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-25-27

17 I HEREBY CERTIFY, That I attended deceased from 11-18-27 19 , to 11-25-27 19 , that I last saw h[illegible] alive on 11-25-27 19 , and that death occurred, on the date stated above, at 9.20 a.m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(duration) yrs. ? mos. ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? 11/24/27 Yes

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John A. Owings, M. D.

11/29, 19 Address Mt Gunthorpe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Hill Cemetery — Date of Burial: Nov 28 1927

20 UNDERTAKER: Stewart & Co — ADDRESS: 1081 W Mt

very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

E 27862

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 27862

129 E 27862

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2679 Wilkens Ave St. 25-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Emma Moore

(a) RESIDENCE NO. 2679 Wilkens Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Moore

6 DATE OF BIRTH (month, day, and year) July 23, 1858

7 AGE — Years: 69 Months: 4 Days: 1 IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va

PARENTS

10 NAME OF FATHER Wm Brantner

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Groff

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Pa

14 Informant John W. Moore

(Address) 2679 Wilkens Ave

28 1927 C. HAMPSON JONES, M. D.

Registrar

Per

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (month, day, and year) Nov 24 1927

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1927, to Nov 23, 1927, that I last saw h[er] alive on Nov 23, 1927, and that death occurred, on the date stated above, at 12 15 P.M.

The CAUSE OF DEATH* was as follows:

Cardio Carditis

Chronic Interstitial Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilitation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Not Date of

Was there an autopsy? Not

What test confirmed diagnosis?

(Signed) Harry Glassman, M. D.

Nov 27, 1927 (Address) 2687 Woodland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Martinsburg W. Va — Date of Burial Nov 28 27

20 UNDERTAKER Harry A. Woltz & Co — ADDRESS 1516 W. Lombard

very important. See instructions on back of certificates.

Spec.—12 9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

90

E 27863
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

REGISTERED NO. **E 27863**

City of BALTIMORE: (No. 4364 Parkheights Ave St. 15-56 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susanna Frainie

(a) RESIDENCE NO. 4364 Parkheights Ave. St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Frainie

6 DATE OF BIRTH (month, day, and year) April, 11th. 1850

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
77	7	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At home

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER John Smith

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant Katharine Frainie

(Address) 4364 Parkheights Ave.

NOV 28 1927 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

November, 27th. 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 12. 1927, to Nov. 27 1927, that I last saw h[illegible] alive on Nov 26 1927, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows: Endocarditis Chronic Valve Leak.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Gen. Debility

(duration) yrs. 4 mos. ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death! no Date of —

Was there an autopsy! no

What test confirmed diagnosis! Blowing Murmur. D.C.

(Signed) Thos H Phillips, M. D.

Nov 27, 1927 (Address) 2300 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem. Date of Burial Nov 29 1927

20 UNDERTAKER Joseph L Cook ADDRESS 1031 Walbrook

very important. See instructions on back of certificates. Exact statement of OCCUPATION is

Spec.—7-17-26—A Co.—200 Bks.

E 27864

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 27864

REGISTERED NO. 26-64

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 4710 Springdale Ave. St.) Ward

2-FULL NAME Harriet J. Morris

(a) RESIDENCE NO. 4710 Springdale Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward K. Morris

6 DATE OF BIRTH (month, day, and year) September 7, 1872

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	55	2	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(r) Name of employer

9 BIRTHPLACE (city or town) Scranton

(State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Wm. H. Dickson

11 BIRTHPLACE OF FATHER (City or town) Carbondale

(State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Caroline Shick

13 BIRTHPLACE OF MOTHER (city or town) Stroudsburg

(State or country) Pennsylvania

14 Informant Edward K. Morris

(Address) 4710 Springdale Ave.

NOV 28 1927 HARLAN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 25, 1927 19

17 I HEREBY CERTIFY, That I attended deceased from Nov 24 19 27 to Nov 25 19 27

that I last saw her alive on Nov 25 19 27

and that death occurred, on the date stated above, at 10.15 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage and paralysis —

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arteria-sclerosis & high blood pressure - about 4 yrs

(duration) yrs. mos. ds.

18 Where was disease contrarted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Walter Hibbert M. D.

(Address) 2220 Garrison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Arridental, Suicidal, or Homiridal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Woodlawn Cemetery	11/28/27 19

20 UNDERTAKER Peter L. Cook ADDRESS 1003 E. Baltimore St.

very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 27865 — 44 — E 27865

1-PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 1013 Sharp ST. 23-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katie Albert Albert

(a) RESIDENCE NO. 1013 Sharp ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. 10 mos. 17 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Jan 17th 1864

7 AGE — Years: 63 — Months: 10 — Days: 8 — If LESS than 1 day, ... hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Henry Albert

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Catherine Schell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Matilda Raffenberger

(Address): 1213 Sharp st

Filed Nov 28 1927 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 25th 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 27th, 1927 to Nov 25th, 1927.

that I last saw her alive on Nov 25th, 1927.

and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): General Carcinoma

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) M. L. Lehrenbaum M. D.

11-27, 1927 (Address) 1114 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Nov 28th 1927

20 UNDERTAKER: G Schloman & Son — ADDRESS 1039 Monroe

Prof. is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

E. 27866

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 27866

CERTIFICATE OF DEATH

1-PLACE OF DEATH Md General Hospital — REGISTERED NO. 117

City of BALTIMORE: (No. Madison & Linden Ave St.) (Ward) 27th

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard Sanderson

(a) RESIDENCE NO. 4611 Elarode ave St. Ward Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred: All life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White Caucasian

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary B Sanderson

6 DATE OF BIRTH (month, day, and year): Nov 3, 1872

7 AGE: Years 65 Months 0 Days 25 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Commission Merchant

(b) General nature of industry, business, or establishment in which employed (or employer): above

(c) Name of employer: self

9 BIRTHPLACE (city or town) (State or country): Brit Md

PARENTS

10 NAME OF FATHER: John Sanderson

11 BIRTHPLACE OF FATHER (City or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Margaret Bond

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Wm H. Sanderson
(Address): 4630 Elarode ave

15 Filed: NOV 28 1927 — C. HAUPTON JONES, M. D. Registrar
Per RRB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 26, 1927

17 I HEREBY CERTIFY, That I attended deceased from 11-18-27, 19 to 11-28-27, 19, that I last saw h alive on 11-26-27, 19, and that death occurred, on the date stated above, at 7.30 p.m.

The CAUSE OF DEATH* was as follows:

Appendicitis, Chronic
Hypertension & Myocarditis

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Peritonitis and Paralytic Ileus

(duration) — yrs. — mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 11-22-27

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) Jno A Young Jenkins M. D.

19 (Address) 1 E Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — Date of Burial: Nov 30 1927

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) — ADDRESS: 108 W. NORTH AVE.

very important. See instructions on back of certificates. Exact statement of OCCUPATION is

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27867

CERTIFICATE OF DEATH.

×123 E 27867.

1-PLACE OF DEATH Union Memorial Hospital ST. 12-49 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

2-FULL NAME Mrs Mary Forney Baker

(a) RESIDENCE NO. Glenwood Ave & Fred. Rd ST. Catonsville, Md WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ~~48~~ yrs mos 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Baker

6 DATE OF BIRTH (month, day, and year) Oct. 29, 1857

7 AGE Years	Months	Days	If LESS than 1 day, — hrs or — min
70	0	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Alabama

PARENTS

10 NAME OF FATHER Wm Henry Forney

11 BIRTHPLACE OF FATHER (city or town) N. C. (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Woodward

13 BIRTHPLACE OF MOTHER (city or town) Tennessee (State or country)

14 Informant George F. Baker (Address) Glenwood Ave & Fred. Rd Catonsville Md

Nov 28 1927 HARRY JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 26 1927

17

I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1927, to Nov. 26, 1927, that I last saw h[illegible] alive on Nov 26, 1927 and that death occurred, on the date stated above, at 8 20 pm

The CAUSE OF DEATH* was as follows:

Cholecystitis c stones

?

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Rupture gall bladder, General Peritonitis (duration) — yrs — mos. 1½ ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Nov. 25, 1927

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) R J Belford M. D.

(Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 28 19

20 UNDERTAKER — ADDRESS Lane O'Neill & Sons Inc Catonsville Md

Spec.–7-17-26–A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 27868 (1)

E 27868 (2)

REGISTERED NO. 16-001

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. Gen. Hospital (St. 13-57 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Riely

(a) RESIDENCE NO. M. G. H. (St. 527 Union St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov. 19, 1927

7 AGE Years Months Days IF LESS than 1 day hrs. or min.: 19

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER Harry Riely

11 BIRTHPLACE OF FATHER (City or town) (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER Rita Guild

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Scotland

14 Informant (Address): Hospital Records

15 Filed NOV 28 1927 H. C. HARRISON JONES, M. D. Registrar Per RHC

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Nov. 20, 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1927 to Nov. 20, 1927

that I last saw h[illegible] alive on Nov 20, 1927

and that death occurred, on the date stated above, at 8 55 A m.

The CAUSE OF DEATH* was as follows:

Premature Delivery.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Placenta Praevia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno. Englehart M. D.

. 19 (Address) Md Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Md Gen Hosp

Date of Burial 19

20 UNDERTAKER

ADDRESS

Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27869

CERTIFICATE OF DEATH.

91-002

REGISTERED NO. E 27869

1-PLACE OF DEATH Presbyterian Home of Maryland

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. 822 N Carrollton ave St.) 16-32 (WARD)

2-FULL NAME Emily Alice Hardie

(Residence in Baltimore: No. Presbyterian Home of Md St.; 84 yrs., 2 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. September 14, 1842 (Month) (Day) (Year)

7-AGE. 84 yrs. 2 mos. 12 ds. If LESS than 1 day, ...hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. At Home
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER. Capt Robert Hardie

11-BIRTHPLACE OF FATHER (State or Country). unknown

12-MAIDEN NAME OF MOTHER. Emily Jane McClure

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Records Presbyterian Home of Md

(Address) 822 N. Carrollton ave

NOV 28 1927 C. HAMILTON JONES, M. D. Registrar

Filed ..... 191.....

Per .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Nov 26, 1927 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 23 1927, to Nov 26 1927, that I saw her alive on Nov 26. 1927, and that death occurred, on the date stated above, at 2.20 p.m.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Arteriosclerosis.

(Duration) 3 yrs. ...mos. ...ds.

(Signed) L. M. Lansinger M. D.

Nov 27, 1927 (Address) 3402 Gaithenburg

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Olivet Cemetery DATE OF BURIAL. Nov 28, 1927

20-UNDERTAKER Chas. G. Black ADDRESS 742 W Fayette Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27870

CERTIFICATE OF DEATH.

90 E 27870

1-PLACE OF DEATH (Suffolk)

CITY OF BALTIMORE: (No. Payson St) (Ward 35-17) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Lamb.

(Residence in Baltimore: No. Payson St Suffolk) St.; 40 yrs., mos. (ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Oct (Month) 28 (Day), 1870 (Year)

7-AGE, 57 yrs. 1 mos. 26 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Coal Trimmer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Thomas Lamb. Sr.

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER unknown.

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Donnelly

(Address) Suffolk

15- NOV 28 1927 191... H. Irvin Joyce, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 24 (Day), 1927 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 22 1927, to Nov 24 1927, that I saw h... alive on Nov 24 1927, and that death occurred, on the date stated above, at 2.30 a.m.

The CAUSE OF DEATH* was as follows:

Pleurisy Purulent
Heart Disease

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Raymond Gibson M. D.

Nov 24, 1927. (Address) Suffolk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cemetery (Hartford Rd.) DATE OF BURIAL, Nov. 28, 1927

20-UNDERTAKER Margaret E. Hynes ADDRESS 1422 Light St.

Spec.—1-12-23—M&T—500 Blks.

E 27871 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 27871

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balt. City Hosp. (Street) (WARD) 30

2-FULL NAME Albert Bradley

(a) RESIDENCE No. 603 S. Fremont St. (Street) WARD

(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Ella Bradley

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE — Years: 43 — Months: — Days: — If LESS than 1 day, hrs or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): unknown

(c) Name of employer: unknown

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: Hospital Records (Address)

15 Filed NOV 28 1927 C. H. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 23 1927

17 I HEREBY CERTIFY, That I attended deceased from Sept 28 1927 to Nov 23 1927

that I last saw him alive on Nov 23 1927

and that death occurred, on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH was as follows:

Bilateral Pulmonary tuberculosis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous enteritis

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lab. Clinical Path

(Signed) Henry C. Smith M. D.

, 19 (Address) Baltimore City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cem

DATE OF BURIAL: 11/28/27

UNDERTAKER: J. L. Brown

ADDRESS: 1 W Montgomery

5pm.—1-12-23—MAT—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 27872 11 E 27872

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1410 W Lombard ST. 14-28 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Kissick

(a) RESIDENCE NO. 1410 W Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 6 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John H. Kissick

6 DATE OF BIRTH (month, day, and year): May 23, 1857

7 AGE: Years 70 | Months 6 | Days 3 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Christian Briel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Hartmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Grace E. Kissick

(Address) 1410 W. Lombard St. Balto

15 NOV 28 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 26 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1927, to Nov 26, 1927,

that I last saw her alive on Nov 26, 1927,

and that death occurred, on the date stated above, at 11.10 P m.

The CAUSE OF DEATH* was as follows:

Coronary Embolism

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): Hypertension Arteriosclerosis

(duration) yrs. mos. 2 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Nov 2 27

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) Howard C. Carey, M. D.

19 27 (Address) 54 Hilton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: Nov. 28 1927

20 UNDERTAKER: Wm J Flickner Sons

ADDRESS: Norristown Pa.

HEALTH DEPARTMENT--CITY OF BALTIMORE

E 27873

PLACE OF DEATH

CERTIFICATE OF DEATH

E 27873

REGISTERED NO. C

CITY OF BALTIMORE (No.) 5221 York Road (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME George Wallace Griffith

(Residence in Baltimore: No.) 5221 York Road (St.) (If not in Baltimore, give PLACE.) (Yrs.) 71 yrs. 7 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6. DATE OF BIRTH: April (Month) 2 (Day), 1856 (Year)

7. AGE: 71 yrs. 7 mos. 25 ds. If LESS than 1 day, hrs. or min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Grocer
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9. BIRTHPLACE (State or country): Balto. Md

PARENTS

10. NAME OF FATHER: Chas. Griffith

11. BIRTHPLACE OF FATHER (State or country): Md

12. MAIDEN NAME OF MOTHER: Mary D Hawkins

13. BIRTHPLACE OF MOTHER (State or country): Md.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura G. Harrycraft

(Address) 5221 York Road

15. NOV 28 1927

C. HAMILTON JONES, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Nov. (Month) 27 (Day), 1927 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 8, 1927, to Nov 27 1927, that I saw h[illegible] alive on Nov 26, 1927, and that death occurred, on the date stated above, at 1 2 m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(Duration) yrs. 4 mos. 2 2 ds

Contributory (SECONDARY): Hemiplegia

(Duration) yrs. 4 mos. 2 2 ds

(Signed) L. G. Brubaker M. D.

Nov. 27, 1927 (Address) 63 4 Branch Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

	yrs.	mos.	ds.		yrs.	mos.	ds.
At place of death				In the State			

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: London Park Cem. DATE OF BURIAL: Nov 29. 1927

20. UNDERTAKER: W. J. Dickerson ADDRESS: Forest Ave

PHYSICIANS should fill out this DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27874

CERTIFICATE OF DEATH.

44 E 27874

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 20-27 WARD)

2-FULL NAME Mary Spear

(a) RESIDENCE NO. 1918 W Saratoga ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 63 yrs. 5 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Louis G Spear

6 DATE OF BIRTH (month, day, and year): June 25 1864

7 AGE — Years: 63 Months: 5 Days: 0 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): -

(c) Name of employer: -

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Charles Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Eliza A Harwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Amelia Spear

(Address): 1918 W Saratoga St

15 NOV 28 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 25 1927

17 I HEREBY CERTIFY, That I attended deceased from 11/19/27, 19 to 11/25/27, 19, that I last saw her alive on 11/25/27, 19, and that death occurred, on the date stated above, at 3:30 P.M. The CAUSE OF DEATH* was as follows:

Carcinoma of the Stomach

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 11/21/27

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) J. S. Nuttall, M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem

DATE OF BURIAL: Nov 28 1927

UNDERTAKER: Wm J Deaton & Sons

ADDRESS: Balto Md

Spec.—1-12-23—M&T—500 Blks.

E 27875

2086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+84 E 27875

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

CITY OF BALTIMORE: (No. ST., 7-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles A. McKINNEY

(a) RESIDENCE NO. Lincoln University ST., WARD Cecil Co

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, ~~Widowed~~, or Divorced, (write the word): Boy

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) December

7 AGE: Years 17 Months Days If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas McKINNEY

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Margaret McKINNEY

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Parents

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 19 Registrar

28 1927 H. HANSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 26 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1927, to Nov. 26, 1927, that I last saw him alive on Nov. 26, 1927 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Primal Lumar - Benign

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Secondary Anemia

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 11/26/27

Was there an autopsy? No

What test confirmed diagnosis? Clinical & operation

(Signed) George E. Vinay, M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: North East Cemetery — DATE OF BURIAL: Nov 30 1927

20 UNDERTAKER: A. D. Abernathy — ADDRESS: Elkton, Md.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

60-002

CERTIFICATE OF DEATH

E 27876
REGISTERED NO.

E 27876
1-PLACE OF DEATH Univ Hospital

City of BALTIMORE: (No. 28-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Peter Lutz Lueth

(a) RESIDENCE NO. 4802 Frederick Rd Catonsville, Md
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. 3 mos. How long in U. S. if of foreign birth 22 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Johanna Lutz

6 DATE OF BIRTH (month, day, and year) Dec 10 / 1883

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	44	11	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work. Plumber
(b) General nature of industry, business, or establishment in which employed (or employer). Self
(c) Name of employer

9 BIRTHPLACE (city or town) Germany
(State or country)

PARENTS
10 NAME OF FATHER Heinrich Lueth
11 BIRTHPLACE OF FATHER (City or town) Germany
(State or country)
12 MAIDEN NAME OF MOTHER Richmond
13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Jennie Lueth Wife
(Address) 4802 Fred Rd

15 Filed NOV 28 1927 C. HARRISON JONES, Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 25 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 22, 1927, to Nov 25, 1927
that I last saw h[illegible] alive on Nov 25, 1927
and that death occurred, on the date stated above, at 8.40 P m.
The CAUSE OF DEATH* was as follows:
Cardiac failure with myocardial degeneration, arteriosclerosis, Mitral Stenosis & Chronic Nephritis (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart enlarged
5 yr (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) A. H. Finkelstein, M. D.
, 19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon-Park Cemetery Date of Burial Nov 27 1927

20 UNDERTAKER F. B. WIPPERT-1850 W. BALTIMORE ADDRESS

Fill in all blank items, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 27877 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 27877

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH U.S Marine Hospital #1

CITY OF BALTIMORE: (No. 3121 Boston ave ST. Bay Brd WARD)

2-FULL NAME Great Niemi.

(a) RESIDENCE NO. The Anchorage Bath rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? 17 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 3, 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	1	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer) S/S Eurana

(c) Name of employer →

9 BIRTHPLACE (city or town) (State or country) Finland

PARENTS

10 NAME OF FATHER Gust Niemi

11 BIRTHPLACE OF FATHER (city or town) (State or country) Finland

12 MAIDEN NAME OF MOTHER Theresa

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Finland

14 Informant Self

(Address)

15 NOV 28 1927 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 23 1927

17

I HEREBY CERTIFY, That I attended deceased from Nov 17, 1927, to Nov 23, 1927.

that I last saw h— alive on Nov 23, 1927

and that death occurred, on the date stated above, at 11:45A m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar (Lower R Lobe)

(duration) yrs mos 7 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical findings + laboratory

(Signed) Ralph Horton M. D.

11/23/27 (Address) U S Marine Hospital 3rd Bath rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Hampden

DATE OF BURIAL Nov 28 1927

20 UNDERTAKER E L Roy Steffe

ADDRESS 12[illegible] North ave

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27878

CERTIFICATE OF DEATH.

E 27878

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2511 Elmeadan ST. N-69 WARD)

2-FULL NAME Edith G Dodson

(a) RESIDENCE No. 2511 Elmeadan ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Paul C Dodson

6 DATE OF BIRTH (month, day, and year): Jan 20 1897

7 AGE: Years 30 | Months 10 | Days 4 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Howard K Groop

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Elizabeth Bennett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Paul C Dodson

(Address) 2511 Elmeadan

15 Filed NOV 28 1927 Registrar

Date

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 24 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 12, 1925 to Mar 24, 1927, that I last saw h[illegible] alive on Mar 24, 1927, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Laryngeal tuberculosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary T.B. general wasting (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Emmett T. Jones, M. D.

19 (Address) 1707 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: 11/28/27

20 UNDERTAKER: Joseph Farley Sutton

ADDRESS: Fayette

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27879

CERTIFICATE OF DEATH

× 111-001

REGISTERED NO. E 27879

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hosp St. 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benj Smith

(a) RESIDENCE NO. 1216 Buchanan St. Ward Harlem Pk

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 6/20/1892

7 AGE: Years 35 Months 6 Days 0 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carman.

(b) General nature of industry, business, or establishment with which employed (or employer): Bethlehem Steel Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pa

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country): unk

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unk

14 Informant: Neighbors. (Address)

15 Filed 19 Registrar

NOV 28 1927 C. HAMILTON JONES M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 11/25/27 a.m.

17 I HEREBY CERTIFY, That I attended deceased from 11/21/27, 19, to 11/25/27, 19, that I last saw h. alive on 11/25/27, 19, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Suppurative Pleurisy Left

(duration) yrs. ? mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Emphysema

(duration) yrs. mos. 6 Yrs

18 Where was disease contracted

If not at place of death? Home

Did an operation precede death? No Date 11/21 19 27

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) John A. Compton, M. D.

11/27, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — Date of Burial: Nov 28 1927

20 UNDERTAKER: John F Denny — ADDRESS: 715 L St

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 27880 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 27880

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 501 Edgevale Rd ST. WARD)

2-FULL NAME Frederick A Ohrnschall

(a) RESIDENCE NO. 501 Edgevale Rd ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta E O.

6 DATE OF BIRTH (month, day, and year) April 28 1843

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	6	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ~~Invalid~~ None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Christian O

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Frederick Ohrnschall
(Address) 501 Edgevale Rd

15 Filed NOV 28 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 25 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 24 1927 to Nov 25 1927, that I last saw h alive on Nov. 25 1927 and that death occurred, on the date stated above, at 6.00 m

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) Harry J Cassidy M. D.

11/25, 1927 (Address) Maplewood Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL Nov 28 1927

20 UNDERTAKER H M Worton

ADDRESS 2238 N Monroe

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27881

CERTIFICATE OF DEATH.

101-001

E 27881

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto General Hosp. 15-21 WARD)

2-FULL NAME Mrs Kate Roder

(a) RESIDENCE NO. 912 Baker St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. 10 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 3 1862

7 AGE: Years 65 Months 10 Days 22 If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House-work

(b) General nature of industry, business, or establishment in which employed (or employer): House-work

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Frederick Roder

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Emma ~~Dobkarst~~ m

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 25 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 22, 19 27, to Nov 25, 19 27,

that I last saw h[illegible] alive on Nov 25, 19 27

and that death occurred, on the date stated above, at m

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(duration) yrs mos 4 ds

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs mos ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical sign

(Signed) J. C. Fishbein, M. D.

19 (Address) 1211 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant Miss Emma Roder

(Address) 2238 Pa Ave

Filed NOV 28 1927 HAMILTON JONES, M. D. Registrar

By [illegible]

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery

20 UNDERTAKER: W M Routson

DATE OF BURIAL: Nov 28 1927

ADDRESS: 2238 W North

Spec.—1-12-23—M&T—500 Bks.

E 27882 HEALTH DEPARTMENT—CITY OF BALTIMORE

91-00 E 27882

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 922 (St.) Stevington ave (Ward) 43-54

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wolf Bernstein

(a) RESIDENCE NO. 922 (St.) Stevington ave (Ward)

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 6 mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Bela Bernstein

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: Years 60 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Asser Bernstein

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Elka

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Bela Bernstein

(Address)

NOV 28 1927 HEALTH DEPT. BALTIMORE, MD.

File No. [illegible] Registrar

BY [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/28 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1927, to Nov. 28, 1927, that I last saw him alive on Nov. 27, 1927, and that death occurred, on the date stated above, at 12:30 A m.

The CAUSE OF DEATH* was as follows:

Acute cardiac dilation

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) ✓

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinically & lab.

(Signed) Isidor L. Levy, M. D.

Nov. 28, 1927 (Address) 2324 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Cemetery

DATE OF BURIAL: 11/28 1927

20 UNDERTAKER: Jack Lewis

ADDRESS: 1437 Madison

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27883

CERTIFICATE OF DEATH.

90 E 27883

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1529 N. Appleton St. 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pearl Terlitzky

(a) RESIDENCE NO. 1529 N. Appleton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
F	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Israel Terlitzky

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	57	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Jack Lewis

(Address) 1439 Eutaw St

Nov 28 1927 C. HAMILTON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/28 1927

17 I HEREBY CERTIFY that I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

upon and from the evidence obtained by said Inquest

(Inquest, autopsy or inquiry.) find that said deceased came to 205 death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) G. C. Stabler M. D.

(Coroner)

Nov 27, 19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale Date of Burial 11/28 1927

20 UNDERTAKER Jack Lewis ADDRESS 1439 Eutaw St

This certificate must be filed with the Registrar before a burial permit is issued. It is very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27884

CERTIFICATE OF DEATH.

129 E 27884

REGISTERED NO.

1-PLACE OF DEATH Sinai Hospital

City of BALTIMORE: (No. 6-10 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Friedel

(a) RESIDENCE NO. 2411 E. Fairmount Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Meyer Friedel

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE: Years 57 | Months — | Days — | IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Russia

14 Informant Jack Lewis
(Address) 1439 Eutaw St

NOV 28 1927 RAMON JONES, M. D.
Per ____ Registrar

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (month, day, and year) 11/27/27 19

17 I HEREBY CERTIFY, That I attended deceased from 11/23/27 19 ... to 11/27/27 19 ...

that I last saw h[illegible] alive on 11/27/27 19 ...

and that death occurred, on the date stated above, at 10 & 30 m.

The CAUSE OF DEATH* was as follows:

Hypertensive Cardio-vascular renal disease

unknown (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Meyer Miller M. D.

, 19 (Address) Sinai Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Interment — Date of Burial: 11/28 19 27

20 UNDERTAKER: Jack Lewis — ADDRESS: 1439 Eutaw St

very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 27885

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001

E 27885

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or Institution, give its NAME Instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St. 6-9 Ward)

2-FULL NAME Baby Girl Sline

(a) RESIDENCE NO. 204 N. Broadway St. Ward .....

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1/ ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) NOV 26 - 1927

7 AGE	Years	Months	Days	If LESS than 1 day ....hrs. or....min.
			1½	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 20

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) .....

(State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Percy R. Sline

11 BIRTHPLACE OF FATHER (city or town) .....

(State or country) Phila. Pa.

12 MAIDEN NAME OF MOTHER Hilda Sodder

13 BIRTHPLACE OF MOTHER (city or town) .....

(State or country) Russia

14 Informant Hosp.

(Address) .....

Filed [illegible] 1927 C. HAMILTON [illegible] Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) NOV 27 - 1927 19

17

I HEREBY CERTIFY, That I attended deceased from Nov 26, 19 27, to Nov 27, 19 27

that I last saw h[illegible] alive on Nov 27, 19 27

and that death occurred, on the date stated above, at 7.10 p m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

Is Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm Ichiman, M. D.

Nov 27 19 27 (Address) Sinai Hosp. Tex

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mortuary Col Co Date of Burial Nov 29 19

20 UNDERTAKER Jack Lewis ADDRESS 1439 Eutaw

very important. See instructions on back of certificates. Exact statement of OCCUPATION is

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27886
1-PLACE OF DEATH

CERTIFICATE OF DEATH

24-001

E 27886
REGISTERED NO.

City of BALTIMORE: (No. 1220 E. Chase 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Adams

(a) RESIDENCE NO. 1220 E. Chase St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wid Geo E. Adams

6 DATE OF BIRTH (month, day, and year) June 30 1857

7 AGE — Years: 70 Months: 5 Days: 7 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework 37
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Cadiz
(State or country) Ohio

PARENTS

10 NAME OF FATHER Andrew Hight

11 BIRTHPLACE OF FATHER (City or town)
(State or country) Balto Md

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) Not Known
(State or country)

14 Informant Mrs J. Carey Gill
(Address) 1220 E Chase St

15 Filed NOV 28 1927 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/27/27

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 19 27 to Nov 26 19 27
that I last saw her alive on Nov 26 19 27
and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Hemorrhagia (Apoplexy)
(duration) yrs. mos. 2 hrs.

CONTRIBUTORY (Secondary) Arterio Sclerosis
High Blood Pressure
(duration) yrs. mos. da.

18 Where was disease contracted
If not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) Wright S. Lester M. D.
11/29 19 27 (Address) 3326 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — Date of Burial: Nov 29 19 27

20 UNDERTAKER: Henry Stock & Son — ADDRESS: 231 E Eager

Registrar

Be sure that all items are properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-8-19—H. P. Co.—1000 Bks.

E 27887

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 27887

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 308 Cylburn Av ST. 27-53 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Henry Miller

(a) RESIDENCE. No. 308 Cylburn Av. ST. WARD 27

(Usual place of abode)

Length of residence in city or town where death occurred yrs. — mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 26-27

7 AGE: Years — Months — Days 2

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER William Henry Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Carey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mother

(Address) 308 Cylburn Av

Filed NOV 28 1927 CARLTON JONES, M. D. Registrar

Per —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 26 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 26, 1927, to Nov 27, 1927, that I last saw him alive on Nov 27, 1927, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Manitus

(duration) yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Difficult Birth

(duration) yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Horace J. Miller M. D.

19 (Address) 2202 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's Lutheran

DATE OF BURIAL: Nov 28 1927

20 UNDERTAKER: Geo H. Rehse

ADDRESS 3631 Pinkard

Please answer all questions. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

Brothers ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27888 E 27888

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 34 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME

(a) RESIDENCE NO. 1429 E. Lombard st. ST. WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	28			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman

(b) General nature of industry, business, or establishment in which employed (or employer) Boat

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Willis Brothers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Bertha Carmichael

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Hospital Records
(Address)

15 NOV 28 1927 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 24, 19 27

17

I HEREBY CERTIFY, That I attended deceased from Oct. 20, 19 27, to Nov. 24, 19 27,

that I last saw h alive on Nov. 24, 19 27

and that death occurred, on the date stated above, at 5:45 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis.

Incipient (duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Intercurrent Enteritis

duration yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) L. E. Madden, M. D.

11-28-19 27 (Address) 1211 Cathedral St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary

DATE OF BURIAL Nov 28 19 27

UNDERTAKER E. D. Rhoades

ADDRESS Mt. Royal & Eutaw

NOTE—It is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27889

CERTIFICATE OF DEATH.

14 E 27889

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 4-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Beatrice Hall

(a) Residence No. 773 W. Mulberry St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. colored

5-Single, Married, Widowed, or Divorced (Write the word)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Otha Hall

6-DATE OF BIRTH (month, day and year) Feb 6, 1896

7-AGE. 31 yrs. 9 mos. 21 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Md.

PARENTS.

10-NAME OF FATHER, James Barnes

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Josephine Greene

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md.

14- (Informant) Otha Hall husband

(Address) 845 Harlem Av

15- Filed NOV 28 1927 C. HAMPTON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 11/25/27

17- I HEREBY CERTIFY, That I attended deceased from 11/23 1927 to 11/25 1927 that I last saw h.. alive on 11/25 1927 and that death occurred, on the date stated above, at 11:20 P m.

The CAUSE OF DEATH* was as follows:

Ante-partum hemorrhage

(Duration) yrs. mos. 1/2 ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 11/23/27

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Geo. T. Hebbitt M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Auburn Cem. DATE OF BURIAL. Nov 29 1927

20-UNDERTAKER. Jno. M. Johnson ADDRESS 1234 Eutaw St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27890

CERTIFICATE OF DEATH.

197 E 27890

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Mt Gull Hosp St. 17-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Thomas

(a) RESIDENCE NO. 717 Dallas St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Thomas

6 DATE OF BIRTH (month, day, and year): [illegible] 1883

7 AGE: Years 44 Months Days IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Potter

(b) General nature of industry, business, or establishment in which employed (or employer): Ford

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Easton Md

10 NAME OF FATHER Samuel Thomas

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Easton Md

12 MAIDEN NAME OF MOTHER Isabelle Smith

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Easton Md

PARENTS

14 Informant Sarah Thomas

(Address) 534 N Eden St

15 [illegible] Registrar

NOV 26 1927

For [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 25 1927

17 I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry, find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows*

Homicide

Gun Shot wound

(Duration) yrs. mos. Hrs. M.

CONTRIBUTORY (Secondary) Hemorrhage

(Duration) yrs. mos. 1 hr

Signed C C Yates M. D.

(Coroner)

(Address) 143 N Exeter

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — Date of Burial 11 28 1927

20 UNDERTAKER: Samuel T Kennedy — ADDRESS 618 N Eden

very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Spec.—1-10-21—M&T—1500 Bks.

E 27891

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

V

161-001

E 27891

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 340 E. 22nd ST. 12-50 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant child of Brandon & Arnelle O'Brien

(a) RESIDENCE No. 340 E. 22nd ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 27th 1927

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or 30 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Brandon O'Brien

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Arnelle Richardson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mrs Anna O'Brien

(Address) 340 E 22nd St

Filed NOV 28 1927 H. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 27 1927

17

I HEREBY CERTIFY, That I attended deceased from Nov. 27. 1927. to Nov 27. 1927.

that I last saw h[illegible] alive on Nov 27. 1927

and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Premature birth

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Asphyxia. (Cause of death not known to me)

(duration) yrs. mos. 30

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Reginald S. Tonry, M. D.

19 (Address) 414 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rood Cemetery — DATE OF BURIAL Nov 28 1927

20 UNDERTAKER Mary M Wedford — ADDRESS 501 E 22nd

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-12-23—MAT—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27891

CERTIFICATE OF DEATH.

+ 111-002 E 27892

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.) Charlottesville, Va

2-FULL NAME William Ogden Harrison

(a) RESIDENCE NO. University, Faculty apt ST., WARD West 1

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Margaret Harrison

6 DATE OF BIRTH (month, day, and year) Dec 23, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55	55	11	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manager

(b) General nature of industry, business, or establishment in which employed (or employer) Insurance Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New Rochelle N.Y.

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) (State or country) —

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant Friends —

(Address) JOHNS HOPKINS HOSPITAL

NOV 28 1927 C. HAMILTON JAMES, M. D. Registrar

By R. M. H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 27 1927

17 I HEREBY CERTIFY, That I attended deceased from August 31st, 1927, to Nov. 27, 1927, that I last saw h alive on Nov. 27, 1927, and that death occurred, on the date stated above, at 1.45 p.m.

The CAUSE OF DEATH* was as follows:

ulcer of duodenum

pneumonia of right middle lobe

(duration) 10 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) agitated depression

pneumonia (duration) — yrs. — mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of 11/22/27

Was there an autopsy? yes

What test confirmed diagnosis? Bronchial Pneumonia & lung, arteriosclerosis

(Signed) Oskar Bieltschy M. D.

11-27, 1927 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington D.C. DATE OF BURIAL Nov. 30 1927

20 UNDERTAKER Stewart & Mowen Co. ADDRESS 1820 North Ave.

Fill out completely and write plainly. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27893

CERTIFICATE OF DEATH.

100-001

REGISTERED E 27893

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 10-14 WARD)

2-FULL NAME Baby Sarah Mc Donnell

(a) RESIDENCE No. 1021 Valley St, ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) July 22, 1926

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	4	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Michael Mc Donnell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Julia O'Brien

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Michael J. Mc Donnell (Address) 1021 Valley St.

15 Filed NOV 28 1927 HARRY JONES, M. D. Registrar

Par

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-27 1927

17 I HEREBY CERTIFY, That I attended deceased from 11-27, 1927, to 11-27, 1927, that I last saw h alive on 11-27, 1927 and that death occurred, on the date stated above, at 3.50 P. M.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frank Taylor Morris M. D.

, 19 (Address) Union-Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Patrick's Cemetery DATE OF BURIAL Nov 29, 1927

20 UNDERTAKER Edward W. Conklin ADDRESS 924 E. Eager St.

Instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 27894

REGISTERED NO. 90 E 27894

1-PLACE OF DEATH

City of BALTIMORE: (No. 8 N. Wolf St. 69 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Edler

(a) RESIDENCE NO. 8 N. Wolf St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. – mos. – ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, ~~Married~~, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jacob F. Edler

6 DATE OF BIRTH (month, day, and year): May 6 1853

7 AGE: Years 71 Months 6 Days 20

IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country) Maryland

PARENTS

10 NAME OF FATHER Henry Zimmerman

11 BIRTHPLACE OF FATHER (City or town):

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Lech Neweomber

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) ~~Hoz~~ Pennsylvania

14 Informant: J. F. Eberhardt Edler

(Address) 8 N. Wolf St.

15 Filed NOV 28 1927 [illegible], Registrar

Dur [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 26 1927

17 I HEREBY CERTIFY, That I attended deceased from November 1926, to November 26 1927, that I last saw h[illegible] alive on November 26 1927, and that death occurred, on the date stated above, at 11.45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Endo-myocarditis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) General arteriosclerosis

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frank J. Ayd, M. D.

(Address) 2006 E. Fayette St

Nov. 28 1927

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn County — Date of Burial Nov 1927

20 UNDERTAKER: Fos Jordens & Son — ADDRESS 207 S. Pen

Be sure DEATH is properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

E 27895

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 27895

REGISTERED NO. 72-30

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eldora Bradford

(a) RESIDENCE NO. 633 Iceland St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Negro

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Bradford

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 30 Months Days

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: H W

(b) General nature of industry, business, or establishment in which employed (or employer): 37

(c) Name of employer

9 BIRTHPLACE (city or town): md

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City or town): Maryland

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant: University Hospital

(Address)

15 Filed NOV 28 1927 C. HAMPSON JONES, M. D. Registrar

Per _____ 1919

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

November 23-1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 22. 1927. to Nov 23. 1927.

that I last saw her alive on Nov 23. 1927

and that death occurred, on the date stated above, at 7.20 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 633 Iceland St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. J. Lusby, M. D.

. 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

Date of Burial NOV 28 1927

20 UNDERTAKER: Commissioner Health

ADDRESS

Per [illegible]

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27896

CERTIFICATE OF DEATH.

31

E 27896

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) ST., 17-24 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mamie Wilson

(a) RESIDENCE No. 940 Druid Hill Ave WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE: Years 89; Months; Days; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant

(Address) Records

15 Filed 28 1927 16 Per

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/22/1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1923 to Nov. 22, 1927

that I last saw her alive on Nov. 22, 1927

and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General Symptoms.

(Signed) C. Hampson Jones M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Please is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 27897

HEALTH DEPARTMENT—CITY OF BALTIMORE E 27897

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 26-37 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Matilda Bowyer.

(a) RESIDENCE No. [redacted] ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	married

5a If married, widowed, or divorced (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Edward Conway

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER [illegible] ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant

(Address) Records.

15 Filed 26 1927 (Signed) HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/27/1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 31, 1926 to Nov. 27, 1927

that I last saw her alive on Nov. 27, 1927

and that death occurred, on the date stated above, at 8.10 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic
Arteriosclerosis
Hypertension

(duration) 2 yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General Sod.

(Signed) C. Stevens Stuart, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

BALTIMORE CITY HOSPITALS UNIVERSITY OF MARYLAND Commissioner Health. NOV 28 192 per W. E. MARSHALL

FOR IS very important See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27898

CERTIFICATE OF DEATH

× 84

E 27898

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Johns Hopkins Hospital St. 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Woody Lindley

(a) RESIDENCE NO. Johns Hopkins Hospital St. Ward Wilmington, Del.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 4 ds. How long in U. S. If of foreign birth? 8 yrs. 7 mos. 5 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) April-22-1919

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	8	7	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Girl

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Alva E. Lindley

11 BIRTHPLACE OF FATHER (City or town) Snow Camps
(State or country) N. Carolina

12 MAIDEN NAME OF MOTHER Alice Woodey

13 BIRTHPLACE OF MOTHER (city or town) Guilford
(State or country) N. Carolina

14 Informant Mr. Alva E. Lindley (father)
(Address) Wilmington, Del.

15 Filed 28 1927 C. HAMPSON JONES, M. D. Registrar
By APA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1927 Nov 27

17 I HEREBY CERTIFY, That I attended deceased from Sept 22, 1927, to Nov 27, 1927, that I last saw her alive on Nov 27, 1927, and that death occurred, on the date stated above, at 9.10 P. m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus, Obstructive

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Secondary Anemia

(duration) ? yrs. mos. ds.

18 Where was disease contracted

If not at place of death? Home

Did an operation precede death? Yes Date of 11-25-27

Was there an autopsy? Yes - Limited to Head

What test confirmed diagnosis? Clinical Course, Autopsy

(Signed) Edward A. Kelly, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Guilford College, N. Carolina

Date of Burial Nov-28-27

20 UNDERTAKER STEWART & COWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE.

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-26—A Co.—200 Blks.

E 27899

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91-002

E 27899

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2945 Cedar Ave. (Ward) 13-51

2-FULL NAME Alice R Jung

(R) RESIDENCE NO. 2945 Cedar Ave Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced (H) or (W) of: Late Frederick Jung.

6 DATE OF BIRTH (month, day, and year): Sept 7, 1848.

7 AGE: Years 79 Months 2 Days 3

IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): Gen

(c) Name of employer

9 BIRTHPLACE (city or town): Md.

(State or country)

PARENTS

10 NAME OF FATHER: George Penn

11 BIRTHPLACE OF FATHER (city or town): Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Unknown

(State or country)

14 Informant: Frederick Penn

(Address) 2945 Cedar Ave

15 Filed NOV 28 1927

C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 27 1927

17 I HEREBY CERTIFY that I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (coroner or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Arteriosclerosis

CONTRIBUTORY (Secondary) (Duration) Edema yrs. 1 mos. 7 ds.

Nov 28 19 27 Signed: G E Claudius (Coroner) M. D.

(Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel Date of Burial: Nov 29 1927

20 UNDERTAKER: E Lenow Olson ADDRESS 3615 Eastern Ave

May be printed in plain letters, so that it may be very important. See instructions on back of certificate.

Exact statement of OCCUPATION is

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27900 E 27900

CERTIFICATE OF DEATH.

Registered No. 167

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2322 Essex St., 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Baby Stachowski

(a) Residence No. 2322 Essex St., ... Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Mob

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Infant

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant's

6-DATE OF BIRTH (month, day and year): November 27 27

7-AGE. ..... yrs. ..... mos. ..... ds. If LESS than 1 day, 18 hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Infant's

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town)... (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Walter Stachowski

11-BIRTHPLACE OF FATHER (city or town)... (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER. Mary Sobczynska

13-BIRTHPLACE OF MOTHER (city or town)... (State or Country). Baltimore

11- (Informant) Walter Stachowski

(Address) 2322 Essex St

15- Filed ..... 19 ..... C. HAMPSON (Signature) Registrar.

28 1927

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): November 27 27

17- I HEREBY CERTIFY, That I attended deceased from November 27, 1927, to November 27, 1927, that I last saw h[illegible] alive on November 27, 1927, and that death occurred, on the date stated above, at 10 P.m.

The CAUSE OF DEATH* was as follows:

Sepsis Navitl Lobar Pneumonia Antecedent

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of

Was there an autopsy? .....

What test confirmed diagnosis?

(Signed) Joseph L. Valentine M.D.

November 28 1927 (Address) 1x S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
St Stanislaus	Nov 29 1927
20-UNDERTAKER	ADDRESS
John M Weber	150 Gough

20

Instructions on back of certificates.

E 27901

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 27901

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1807 St Paul ST. 12-19 WARD)

REGISTERED No. C 90

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. (8.)

2-FULL NAME Amelia C. Mowbray,

(Residence in Baltimore: No. 1807 St Paul St 8 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH: March 18, 1846 (Month) (Day) (Year)

7-AGE: 81 yrs. 8 mos. 10 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): N. Y.

PARENTS.

10-NAME OF FATHER: Benj. Carpenter

11-BIRTHPLACE OF FATHER (State or Country): N. Y.

12-MAIDEN NAME OF MOTHER: Mary Occutt

13-BIRTHPLACE OF MOTHER (State or Country): N. Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Jennie Wheeler

(Address) 1807 St Paul St.

15- Filed NOV 28 1927 By C. HARRISON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Nov 28, 1927 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, an Inquest (Inquest, autopsy or inquiry) find that said deceased came to (Cause of death) on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr. Dilatation of Heart

Sudden (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary):

(Duration) yrs. mos. ds.

(Signed) W. F. Ruby M. D.

(Coroner.)

Nov 28, 1927 (Address) 40 N. Gay

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Woodlawn N. Y.

DATE OF BURIAL: Nov 29, 1927

20-UNDERTAKER: John O Mitchell

ADDRESS: 1900 Eutaw

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—1-10-21—M&T—1500 Bks.

E 27902

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27902

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1540 (St.) Boyle (Ward) 24-34

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elsie E. Moeller

(a) RESIDENCE NO. 1540 (St.) Boyle (Ward)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced (or) WIFE of: August Moeller

6 DATE OF BIRTH (month, day, and year): April 1865

7 AGE: Years 62 Months 7 Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Oscar Moeller 1540 Boyle St.

15 C. HAMPSON JONES, M. D. Registrar

AUG 8 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 26th 1927

17

I HEREBY CERTIFY, That I attended deceased from April 14, 1927, to July 26, 1927, that I last saw h[illegible] alive on July 26, 1927, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Edema of Lungs

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Pulmonary Tuberculosis (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) M. L. Ludwig, M. D.

July 27, 1927 (Address) 22 W. Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery

DATE OF BURIAL: 11/29/1927

20 UNDERTAKER: E. J. Fanning & Son

ADDRESS: 1460 Battery Ave.

PAT [illegible]

TION is very important. See instructions on back of certificates.

Spc'l.—1-12-23—M&T—500 Bks.

E 27903 HEALTH DEPARTMENT—CITY OF BALTIMORE E 27903

CERTIFICATE OF DEATH.

REGISTERED NO. 86

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST. 27-55 WARD 5

2-FULL NAME Bernard Feustman Jr.

(a) RESIDENCE NO. 1211 Eutaw Pl ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 23, 1921

7 AGE: Years 6 Months 2 Days 4 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Bernard H. Feustman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Phila. Pa.

12 MAIDEN NAME OF MOTHER Libbie Moses

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mr. H. Moses

(Address) Homewood Ave

15 Filed 2 8 1927

C. HAMPSON JONES, M. D. Registrar

By BRW

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-27 1927

17 I HEREBY CERTIFY, That I attended deceased from 11-27-1927 to 11-27-1927.

that I last saw h[illegible] alive on 11-27-27. 19 26,

and that death occurred, on the date stated above, at 11 m.

The CAUSE OF DEATH* was as follows:

Mastoiditis

(duration) yrs mos 28 ds.

CONTRIBUTORY (Secondary) Meningitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of Nov 21-27

Was there an autopsy?

What test confirmed diagnosis? [illegible]

(Signed) [illegible] M. D.

19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Hebrew Cem.

DATE OF BURIAL: 11/29/1927

20 UNDERTAKER: Laird Sandheim

ADDRESS 18-20 W. Mt. Royal Ave

Sold by all Stationers. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

E 27904

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89 E 27904

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Emersonian Apts. 6 A. St. 43-54 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rachel Frank

(a) RESIDENCE NO. Emersonian Apts. 6 A. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Solomon Frank

6 DATE OF BIRTH (month, day, and year) July 10th. 1845

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	82	4	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, (State or country) Md.

PARENTS

10 NAME OF FATHER Moses Cohen

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Mina Preiss

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Miss. L. Frank

(Address) Emersonian Apts.

15 [illegible] M. D. Registrar

NOV 28 1927

Pat [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/27/ 1927

17 I HEREBY CERTIFY, That I attended deceased from [illegible] 1[illegible] to Nov 27 19[illegible], that I last saw h[illegible] alive on Nov 27 1927, and that death occurred, on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis work

Angina pectoris

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemiplegia

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Harry Weber, M. D.

19 (Address) 1718 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR~~ REMOVAL Baltimore Hebrew Cem. Date of Burial 11/29/ 1927

20 UNDERTAKER Harry Sondheim ADDRESS 115 20 W Mt. Royal Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27905

CERTIFICATE OF DEATH.

124 E 27905

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. General Hospital ST. 94 WARD)

2-FULL NAME Sophia Modjesky

(a) RESIDENCE NO. 533 S. Lime ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Edward Modjesky

6 DATE OF BIRTH (month, day, and year) Aug 28, 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	3	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER John Borkosky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Francis Schmidt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Helen Modjesky (Address) 248 S. Wolfe St

15 Filed Nov 28 1927, 19 [illegible] Registrar

Per RWK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 27, 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1927, to Nov. 27, 1927, that I last saw h[illegible] alive on Nov. 2, 1927 and that death occurred, on the date stated above, at 10:40 P. m.

The CAUSE OF DEATH* was as follows:

Stone in common bile duct

(duration) yrs 1½ mos ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Paul Schaefer, M. D.

19 (Address) West Balto. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel — DATE OF BURIAL 11/30 1927

20 UNDERTAKER [illegible] Cook — ADDRESS 307 E. Lexington St

FOR IS VERY important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

Pink
1717 N Caroline

HEALTH DEPARTMENT—CITY OF BALTIMORE

90

E 27906
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 27906
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1701 East Lafayette ST. 817 WARD)

2-FULL NAME James P. Burke

(a) RESIDENCE No. 1701 East Lafayette ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Mary E. Burke

6 DATE OF BIRTH (month, day, and year): Dec 27 1841

7 AGE: Years 79 | Months 11 | Days 1 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Retired
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Troy New York

PARENTS
10 NAME OF FATHER: Patrick Burke
11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland
12 MAIDEN NAME OF MOTHER: Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mary E Burke
(Address): 1701 E. Lafayette Ave

15 Filed NOV 29 1927 CLAYTON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 28 1927

17 I HEREBY CERTIFY, That I attended deceased from October 31 1927 to November 28 1927, that I last saw him alive on November 27, 1927 and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Hypostatic Congestion of Lungs
Passive (Cardiac) dilated heart

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) Exhaustion
(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs & Symptoms

(Signed) Amelia E. Fink M. D.
11/28 1927 (Address) 1717 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: (Mosher Cemetery)
DATE OF BURIAL: 11/30 1927

20 UNDERTAKER: William Cook
ADDRESS: 502 E. North

(Sign instructions on back of certificates.)

Spec.—1-12-23—M&T—500 Blks.

Dr Wheaton 4309 York Rd

E 27907 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 27907

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2931 Belmont Av ST., 27-44 WARD)

2-FULL NAME Martha E Conner

(a) RESIDENCE NO. 2931 Belmont Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 15 1843

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
84	7	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Peter Conner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Cordelia Ventress

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Wife (Address) 2931 Belmont Ave

15 NOV 29 1927 REGISTRAR OF VITAL STATISTICS, H. [illegible], M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 27 19 27

17

I HEREBY CERTIFY, That I attended deceased from Nov 26, 19 27, to Nov 27, 19 27,

that I last saw h Ex alive on Nov 26, 19 27,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chr Hypercarditis

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) H. Wheaton, M. D.

19 (Address) 4309 Yk Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount

UNDERTAKER [illegible]

DATE OF BURIAL 11 29 19 27

ADDRESS 1032 E Monument

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27908

CERTIFICATE OF DEATH.

90

REGISTERED NO. E 27908

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) ST. 15-21 (WARD)

BALTIMORE CITY HOSPITALS

2-FULL NAME James Semand.

(a) RESIDENCE No. 1813 W. Lemore ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Moulder.

(b) General nature of industry, business, or establishment in which employed (or employer) 027

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore. Md.

PARENTS

10 NAME OF FATHER Michael Semand

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Eliza ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant (Address) Records.

15 NOV 29 1927 C. HA[illegible] JONES, M. D. Coroner

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/29/1927.

17

I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1927, to Nov. 29, 1927, that I last saw him alive on Nov. 29, 1927 and that death occurred, on the date stated above, at 7 20 P. m

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) myocarditis, chronic

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Gen. and Sub

(Signed) C. Holmes Boyd, M. D.

, 19 (Address)

BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL 11/29 1927

20 UNDERTAKER D. J. Fahey Sons

ADDRESS 1719 Light St

Fill in all items—if none, write none. See instructions on back of certificates.

E 27909 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 27909

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 66 S. Carrollton ST. 1829 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John M. Lowery

(a) RESIDENCE NO. 66 S. Carrollton Ave

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 63 yrs. mos. ds.

WARD

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced. (write the word) Married

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of Margaretta Lowery

6 DATE OF BIRTH (month, day, and year) Sept 29-1860

7 AGE Years 67 Months 1 Days 28 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Night Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Michael Lowery

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Lowery

(Address) 66 S Carrollton Ave

NOV 29 1927 FILED

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/27 1927

17 I HEREBY CERTIFY, That I attended deceased from 9-27 1926 to Nov 27 1927 that I last saw him alive on Nov 26 1927 and that death occurred, on the date stated above, at 9:45 a m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

CONTRIBUTORY (Secondary) (duration) Chronic Nephritis yrs. 2 mos. 14 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? ✓

What test confirmed diagnosis? Clinical

(Signed) R Heller Hennes M. D.

11/28 1927 (Address) 2000 Hollins St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters DATE OF BURIAL Nov 30 1927

UNDERTAKER Lyon Fields 1210 W Lombard ADDRESS

Filed NOV 29 1927 H. A. [illegible] REGISTRAR

[illegible] M. D. Registrar

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27910

CERTIFICATE OF DEATH.

185 E 27910

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 18 (St.) Woodland Av (Ward) 27-56

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E Long.

(a) RESIDENCE No. 18 Woodland Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced. (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Long.

6 DATE OF BIRTH (month, day, and year) Nov. 10. 1856.

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min
71	-	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work..... Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home duties

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Geo Jones.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs Wm Long (Address) 18 Woodland Ave

Filed NOV 29 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 27-1927.

17

I HEREBY CERTIFY, That I attended deceased from Nov 2, 1927, to Nov 27, 1927

that I last saw her alive on Nov 26, 1927

and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) 9 yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary) Fracture of Left femur

(duration) yrs. mos. 25 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? - No —

What test confirmed diagnosis? Clinical

(Signed) M L Taylinger M. D.

11-29-1927 (Address) 682 Mosher St Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. London Park

DATE OF BURIAL Nov 30 1927

20 UNDERTAKER Wm J Fields

ADDRESS 1200 W Lombard

Per Registrar

(over)

INSTRUCTIONS ON BACK OF CERTIFICATES.

Cor.—12-9-25—A Co.—200 Bks.

E 27911

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

CERTIFICATE OF DEATH.

E 27911

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mun Hospital 25-74 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo W. Roesch

(a) RESIDENCE NO. English Council Rd St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov 4 1873

7 AGE: Years 54 Months — Days 23 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Electrician

(b) General nature of industry, business, or establishment in which employed (or employer): Ry

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Baltimore

PARENTS

10 NAME OF FATHER: Joseph Roesch

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Anna Schmidt

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Baltimore

14 Informant: Mrs Theresa Roesch

(Address): English Council Rd Ca

Filed NOV 29 1927 B. HARRISON JONES, M. D.

Per ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 28 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

(a) Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. ds.

Nov 28 1927 (Signed) J. C. Wades M. D.

(Coroner)

(Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

(Where was disease contracted, if not at place of death)

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery Date of Burial: Dec 1 1927

20 UNDERTAKER: Fos Foerders Son ADDRESS: 2078 Pac

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 27912

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 27912
Registered No. C

1-PLACE OF DEATH
City of BALTIMORE: (No. Mun Hospital 4-30 Ward)
2-FULL NAME John J Golly
(Residence in Baltimore: No. 3 St. Paul Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Non Resident

St.; yrs. mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male
4-COLOR OR RACE. White
5-~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write word) Married
6-DATE OF BIRTH. March (Month) 7 (Day) 1865 (Year)
7-AGE. 62 yrs. 1 mos. 21 ds. If LESS than 1 day, hrs. or min.?
8-OCCUPATION: (a) Trade, profession, or particular kind of work Chemist (b) General nature of industry, business, or establishment in which employed (or employer)
9-BIRTHPLACE. (State or Country) Germany

PARENTS.
10-NAME OF FATHER. Unknown
11-BIRTHPLACE OF FATHER. (State or Country) Germany
12-MAIDEN NAME OF MOTHER. Unknown
13-BIRTHPLACE OF MOTHER. (State or Country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) A. S. Golly
(Address) Brooklyn N. Y.

15. NOV 29 1927 C. HAMPSON JONES, M. D.
Per Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. (Month) Nov (Day) 28 (Year) 1927

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis
Duration Not known
CONTRIBUTORY (Secondary)
Duration
Nov 29/27 J C Wales (Coroner) M. D.
(Address) 143 N Eutaw

*State the **Disease Causing Death**, or, in deaths from **Violent Causes**, state (1) **Means of Injury**; and (2) whether **Accidental, Suicidal**, or **Homicidal**.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Cremation Brooklyn N-Y.
DATE OF BURIAL. Nov 29 1927
20-UNDERTAKER. Wm J Interbartow Jr
ADDRESS Md Ave

(It is very important. See instructions on back of certificate.)

Spec.—12-9-25—A Co.—200 Bks.

E 27913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

143-001

E 27913

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 214 N. Glover St. 6-10 Ward)

2-FULL NAME Florence E. Mullen

(a) RESIDENCE NO. 214 N. Glover St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Leo. T. Mullen

6 DATE OF BIRTH (month, day, and year): April 23/1904

7 AGE: Years 23 | Months 7 | Days 5 | If LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at. home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): N. J.

(State or country)

10 NAME OF FATHER: John A. Young

11 BIRTHPLACE OF FATHER (city or town): W. Va.

(State or country)

12 MAIDEN NAME OF MOTHER: Lizzie Hughes

13 BIRTHPLACE OF MOTHER (city or town): N. Jersey

(State or country)

PARENTS

14 Informant: Leo. T. Mullen

(Address) 214 N. Glover

Filed ..... 19..... Registrar

NOV 29 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): November 28 19 27

17 I HEREBY CERTIFY, That I attended deceased from Nov 18, 19 27, to Nov 28, 19 27,

that I last saw h[illegible] alive on Nov 28, 19 27

and that death occurred, on the date stated above, at 4:00 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (7 mo)

Chronic Rheumatic Heart Disease

Contributing Hypostatic Congestion ds.

CONTRIBUTORY (secondary) Pulmonary Edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. G. Geyer M. D.

19 (Address) 156 N. Milton Ave,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hackensack N. J. Date of Burial: Nov. 30 19 27

20 UNDERTAKER: Jos. J. Herr a Son ADDRESS: 156 N. Luzerne

IMPORTANT—Please write plainly with ink, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27914

CERTIFICATE OF DEATH.

118-002

E 27914

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hosp. 3-59 Ward)

2-FULL NAME Emma Butler

(a) RESIDENCE NO. 2528 Madison ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 9-26

7 AGE: Years 1 Months 2 Days 16 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md. (State or country)

PARENTS

10 NAME OF FATHER Avon Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Evelyn Ryan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Avon Butler

(Address) 2528 Madison ave

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 27, 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Pulmonary

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. C. Hennessy M. D. (Coroner)

1927 (Address) 2512 Eutaw ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Lukes - Reisterstown Date of Burial 11/29/27

20 UNDERTAKER: Chas. H. Alexander ADDRESS: 1406 Druid Hill Ave

NOV 29 1927 C. HARRY JONES, M. D. Registrar

Per

Be sure that all items are answered, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 27915

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91-68 N

E 27915

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3905 Clayton Rd St. 47-55 WARD)

2-FULL NAME Harry J Dudley

(a) RESIDENCE No. 3905 Clayton Rd ST., WARD Va

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs 1 mos 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	N	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lizzie S Dudley

6 DATE OF BIRTH (month, day, and year) July 2 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	67	4	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Alexander D.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Martha A. Nov. 1927

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Lizzie S Dudley

(Address) 3909 Clayton Rd

Filed NOV 29 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/25/1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 13, 1927, to Nov 25, 1927,

that I last saw h / alive on Nov 25, 1927,

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral embolism

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) coma

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) [illegible] M. D.

Nov. 29, 1927 (Address) 836 North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL West Point Va.

DATE OF BURIAL Nov 30 1927

20 UNDERTAKER D H McRoberts

ADDRESS 2238 N Ave

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27916

CERTIFICATE OF DEATH.

E 27916
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 428 N Mulberry ST. 17-25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A Lucas

(a) RESIDENCE NO. 428 N Mulberry ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert J Lucas

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 37

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER James McGovern

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Tipon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Robert J Lucas
(Address) 428 N Mulberry

15 Filed NOV 29 1927 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 28 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 21, 1927, to Nov 28, 1927, that I last saw h[illegible] alive on Nov 27, 1927, and that death occurred, on the date stated above, at 4.50A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. O'Neill, M. D.
11/29, 1927 (Address) 108 N Sutton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem	Nov 30 1927

20 UNDERTAKER W M Coulton

ADDRESS 2238 W Fayette

How to be very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 27917

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

REGISTRATION NO. E 27917

1-PLACE OF DEATH

City of BALTIMORE: (No. 1367 N. Calhoun St. 15-22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Johnson

(a) RESIDENCE NO. 1367 N. Calhoun St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored.

5 Single, Married, Widowed, or Divorced, (write the word): ~~Single~~ Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 14 — 1877

7 AGE

Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
50	9	13.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic 070

(b) General nature of industry, business, or establishment in which employed (or employer): at Home.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Middlesex Co, Va

PARENTS

10 NAME OF FATHER George Johnson.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Annie Vaun.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant Ruth Adkins.

(Address) 1367 N. Calhoun St.

15 Filed ..... 19 ..... [illegible] JONES, M. D.

Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 27 — 27

17 I HEREBY CERTIFY, That I attended deceased from 8/1 1927, to 11/27, 19..., that I last saw h.m alive on 11/26, 19..., and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature] M. D.

11/29 1927 (Address) 2/34 W. Lan

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — Date of Burial: 11/29 1927

20 UNDERTAKER: Thomas E Kelson — ADDRESS 1303 Preastman St

Instructions: Fill in all blanks, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

OF DEATH in plain terms, so that it may be properly classified. PHYSICIANS should state CAUSE very important. See instructions on back of certificates. Exact statement of OCCUPATION is

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27918

CERTIFICATE OF DEATH

66

E 27918

1-PLACE OF DEATH Colonial Hosp. REGISTERED NO.

City of BALTIMORE: (No. 16-23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mack Purnett

(a) RESIDENCE NO. 1345 Lafayette Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Black

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Leona Purnett

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 35? Months Days

IF LESS than 1 day ..... hrs. or ... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): ?

(c) Name of employer: ?

9 BIRTHPLACE (city or town): ?

(State or country): North Carolina

PARENTS

10 NAME OF FATHER: ?

11 BIRTHPLACE OF FATHER (City or town): ?

(State or country)

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town): ?

(State or country)

14 Informant: Mrs Leonia Purnett

(Address) 827 N. Calhoun St

15 Filed NOV 29 1927 (Signed) C. E. JONES M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

November 26th, 1927

17 I HEREBY CERTIFY, That I attended deceased from 11-21-27, to 11-26, 1927.

that I last saw h.. alive on 11-25, 1927.

and that death occurred, on the date stated above, at 5 30 A. m.

The CAUSE OF DEATH* was as follows:

Acute alcoholism ?

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Cerebral Edema

(duration) yrs. mos. 5 ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Julius Bialostosky M. D.

. 19 (Address) Colonial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — Date of Burial: 11/30 1927

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 1303 Pennsylvania Ave

Spec.—1-12-23—M&T—500 Blks.

E 27919

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

17 E 27919

REGISTERED NO.

1-PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. 1251 ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Drucilla Calley

(a) RESIDENCE No. 2133 Huntington Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Female~~

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William Calley

6 DATE OF BIRTH (month, day, and year): June 14-18 66

7 AGE: Years 61 Months 5 Days 13 If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework (?)

(b) General nature of industry, business, or establishment in which employed (or employer): At home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Harford Co. Md.

PARENTS

10 NAME OF FATHER: Joseph Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Martha Dick

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs. Hubert Meushaw

(Address) 2038 W. Pratt St.

15 Filed NOV 29 1927 19 Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 27 1927

17

I HEREBY CERTIFY, That I attended deceased from 11/24/27 to 11/27/27

that I last saw h[illegible] alive on 11/27/27

and that death occurred, on the date stated above, at 12.40 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Uraemia, Bronchial Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) A Ward Josler M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cathedral Cemetery — DATE OF BURIAL: Nov. 30 1927

20 UNDERTAKER: George L. Schwab — ADDRESS: 2401 Eutaw Ave.

Spec.—1-10-21—M&T—1500 Bks. Agnes H. Williams

B 27920

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 E 27920

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 200 S Smallwood ST. (WARD) 19

2-FULL NAME Agnes H Williams

(a) RESIDENCE NO. 200 S Smallwood ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William Williams

6 DATE OF BIRTH (month, day, and year): June 3rd 1864

7 AGE: Years 63 Months 5 Days 24 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Frederick Co. Md

PARENTS

10 NAME OF FATHER: Joseph Hummer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Margaret Geiser

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs. Charles Willis

(Address) 200 S. Smallwood St.

15 NOV 29 1927 C. E. [illegible] JONES, M. D.

Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 27 1927

17 I HEREBY CERTIFY, That I attended deceased from Aug 26, 1927, to Nov 27, 1927, that I last saw h alive on Nov 26, 1927, and that death occurred, on the date stated above, at 8:20 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) yrs. 3 mos ds.

CONTRIBUTORY (secondary): Diabetes (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms and Course

(Signed) J. L. Ensor M. D.

11/28/1927 (Address) 1729 N Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dystun Cemetery

DATE OF BURIAL: Nov. 29 1927

UNDERTAKER: George L. Schwab

ADDRESS: 2101 Pulaski

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 27921

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27921

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital 10-13 WARD)

2-FULL NAME Anna Holland

(a) RESIDENCE NO. 615 N. Eden ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE: Years 50 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Frank Collins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Anna Howe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Baltimore City Hospitals

15 Filed NOV 29 1927 [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-27 1927

17

I HEREBY CERTIFY, That I attended deceased from 9-3- 1927 to 11-27 1927

that I last saw h[illegible] alive on 11-26- 1927

and that death occurred, on the date stated above, at 4 00 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Left Breast with metastases

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) [illegible] M. D.

1927 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woods cemetery — DATE OF BURIAL: Nov 29 1927

20 UNDERTAKER: Edward Bryan — ADDRESS: 1631 Orleans St

TION is very important See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27922

167-001

CERTIFICATE OF DEATH.

E 27922

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1107 N Mowood St. 16-22 Ward)

2-FULL NAME John J. Phelps

(a) RESIDENCE NO. 1107 N Monroe St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 ~~Single~~, Married, ~~Widowed, or Divorced, (write the word)~~: Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Katie M. Phelps

6 DATE OF BIRTH (month, day, and year): April 9, 1861

7 AGE: Years 66 Months 7 Days 15 IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Maryland

PARENTS

10 NAME OF FATHER: John Phelps

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Clementine Etzler

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Maryland

14 Informant: Preston E. Phelps

(Address): Balto. Md.

Filed NOV 29 1927 HARRISON JONES, M. D. Registrar

By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 28 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide

Gas Poisoning (Ill.)

(Duration) yrs. mos. — ds.

CONTRIBUTORY (Secondary) Asphyxia

(Duration) yrs. mos. — ds.

Nov 29 1927 (Signed) G. C. Yates M. D.

(Coroner)

(Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., 4 weeks mos., ... ds. In the State 4 yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF REMOVAL: Patapsco Cemetery CREMATION OR BURIAL: Burial Date of Burial 11/30/27

20 UNDERTAKER: Edward B. McNabb ADDRESS: Towson, Md

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 27923 HEALTH DEPARTMENT—CITY OF BALTIMORE

100-00

E 27923

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 S. Clinton ST. 26-1 WARD)

2-FULL NAME Dorothy Ann Gotb.

(a) RESIDENCE NO. 708 S. Clinton ST. 26 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 8 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 21st 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	8	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Lawrence H. Gotb

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary Rothenbucher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Lawrence H. Gotb

(Address) 708 S. Clinton St.

Filed 29 1927 C. [illegible] JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 28th 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 26 1927 to Nov 28 1927

that I last saw h[illegible] alive on Nov 28 1927

and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Diabetes Bronchio Pneumonia

(duration) yrs. 2 mos. 6 ds.

CONTRIBUTORY (Secondary) Cong. Heart Failure

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. E. McVaughan M. D.

1927 (Address) 708 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cemetery

DATE OF BURIAL Nov 30 1927

20 UNDERTAKER Lilly + Zeller

ADDRESS 403 S. Moffett

Important—See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 27924

REGISTERED NO. 46 E 27924

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. William ST., [illegible] WARD)

2-FULL NAME Gertrude Dudley

(a) RESIDENCE NO. 3229 E. Balt ST., 26 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. 2 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept. 27, 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	2	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Harry Frost

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Ruth ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Hospital Records.

[illegible] JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/25 1937

17 I HEREBY CERTIFY, That I attended deceased from 11/22, 1937, to 11/25, 1937, that I last saw h[illegible] alive on 11/25, 1937, and that death occurred, on the date stated above, at 3.40 A m

The CAUSE OF DEATH* was as follows:

Carcinoma of Body of Uterus

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) R. M. Hoff, M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cem

DATE OF BURIAL: Nov 1st 1937

20 UNDERTAKER: Lilly + Zeiler

ADDRESS: 403 N Wolfe St

NOV 29 62

Please fill very important! See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

Samuel Leftridge

HEALTH DEPARTMENT—CITY OF BALTIMORE

186-002

E 27925

CERTIFICATE OF DEATH.

E 27925

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: City Hospital (No.) 12-5D (Ward)

2-FULL NAME Samuel Leftridge

(a) RESIDENCE NO. 470 Wesley St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: C

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Unknown.

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years: Dyg. N; Months; Days; IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Va

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Unknown

14 Informant: Margaret H. Fitzhugh

(Address)

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 19 1927

17 I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquiry

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

St. b or. Hem.

Multiple Fractures

CONTRIBUTORY (Secondary) (duration) Shock yrs. mos. ds.

Nov 28 1927 (Signed) J. C. Slater M. D.

(Corner) (Address) 413 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn. Date of Burial: 11/29/27 19

20 UNDERTAKER: Mrs P. A. Elliott ADDRESS: Mrs Ashland

NOV 29 1927

C. HAMPSON JONES, M. D. Registrar

Be sure that PLACE OF DEATH is properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27926

CERTIFICATE OF DEATH

146

E 27926

1-PLACE OF DEATH Womans Hospital

REGISTERED NO.

City of BALTIMORE: (No. 25-63 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mildred Irene Zies

(R) RESIDENCE NO. 4209 Granada Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 28 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Earl W. Zies

6 DATE OF BIRTH (month, day, and year): April 26, 1902

7 AGE 25 Years 7 Months 1 Days IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Legore, Md.

(State or country)

PARENTS

10 NAME OF FATHER: James W. Legore

11 BIRTHPLACE OF FATHER (City or town): Woodsboro

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Addie B. Still

13 BIRTHPLACE OF MOTHER (city or town): Woodsboro

(State or country): Md.

14 Informant: Harold K. Zies (Brother-in-law)

(Address) 2504 North Calvert St. Balto.

NOV 29 1927

C. HAMPSON JONES, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 27, 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1927, to Nov. 27, 1927.

that I last saw h[illegible] alive on Nov. 27, 1927.

and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Pregnancy, full term.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Eclampsia.

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. N. Strock, M. D.

, 19 (Address) Womans Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

Date of Burial: Nov 30 1927

20 UNDERTAKER: George J. Smith

ADDRESS 1532 Hollins

From which should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-6-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27927

CERTIFICATE OF DEATH.

100-001

E 27927

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) Sinai Hospital St. (Ward) 14-20

2-FULL NAME Bettie Pehr

(a) RESIDENCE NO. 1811 Linden Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Aaron Pehr

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 66 | Months — | Days — | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): 07

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Solomon Kurtz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Jack Leurs

(Address) 1439 Eastern Ave

NOV 29 1927

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 28 1927

17

I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1927, to Nov. 28, 1927, that I last saw h[illegible] alive on Nov 28, 1927, and that death occurred, on the date stated above, at 11:15 p. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary): Cardiac Decompensation

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Bernard J. Cohen, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Hebrew Cem

Date of Burial 11/29 1927

20 UNDERTAKER: Jack Leurs

ADDRESS 1439 Eastern Ave

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec-12-23-21-E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 27928

Registered No.

E 27928
1-PLACE OF DEATH

City of BALTIMORE: (No. 1506 Argyle ave St. 14-N Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances Thompson

(a) Residence No. 1506 Argyle ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE. Col

5-Single, Married, Widowed, or Divorced. (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. Thompson

6-DATE OF BIRTH (month, day and year) Jany 9 - 1896

7-AGE. 31 yrs. 10 mos. 17 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Wm Johnson

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Va

12-MAIDEN NAME OF MOTHER. Lucy Robb

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). W. Va.

14- (Informant). Mrs Lucy Johnson

(Address) 1506 Argyle ave

Filed NOV 29 1927

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Nov 26-27

17- I HEREBY CERTIFY, That I attended deceased from Nov 20 1927 to Nov 26 1927 that I last saw h alive on Nov 23 1927 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic Arthritis

(Duration) yrs 8 week mos ds

CONTRIBUTORY (Secondary) Coronary insufficiency

(Duration) yrs mos 14 ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H C Pettigrew M D

19 (Address) 817 Hamilton Terr

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cem	11/29 1927

UNDERTAKER Samuel Hemsley & W Biddle Sr ADDRESS

Sec. 2. That it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

E 27929 REGISTERED NO.

27929 CE OF DEATH

City of BALTIMORE: (No. St. Joseph's Hospital St. 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Toppen

(a) RESIDENCE NO. 939 Druid Hill Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unknown 1885

7 AGE: Years 42 Months Days IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer: At Home

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: George T. Ballard

(Address): 939 Druid Hill Ave

29 1927 C. EASTON JONES, M. D.

Pur ——— Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Nov. 26, 1927.

17 I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1927. to Nov. 26, 1927.

that I last saw h alive on Nov. 26, 1927. 19

and that death occurred, on the date stated above, at 8:45 A.M.

The CAUSE OF DEATH* was as follows:

Valvular heart disease

(duration) yrs. ? mos. ds.

CONTRIBUTORY (Secondary): Broncho pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? NO Date of ———

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) H. Kaumeu Fahney M. D.

19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem

Date of Burial: 11/30 19

20 UNDERTAKER: Samuel H. Greenley

ADDRESS 5[illegible] Preston

IF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 27930 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 27930

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (ST., T. D.) No 37 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary C. Smith

(a) RESIDENCE No. Baltimore City Hospitals ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Theodore Wing

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Frances Hodges

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records (Address)

15 C. Linwood Jones M. D.

NOV 29 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 27 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1927, to Nov. 27, 1927, that I last saw her alive on Nov. 27, 1927, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 9 weeks yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) L. Maddocs M. D.

11-27-27 (Address) Baltimore City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Glenn

DATE OF BURIAL Nov 30 1927

20 UNDERTAKER H. L. Brauer Son

ADDRESS Baltimore, Md.

IT IS very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 27931 ✓ 47 E 27931

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3801 Gruntley Road St. 15-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carrie S. Myers.

(a) RESIDENCE NO. 3801 Gruntley Road St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 6 - 1869

7 AGE: Years 57 Months 11 Days 23 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER William A Myers

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary E Nolte

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant James Gill

(Address) 3801 Gruntley Rd

NOV 29 1927 C. HAMILTON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 29 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 24, 1926, to November 29, 1927, that I last saw h[er] alive on November 28, 1927, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of breast

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinomatosis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Brown M. Stitt, M. D.

11/29, 1927 (Address) 243 S Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pleasant Grove, Balto Co — Date of Burial: Dec 1 1927

UNDERTAKER: Edw. C. Tipton — ADDRESS: Hampstead Md

IMPORTANT. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27932

CERTIFICATE OF DEATH

44

E 27932

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1702 E. 25th St. 8-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Delia B. Brown

(a) RESIDENCE NO. 1506 N. Madeira St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. if of foreign birth 42 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of: Jacob A. Brown

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: Years 61 Months — Days —

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife. 37

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Ireland.

(State or country)

PARENTS

10 NAME OF FATHER: Michael Weaver

11 BIRTHPLACE OF FATHER (City or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Ann Slater.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mr. Jacob A. Brown

(Address): 1506 N. Madeira

15 Filed [illegible] 1927 C. [illegible] JONES M. D.

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1927: November 28

17 I HEREBY CERTIFY, That I attended deceased from November 15, 1927, to November 28, 1927, that I last saw h[illegible] alive on November 27, 1927, and that death occurred, on the date stated above, at 2:10 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory findings

(Signed) Elliot Bingenheimer M. D.

11/28, 1927 (Address) 1613 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — Date of Burial: Nov. 30 1927

20 UNDERTAKER: Henry Hoen & Son — ADDRESS: 1301 E. Eager St.

NOV 29 1927

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

E 27933

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 27933

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 2443 E Hoffman St. 8-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katie McDonnell

(a) RESIDENCE NO. 2443 E Hoffman St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. if of foreign birth 43 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William McDonnell

6 DATE OF BIRTH (month, day, and year): Not Known

7 AGE: Years: About 65 Months: Days: IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Ireland

(State or country)

PARENTS

10 NAME OF FATHER: Matthew Kerr

11 BIRTHPLACE OF FATHER (City or town): Ireland

(State or country)

12 MAIDEN NAME OF MOTHER: Mary McGinty

13 BIRTHPLACE OF MOTHER (city or town): Ireland

(State or country)

14 Informant: Mr. William McDonnell

(Address) 2443 E Hoffman St.

15 Filed C. H. JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1927: November 28

17 I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1927, to Nov. 27, 1927, that I last saw her alive on Nov. 27, 1927, and that death occurred, on the data stated above, at 6.05 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 4 da.

CONTRIBUTORY (Secondary) Arterial Hypertension

Pulmonary Edema (duration) yrs. mos. da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. D. Lilpop, M. D.

11/28/27 (Address) 432 S. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery

Date of Burial: Nov 30 19 27

20 UNDERTAKER: Henry Hoeck Son

ADDRESS: Not Embalmed

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 27934

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27934

CERTIFICATE OF DEATH.

100-901

21-28

1-PLACE OF DEATH

Registered No.

City of BALTIMORE: (No. 1013 Bush St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adelaide Thompson

(a) Residence No. 1013 Bush St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. 13 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced. (Write the word.): single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): April 5-1927.

7-AGE: ....yrs. 7 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto Md.

PARENTS.

10-NAME OF FATHER: Geo Thompson.

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Emma Kelly

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Balto Md.

11- (Informant) Mr Geo Thompson.

(Address) 1013 Bush St.

29 1927 C. HARRISON JONES, M. D. Registrar.

Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Nov 28 1927

17- I HEREBY CERTIFY, That I attended deceased from Nov. 27 1927 to Nov. 28 1927.

that I last saw h alive on Nov. 28 1927.

and that death occurred, on the date stated above, at 1.30 A m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia.

(Duration) yrs. mos. 3 ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No. Physical findings.

What test confirmed diagnosis?

(Signed) J. D. Crenshaw M. D.

Nov. 29 1927 (Address) 737 W. North ave.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem. DATE OF BURIAL: Nov 29 1927

20-UNDERTAKER: John F Cowan & Son ADDRESS: 901 Hollins St

Instructions on back of certificates. Entire attention to OCCUPATION is very important. See

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 27935 PLACE OF DEATH

E 27935

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 947 S Paca ST. (WARD) 21

2-FULL NAME Virginia Ellen Saunders

(a) RESIDENCE No. 947 S Paca ST. 21 WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Saunders

6 DATE OF BIRTH (month, day, and year): Nov 21 1855

7 AGE: Years 72 — Months — Days 8 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Edw Saunders

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Dont Know — Nov 1927

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Mrs Ada Carroll

(Address) 979 S Decker ave

15 [illegible] M. D.

Registrar

NOV 29 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 28 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 26, 1927 to Nov 28, 1927

that I last saw h alive on Nov 28, 1927

and that death occurred, on the date stated above, at 9 25 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

Chr Int Nephr

(duration) yrs.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? [illegible]

(Signed) John [illegible] Schwarzenberg M. D.

(Address) 1126 W Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem

DATE OF BURIAL: Dec 1 1927

20 UNDERTAKER: John [illegible]

ADDRESS 2008 Eutaw

Sec. 1—Very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 27936

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27936

CERTIFICATE OF DEATH.

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 42 E Williamson St. 7333 WARD)

2-FULL NAME Thomas Higdon

(a) RESIDENCE NO. 42 E Williamson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. 5 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E. Higdon

6 DATE OF BIRTH (month, day, and year) Nov 9th 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	79	8	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fish dealer

(b) General nature of Industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Kilmon Chester

(Address) 42 Williamson St

15 Filed 11/29 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 27 1927

17 I HEREBY CERTIFY, That I attended deceased from Aug 30, 1927, to Nov 27, 1927, that I last saw him alive on Nov 27, 1927, and that death occurred, on the date stated above, at 1 30 P m.

The CAUSE OF DEATH* was as follows:

Old age

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic int. nephritis & hypertension (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) T McAlister, M. D.

11/28 1927 (Address) 319 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet Cem. DATE OF BURIAL Nov 30 27

20 UNDERTAKER E Ehlmann Son ADDRESS 105 E Pratt

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 27937

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

199 E 27937

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1500 N. Mulberry St (Street) (Ward)

2-FULL NAME Lillian Brown Green

(a) RESIDENCE NO. 1500 N. Mulberry St (Street) Ward

(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. 1 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Cold

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charlie Green

6 DATE OF BIRTH (month, day, and year): Oct 3rd 1898

7 AGE: Years 29 Months 1 Days 25 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): at home
(c) Name of employer

9 BIRTHPLACE (city or town): Md
(State or country)

PARENTS

10 NAME OF FATHER: Walter Brown

11 BIRTHPLACE OF FATHER (city or town): Md
(State or country)

12 MAIDEN NAME OF MOTHER: Ada Talbott

13 BIRTHPLACE OF MOTHER (city or town): Md
(State or country)

14 Informant: Walter Brown
(Address) 1507 N. Mulberry St

Nov 29 1927

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Nov. 28th 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, autopsy (autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Strangulation - by husband - dead when found

(duration) hrs. mins.

CONTRIBUTORY (Secondary)

Dr. Thos. B. Horton M. D.

Nov 29 1927 (Address) Curtis Bay, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See Back of Certificate.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Date of Burial: Dec 1927

20 UNDERTAKER: Wm M Cain & Son ADDRESS: 1400 Wilkens

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27938

CERTIFICATE OF DEATH.

E 27938

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. ~~Area~~ 1210 Morton St., 11-24 Ward)

2-FULL NAME Acrulla Johnson

(a) RESIDENCE NO. 1210 Morton St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Wid

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1862

7 AGE: Years: 65 about; Months; Days; IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town): Balto City Md

PARENTS

10 NAME OF FATHER: Jos. Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: W. H. Johnson
(Address): Brooklyn Md

C. RAYSON JONES, M. D.
Nov 29 1927 Per [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 26—27 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage
Apoplexy — Sudden

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Prob. Pulmon Edema

Sundry

(duration) yrs. mos. ds.

Signed: M. J. Riley M. D.
(Coroner)
(Address) 639 Bonn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Date of Burial Nov 29 1927

20 UNDERTAKER: Donnell Easton ADDRESS 916 Dr 22

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.-7-17-26-A Co.-200 Blks.

E 27939

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27939

CERTIFICATE OF DEATH

101-001

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 832 Vine St. 18-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daniel James Brown

(a) RESIDENCE NO. 832 Vine St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Brown

6 DATE OF BIRTH (month, day, and year): 1885

7 AGE: Years 42 Months — Days — IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Jos. Theo Co

9 BIRTHPLACE (city or town): Jacksonville

(State or country): N Carolina

PARENTS

10 NAME OF FATHER: Daniel Brown

11 BIRTHPLACE OF FATHER (City or town): Jacksonville

(State or country): N Carolina

12 MAIDEN NAME OF MOTHER: Hattie Cox

13 BIRTHPLACE OF MOTHER (city or town): Jacksonville

(State or country): N Carolina

14 Informant: Annie Brown

(Address) 832 Vine St

15 Filed 11 29 1927 Per C. HUDSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/27 1927

17 I HEREBY CERTIFY, That I attended deceased from 11/25, 1927, to 11/27, 1927, that I last saw h— alive on 11/27, 1927, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) — yrs. — mos. 12 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Dan Brunelle, M. D.

11/28 1927 (Address) 1122 N Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem Date of Burial: Nov 29 1927

20 UNDERTAKER: Daniel Easter ADDRESS 916 Pa Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27940

CERTIFICATE OF DEATH.

100-081

REGISTERED NO.

E 27940

1-PLACE OF DEATH

City of BALTIMORE: (No.) 525 Walnut St. 17-24 (Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hezekia Louis

(a) RESIDENCE NO. 525 Walnut St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: col

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE: Years 46 Months Days If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

PARENTS

14 Informant (Address) Mrs. J. H. Louis 525 Walnut all

Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 26 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) 2 yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

Nov 25/27 (Signed) G E B Lewis M. D.

(Address) 143 W Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Hill Cem Date of Burial: Nov 29 1927

20 UNDERTAKER: Samuel Easton ADDRESS: Balto

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27941

CERTIFICATE OF DEATH

101-021

E 27941

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. 611 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alexander Aloisi

(a) RESIDENCE NO. 165 N. Hare St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): S.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 28 - 1897

7 AGE Years: 30 Months: 8 Days: IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retail

(b) General nature of industry, business, or establishment in which employed (or employer): Grocer

(c) Name of employer: Self

9 BIRTHPLACE (city or town) Italy

(State or country)

PARENTS

10 NAME OF FATHER Massimo Aloisi

11 BIRTHPLACE OF FATHER (City or town) Italy

(State or country)

12 MAIDEN NAME OF MOTHER Sabbia Aloisi

13 BIRTHPLACE OF MOTHER (city or town) Italy

(State or country)

14 Informant Antonio Aloisi

(Address) 165 N. Hare St

15 Nov 29 1927 C. HUDSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Nov. 27 - 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 20 - 1927 to Nov. 27 - 1927 19

that I last saw him alive on Nov. 27 - 1927 19

and that death occurred, on the date stated above, at 4:10 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Toxina

(duration) yrs. mos. 4 ds.

18 Where was disease contracted

If not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? ~~Typhoid~~

(Signed) H. Lauchen Lehmann, M. D.

, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

Date of Burial 11/30/ 1927

20 UNDERTAKER L. A. Inoran

ADDRESS 200 E. Biddle

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27942 ✓ 199 E 27942

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Md General Hospital St. 11-25 Ward)

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen H. Hunters

(a) RESIDENCE NO. Sykesville Md St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Wilbur Hunters.

6 DATE OF BIRTH (month, day, and year): Jan. 30 = 1906

7 AGE — Years: 21 — Months: 9 — Days: 29. — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: 237

(b) General nature of industry, business, or establishment in which employed (or employer): Housewife.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland.

PARENTS

10 NAME OF FATHER Howard L. Bair

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Minnie Barnes.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland.

14 Informant Howard L. Bair.

(Address) R.F.D. 2. Sykesville, Md.

29 1927 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 29 1927

17 I HEREBY CERTIFY that I took charge of the remains described above, held a Autopsy (Inquest, autopsy or inquiry.)

Autopsy

Therefrom and from the evidence obtained by said (Inquest, autopsy or inquiry) I find that said deceased came to Les death on the day stated above.

The CAUSE OF DEATH* was as follows:

Abortion

(Duration) yrs. 1 mos. 3 ds. 4 hrs.

CONTRIBUTORY (Secondary) Septicaemia (Duration) yrs. mos. 2 ds.

Nov 29/27 (Signed) C. C. Hilder M. D. (Coroner)

(Address) 143 N. Linwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Catonsville, Md St. James Cemetery. Date of Burial Dec 1-1927

20 UNDERTAKER C. M. Watts ADDRESS Hunfield Md.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 27943

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27943

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 306 E. 31st St. ST. 27-48 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Block Bowen

(a) RESIDENCE NO. 316 Possiter Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Frank Bowen

6 DATE OF BIRTH (month, day, and year) July 7, 1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	4	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lineman

(b) General nature of industry, business, or establishment in which employed (or employer) Gas & Electric

(c) Name of employer Con. Gas & Electric Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER George T. Bowen

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Eleanor Block

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant George T. Bowen (Address) 306 E. 31st St.

15 Filed NOV 29 1927 C. HOUSTON JONES, M. D. By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 28. 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 22, 1927, to Nov. 28, 1927, that I last saw him alive on Nov. 27, 1927, and that death occurred, on the date stated above, at 6:45 A. m.

The CAUSE OF DEATH* was as follows:

Septic Endocarditis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical degrees

(Signed) Chas L Bloch, M. D.

(Address) 408 S Paca & Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery DATE OF BURIAL Dec. 1. 1927

20 UNDERTAKER J. Wheatley Sheppard Inc ADDRESS 434 N. Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-21—M&T—500 Blks.

HEALTH DEPARTMENT--CITY OF BALTIMORE

E .27944

E 27944

CERTIFICATE OF DEATH.

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1121 N Fulton Ave ST. 6-22 WARD)

2-FULL NAME William M. Parlett

(a) RESIDENCE NO. 1121 N. Fulton Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Elizabeth B. Parlett

6 DATE OF BIRTH (month, day, and year) 9-21-1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	2	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bricklayer

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Thos. Parlett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Margaret Slaughter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Philada

14 Informant Mrs Wm M. Parlett

(Address) 1121 N. Fulton

15 Filed 1927 C. HARRIS JONES, M. D. Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 28 1927

17 I HEREBY CERTIFY, That I attended deceased from Apl 6, 1926, to Nov 28, 1927, that I last saw h alive on Nov 28, 1927, and that death occurred, on the date stated above, at 10:30 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 1 yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(duration) 1 yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. H. Dewall, M. D.

11-29 1927 (Address) 1817 N Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lakewood Cemetery DATE OF BURIAL 12/1 1927

20 UNDERTAKER William Cook ADDRESS 502 Eutaw

CAUSES OF DEATH to be given in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

V 29 1927

Cor.—12-9-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27945

CERTIFICATE OF DEATH.

90 E 27945

REGISTERED NO.

OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry C. Perrine

(a) RESIDENCE NO. 1500 Malster Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1/2 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Tillie Perrine

6 DATE OF BIRTH (month, day, and year) July 1/1879

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	48	4	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stone worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer self

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Wm. H. Perrine

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Margaret Burns

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Lawrence H. Perrine

(Address) 2012 E. Chase St

Filed 11 29 1927 G. Harrison Jones, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 28/27

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Oedema (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Probably Myocarditis (duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

11/29/27 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery Date of Burial 12/1 1927

20 UNDERTAKER William Cook ADDRESS 502 E. North

Spec.—1-12-23—M&T—500 Bks.

Daily Post Datefield

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27946

CERTIFICATE OF DEATH.

100-001

E 27946

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3810 Elm Av ST. 13-5 (WARD)

2-FULL NAME Ester L. Favorite

(a) RESIDENCE No. 3810 Elm Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 7 1927

7 AGE — Years: — Months: 7 — Days: 21 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: James Favorite

11 BIRTHPLACE OF FATHER (city or town) (State or country): Canon Tenn.

12 MAIDEN NAME OF MOTHER: Lillian Allan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: James Favorite

(Address) 3810 Elm Av

15 Filed ..., 19... C. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 29 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 26, 1927, to Nov 29, 1927, that I last saw h[illegible] alive on Nov 29, 1927, and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Diagnosis

(Signed) W. H. Darby, M. D.

19 (Address) 2301 Druid Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Canon Tenn

DATE OF BURIAL: 11/30 1927

20 UNDERTAKER: William Cook

ADDRESS: 501 E Mt

29 1927

TION is very important See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

Robert A Fryer

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27947

CERTIFICATE OF DEATH.

E 27947

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. At Res or Hosp) (Ward)

2-FULL NAME Robt A. Fryer

(a) RESIDENCE NO. 32 South Ave. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Fannie Fryer

6 DATE OF BIRTH (month, day, and year): Nov. 2, 1874

7 AGE: Years 3-3 Months Days 25 IF LESS than 1 day ..... hrs. or ..... mts.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Marine Engineer

(b) General nature of industry, business, or establishment in which employed (or employer): Ofo

(c) Name of employer

9 BIRTHPLACE (city or town): N. Y.

(State or country)

PARENTS

10 NAME OF FATHER: A. Fryer

11 BIRTHPLACE OF FATHER (city or town): N. Y.

(State or country)

12 MAIDEN NAME OF MOTHER: Fannie Baker

13 BIRTHPLACE OF MOTHER (city or town): N. Y.

(State or country)

14 Informant: Fannie Fryer

(Address): 32 South Ave

15 Filed ..... 19 ..... Registrar

29 1927

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 27. 27 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

Duration ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

Sudden (duration) ..... yrs. ..... mos. ..... ds.

Nov 29 (Signed) W. F. Burns (Coroner) M. D.

, 19 27 (Address) 1659 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood — Date of Burial: Nov 30 1927

20 UNDERTAKER: John F. Mann — ADDRESS: 3000 E. Balto St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27948

CERTIFICATE OF DEATH.

129 E 27948

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH.

CITY OF BALTIMORE: (No. 3853 Monastery ST. 70-71 WARD)

2-FULL NAME John Lynch

(a) RESIDENCE No. 3853 Monastery ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE White

5 Single, Married, Widowed or Divorced, (write the word) Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Lynch

6 DATE OF BIRTH (month, day, and year) June 18 1854

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
73	5	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Police Officer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Peter Lynch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Connerly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Miss Mary Lynch

(Address) 3853 Monastery Ave

Filed NOV 29 1927 C. HAMPSON JONES, M. D. (Registrar)

Per ACH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 27, 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 8, 1927, to Nov 27, 1927, that I last saw h— alive on Nov 27, 1927, and that death occurred, on the date stated above, at 5:45 P. m.

The CAUSE OF DEATH* was as follows: Chronic Interstitial Nephritis

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No What test confirmed diagnosis? Pyuria and Microscopic

Signed James F. Kelly M. D.

11/29 1927 (Address) 1729 E. Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem

DATE OF BURIAL 11/30/27

20 UNDERTAKER Geo. A. Farley

ADDRESS Fulton & Fayette

(1) This is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27949

CERTIFICATE OF DEATH.

90

REGISTERED No. E 27949

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 Carrollton ave) 16-23 (WARD)

2-FULL NAME Robert Brown

(a) RESIDENCE No. 1118 Carrollton ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible] 1863

7 AGE — Years: 64 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Annie Young (Address) 1145 Carrollton ave

Filed NOV 30 1927 C. [illegible] JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 28 1927

17 I HEREBY CERTIFY, That I attended deceased from Sept. 5, 1927, to Nov. 28, 1927, that I last saw him alive on Nov. 27, 1927, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. 2 mos 23 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) D. N. Fletcher M. D.

11/29/1927 (Address) 1720 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pleasant Rest Cem. DATE OF BURIAL: Nov 30 1927

20 UNDERTAKER: John H. Toadvine ADDRESS 1027 Lond Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 27950 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 27950

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS ST. 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Armstrong

(a) RESIDENCE NO. 312 W. Centre St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ? 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Henry Armstrong

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Caroline ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Records.

15 Filed NOV 30 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/26/1927

17 I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1927 to Nov. 26, 1927 that I last saw him alive on Nov. 26, 1927 and that death occurred, on the date stated above, at 11:10 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis chronic
acute.
Cirrhosis Kidneys

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General appearance

(Signed) C. Wilmer Brough, M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cemetery	Nov. 30 1927
20 UNDERTAKER	ADDRESS
Chas. N. Johnson	460 N. Caroline St.

THON is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT OF BALTIMORE

101-001 ✓

E 27951

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 27951

REGISTERED NO.

City of BALTIMORE: (No. 118 S. Bethel St St., 3-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lemard Johnson

(a) RESIDENCE NO. 118 S Bethel St St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	32			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Robert Johnson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va.

12 MAIDEN NAME OF MOTHER Susan Cooper

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Susan Johnson
(Address) Baltimore Co. Md

NOV 30 1927 THOMAS JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 26, 1927 19

17 I HEREBY CERTIFY, That I attended deceased from Nov 24 1927, to Nov 26, 1927, that I last saw h[illegible] alive on Nov 26, 1927, and that death occurred, on the date stated above, at 4:30P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Marcellus E Jones, M. D.

19 (Address) 1745 N Caroline

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Asbury Cemetery Nov. 30 1927

20 UNDERTAKER ADDRESS

Chas. H. Johnson 1671 N. Caroline St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

E 27952

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27952

CERTIFICATE OF DEATH

31

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 131 W. Hill St. 7231 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nolan Brown

(a) RESIDENCE NO. 131 W. Hill St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. 4 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 16 1854

7 AGE: Years 35 Months 4 Days 11 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Hotel Housemaid do

(b) General nature of industry, business, or establishment in which employed (or employer): Hotel & Dwellers

(c) Name of employer: Atlantic City -

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Och Brown

11 BIRTHPLACE OF FATHER (City or town): Baltimore

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Elizabeth Scott

13 BIRTHPLACE OF MOTHER (City or town): Baltimore

(State or country): Maryland

14 Informant: Ruth Brown

(Address) 131 W. Hill St.

15 Filed NOV 30 1927 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/27 1927

17 I HEREBY CERTIFY, That I attended deceased from 11/14 1927 to 11/27 1927.

that I last saw h alive on 11/27 1927.

and that death occurred, on the date stated above, at 5:00 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Tuberculosis

(duration) — yrs. 7 mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Dan'l Francis M. D.

11/29 1927 (Address) 122 W Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL CREMATION OR REMOVAL: Mt Auburn Cem

Date of Burial: 12/1 27

20 UNDERTAKER: Samuel Hemsley

ADDRESS: 1128 Bolton

NOV 30 1927

Now should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

Lewis Siegel

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27953

CERTIFICATE OF DEATH. Siegel

E 27953

REGISTERED NO.

1-PLACE OF DEATH Sinai Hospital

City of BALTIMORE: (No. 204 South Patterson Park Ave (Ward 3)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lewis Siegel

(a) RESIDENCE NO. 204 S Patterson Park ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. — mos. ds. How long in U. S., if of foreign birth 48 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	M

5a If married, widowed, or divorced. HUSBAND of (or) WIFE of Esther

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Poland

(State or country)

PARENTS

10 NAME OF FATHER Samuel Siegel

11 BIRTHPLACE OF FATHER (city or town) Poland

(State or country)

12 MAIDEN NAME OF MOTHER Ethel Uk

13 BIRTHPLACE OF MOTHER (city or town) Poland

(State or country)

14 Informant B. Siegel

(Address) 204 S Patt Pk ave

DEC 30 1927 By HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/29/27 19

17 I HEREBY CERTIFY, That I attended deceased from 11/23/ 1927, to 11/29/ 1927, that I last saw him alive on 11/29/ 1927, and that death occurred, on the date stated above, at 1.45 P.m.

The CAUSE OF DEATH* was as follows: Chronic Diffuse Nephritis with Uremia

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Malignant Bladder tumor

(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death? 204 S. Patterson Park Ave.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Wm Schumont M. D.

11-29, 1927 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Helen Cutherson Date of Burial 11/30 1927

20 UNDERTAKER J. L. Levinson & Bro ADDRESS 102 E Baltimore St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

Quaty

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27954

CERTIFICATE OF DEATH.

90 E 27954

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ... ST., 7-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Christopher Quaty

(a) RESIDENCE No. 2636 E Monument ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	widowed

5a If married, widowed, or divorced HUSBAND of ~~the late~~ Margaret A. Quaty

6 DATE OF BIRTH (month, day, and year) Apr 10/48

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	79	7	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Edward Quaty

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant

(Address) Reeds.

Filed NOV 30 1927 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 28, 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1927, to Nov 28, 1927

that I last saw him alive on Nov 28, 1927

and that death occurred, on the date stated above, at 10.30 A m.

The CAUSE OF DEATH* was as follows:

Cancer of pancreas

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis.

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General + Surg.

(Signed) C. Holmes Baugh M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn	12/1 1927
20 UNDERTAKER Philip Hemig	ADDRESS 2016 Eutaw

TION is very important See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27955

E 27955

CERTIFICATE OF DEATH.

74-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3604 Duval Ave. ST. 15-61 WARD)

2-FULL NAME Florence Hanson

(a) RESIDENCE NO. 3604 Duval Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female. 4 COLOR OR RACE: White. 5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 2 1866

7 AGE: Years 60 Months 11 Days 27 If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Carroll Co., Md.

PARENTS

10 NAME OF FATHER: Christopher Hanson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Selina Yeadaker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Ruth Kelly (niece)

(Address) 3604 Duval Ave.

NOV 30 1927

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 29, 1927.

17 I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1927. to Nov. 29, 1927.

that I last saw h alive on Nov. 29 1927,

and that death occurred, on the date stated above, at 8 47 A.m.

The CAUSE OF DEATH* was as follows:

Cerebral thrombosis.

(duration) yrs mos 4 ds.

CONTRIBUTORY (Secondary) Arterio sclerosis & hypertension (duration) ? yrs mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? No especial test

(Signed) C. Hampson Jones M. D.

11-29, 1927 (Address) 1012 N. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oakland, Carroll Co., Md.

DATE OF BURIAL: 12/1/27

UNDERTAKER: Frank J Cook

ADDRESS: 1003 E. Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. PHYSICIANS should state Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 27956

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. E 27956

1-PLACE OF DEATH

City of BALTIMORE: (No. 102 Carroll St. Brooklyn. St. 25-75 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Sparrow.(C)

(a) RESIDENCE NO. 102 Carroll St. Brooklyn. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 4 mos. dy. How long in U. S., if of foreign birth? yrs. mos. dy.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female.	Colored	Single.

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) January 22, 1920

7 AGE	Years	Months	Days	IF LESS than 1 day....hrs. or....min.
	7	10	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of Indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Philadelphia, Pa.

PARENTS

10 NAME OF FATHER Richard Sparrow.(C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Elizabeth Moore.(C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Pennsylvania.

14 Informant Harriett Green.(C)

(Address) 102 Carroll St. Brooklyn.

15 Filed 11 30 1927 [illegible] M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 28, 1927. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner)

(Address) 11/30 19 27 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harness Branch Cem. Date of Burial 11/30 1927

20 UNDERTAKER E. F. Barton ADDRESS Glen Burnie Md

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12 23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27957

CERTIFICATE OF DEATH.

15-65 90 E 27957

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital ST. 15-65 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary D. Farmer

(a) RESIDENCE NO. 3410 Bateman Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs 10 mos 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph L Farmer

6 DATE OF BIRTH (month, day, and year) 1-26-1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
66	66	10	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Frederick E Adam

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary J. Ehrs.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Albert G Adam.

(Address) 3410 Bateman Ave

15 Registered NOV 30 1927 Harry S. Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-28 1927

17

I HEREBY CERTIFY, That I attended deceased from 11-20 .19 27. to 11-28 .19 27.

that I last saw her alive on 11-20 .19 27.

and that death occurred, on the date stated above, at 10.20 A m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) George C Bond M. D.

11/28/1927 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem.	12-1 1927

20 UNDERTAKER E. Hartz 115 E. West St

ADDRESS

TION is very important See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27958

CERTIFICATE OF DEATH

E 27958

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 861 Woodward St. (Ward) 21-29

2-FULL NAME Ernest H. Ebler

(a) RESIDENCE NO. 861 Woodward St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. 8 mos. 22 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary M Ebler

6 DATE OF BIRTH (month, day, and year): March 7th 1885

7 AGE: Years 42. Months 8 Days 22 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Car. Repairman

(b) General nature of industry, business, or establishment in which employed (or employer): B+O RR

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Henry Ebler

11 BIRTHPLACE OF FATHER (City or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Baltimore Md

14 Informant: Mrs Mary M Ebler

(Address) 861 Woodward St

15 Filed: C. HARRISON JONES, M. D. Registrar

NOV 30 1927 By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-29th 1927

17 I HEREBY CERTIFY, That I attended deceased from Sept 20-27, 19; to Nov 29/27, 19, that I last saw h.. alive on Nov 29/27, 19, and that death occurred, on the date stated above, at 9:10 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

Primary (duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Stuart D Kolb, M. D.

Nov 29/27 (Address) 1103 Eight

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Date of Burial DEC 2nd 1927

20 UNDERTAKER: Bernard C Hart ADDRESS 1000 Fulton St

Fill accurately and write plainly. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 27959

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

182 V

E 27959

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE Jack Pond. Summit & Putnam Ave (Ward)

2-FULL NAME Herbert Ross

(a) RESIDENCE NO. 2942 Hudson St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Child

6 DATE OF BIRTH (month, day, and year): Aug. 1925.

7 AGE: Years 2 Months 3 Days

LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: Chas. T. Ross

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Ethel B. Oliver

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Baltimore, Md.

14 Informant: Chas. T. Ross (Father)

(Address): 2942 Hudson St.

NOV 30 1927

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 27 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said Inquiry (Coroner, Autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acc Drowning

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Asphyxia

(Duration) yrs. mos. ds.

Nov 27 1927 (Date) (Coroner) M. D.

(Address) 143 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Louden Park Mem. Date of Burial: Nov. 30-27

20 UNDERTAKER: Lilly & Feiler

ADDRESS: 403 S. Wolfe St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27960

CERTIFICATE OF DEATH.

E 27960
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS ST. 21-29 WARD

2-FULL NAME Edward Ruckert.

(a) RESIDENCE No. 5020 Harewin ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	? Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ? 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS
10 NAME OF FATHER Geo. Ruckert
11 BIRTHPLACE OF FATHER (city or town) (State or country) Mass.
12 MAIDEN NAME OF MOTHER Harriet ?
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant
(Address) Records.

15 NOV 30 1927 JOHN JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/29/1927

17 I HEREBY CERTIFY, That I attended deceased from Aug. 26, 1927, to Nov. 29, 1927
that I last saw him alive on Nov. 29, 1927
and that death occurred, on the date stated above, at 5:00 A. m.
The CAUSE OF DEATH* was as follows:
Bronchopneumonia

(duration) yrs. mos 6 ds.
CONTRIBUTORY (Secondary) Myocarditis.
(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? General Path.
(Signed) C. Holmes Berry M. D.
, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet — DATE OF BURIAL 12/1 1927

UNDERTAKER J. M. Cook — ADDRESS 5022 Harford

...that it may be properly classified. Exact statement of OCCUPATION is very important See Instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

208298

E 27961

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

H+ E 27961

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPIT ST. 5-8 WARD)

2-FULL NAME Jacob Schmidt

(a) RESIDENCE NO. 1010 Hillen St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dina Schmidt

6 DATE OF BIRTH (month, day, and year) July 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker

(b) General nature of industry, business, or establishment in which employed (or employer) Cook

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Susan Axmus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records

(Address) JOHNS HOPKINS HOSPIT

15 Filed NOV 30 1927 CHARLES JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 29 1927

17

I HEREBY CERTIFY, That I attended deceased from Nov-8, 1927, to Nov-29, 1927, that I last saw h-e alive on Nov-29, 1927 and that death occurred, on the date stated above, at 5-25 a m.

The CAUSE OF DEATH* was as follows:

Gastric carcinoma

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of 11-9-27

Was there an autopsy? yes

What test confirmed diagnosis? operation & autopsy

(Signed) George E Brumm M. D.

Nov. 29 27 (Address) John Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood DATE OF BURIAL 12/1 1927

20 UNDERTAKER Wm Cook ADDRESS 532 North Ave

THION is very important See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-12-23—M&T—500 Bks.

E 27962 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. E 27962

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 704 Pierce Street (WARD) 17-76

If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel H. McCauley

(a) RESIDENCE NO. 704 Pierce Street WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret McCauley

6 DATE OF BIRTH (month, day, and year) Nov 29-1852

7 AGE Years 75 Months 2 Days 15 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Mr Royal

(c) Name of employer Pumping Station City

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John McCauley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Margaret McCauley

(Address) 704 Pierce Strut

15 Filed NOV 30 1927 E. RAYMOND JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 29 1927

17 I HEREBY CERTIFY, That I attended deceased from Aug 14th, 1927, to Nov 29th 1927, that I last saw h in alive on Nov 29, 1927, and that death occurred, on the date stated above, at 9.50 a m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(duration) 2 yrs. 4 mos — ds.

CONTRIBUTORY (Secondary) Uremic Coma

(duration) yrs. mos. 0 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical Laboratory

(Signed) Gustav Hohman, M. D.

, 19 (Address) 856 W Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL 12/1 1927

20 UNDERTAKER William Cook — ADDRESS 502 E North Ave

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

Trinkie

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27963

CERTIFICATE OF DEATH.

90 E 27963

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 206 E Pegester ST. 2-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katie Trinkie

(a) RESIDENCE NO. 206 E. Pegester ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5th yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frederick Trinkie

6 DATE OF BIRTH (month, day, and year): March 7, 1851

7 AGE — Years: 76 Months: 8 Days: 21 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Henry Depfer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

14 Informant: George Depfer

(Address) 201 E. Washington St.

15 Filed NOV 30 1927 Registrar

C. HERMAN JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 28 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 28, 19 27, to Nov 28, 19 27, that I last saw h alive on Nov 28, 19 27, and that death occurred, on the date stated above, at 6 30 P. m.

The CAUSE OF DEATH* was as follows:

Valvular heart disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical sign

(Signed) Leo Gutelius, M. D.

(1928) 19 (Address) 1937 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Nov. 30 1927

20 UNDERTAKER: H. Sander Sons — ADDRESS: 1710 East N.

NOV 30 1927

TION is very important. See instructions on back of certificates.

...cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27964

CERTIFICATE OF DEATH.

101-001

REGISTERED NO. E 27964

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1801 W Lanvale ST. 16-22 (WARD)

2-FULL NAME Susan Jane Eichelberger

(a) RESIDENCE NO. 1801 W Lanvale ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W.

5 ~~Single, Married~~, Widowed, or ~~Divorced~~, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Eichelberger

6 DATE OF BIRTH (month, day, and year) Feb 13 1852

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
75	9	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Rocky Ridge Md

PARENTS

10 NAME OF FATHER George W. Barrick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Susan Eisel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant K L Barrick

(Address) 1801 W Lanvale st.

15 [illegible] 19 H[illegible] Jones, M. D.

Registrar

Dist. RUE

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30th 1927

17

I HEREBY CERTIFY, That I attended deceased from Nov 23rd, 1927, to Nov 30, 1927,

that I last saw h[illegible] alive on Nov 29 1927

and that death occurred, on the date stated above, at 12 A. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Kidney Complication

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward L Jacobs, M. D.

Nov 30, 1927 (Address) 1707 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rocky Ridge Cemetery Md

DATE OF BURIAL Dec 2nd 1927

20 UNDERTAKER Peter M Yost

ADDRESS 1723 Lafayette Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

NOV 30 1927

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27965

CERTIFICATE OF DEATH.

182 E 27965

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Body found Foot of Haines St. (Ward) 21-29

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George F. Arnal.

(a) RESIDENCE NO. 1161 Dexter St. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 0 mos. 25 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, widowed or divorced, HUSBAND of XXXXXXXXX Lydia M. Arnal.

6 DATE OF BIRTH (month, day, and year) November 2, 1870

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	57	0	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER George F. Arnal.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Margaret E. Joe.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Lydia M. Arnal, (wife)

(Address) 2349 Frederick Ave.

NOV 30 1927 HARPER JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 27, 1927.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said autopsy and inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

Otto M. Reinhardt M. D. (Coroner)

11/30 1927 Address 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Londons Park. Date of Burial Dec 1 1927

20 UNDERTAKER Harry H. Dentzke ADDRESS 1531 Londons St.

Do not write in spaces not specially supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27966

CERTIFICATE OF DEATH

90 E 27966

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 6 Cook Ave. (Gardenville) St. 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Stohrer

(a) RESIDENCE NO. 6 Cook Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? 62 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Katharine R. Stohrer

6 DATE OF BIRTH (month, day, and year) January 28 1845

7 AGE: Years 82 Months 10 Days 2 IF LESS than 1 day ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Germany (State or country)

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (City or town) Not known (State or country)

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) Not known (State or country)

14 Informant Mrs Cecilia E. Anderson

(Address) 1930 Ernest Ave Glenham P. O.

15 Filed NOV 30 1927 EDWIN JONES M. D. Registrar

By [signature]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 30 19 27

17 I HEREBY CERTIFY, That I attended deceased from Nov. 4 1927 to Nov. 30 1927 that I last saw him alive on Nov. 29 1927 and that death occurred, on the date stated above, at 1.10 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical examination

(Signed) Edward Bingaman M. D.

11/30 1927 (Address) 1613 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Philadelphia Pa. Date of Burial Nov. 30 1927

20 UNDERTAKER Henry Stock Son ADDRESS 1301 E. Eager St

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27967

CERTIFICATE OF DEATH.

E 27967

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 103 Mt Hope Retreat (ST.) 28-63 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rev Thomas McGinn

(a) RESIDENCE NO. Mt Hope Retreat ST., WARD Peabody-Mass.

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. 4 mos. — ds. How long in U. S., if of foreign birth? 54 yrs. 0 mos. 4 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 24 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	54	0	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Priest 018

(b) General nature of industry, business, or establishment in which employed (or employer) Clergyman

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Boston Mass

PARENTS

10 NAME OF FATHER Chas F. McGinn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Boston Mass.

12 MAIDEN NAME OF MOTHER Mary Elmore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Saint Ulric Mass

14 Informant Friends, Mt Hope Retreat

(Address)

15 [illegible]

Registrar

NOV 30 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 28, 1927

17 I HEREBY CERTIFY, That I attended deceased from Sept 6, 1927, to Nov 28, 1927, that I last saw him alive on Nov 27, 1927, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary) Mania Depressive Psychosis

(duration) — yrs. 4 mos. — ds.

18 Where was disease contracted if not at place of death? Mt Hope Retreat

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & Clinical Exam

(Signed) E. A. [illegible] M. D.

11-29-1927 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Malden - Mass. DATE OF BURIAL Dec 1 1927

20 UNDERTAKER Stewart McDonald ADDRESS Balto.

CAUSE OF DEATH in plain terms, so that it may be properly classified. PHYSICIANS should state OCCUPATION is very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27968

CERTIFICATE OF DEATH

E 27968

REGISTERED NO. 27-53

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 210 Roland Avenue St. and Ward)

2-FULL NAME Pembroke Womble Pitt

(a) RESIDENCE NO. 210 Roland Avenue St. Ward Bethesda, Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 29 ds. How long in U. S. if of foreign birth? 67 yrs. 0 mos. 29 da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nettie Allen Pitt

6 DATE OF BIRTH (month, day, and year) Oct-30-1860

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
	67	0	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer Retired

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER William Pitt

11 BIRTHPLACE OF FATHER (City or town) Baltimore

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Emily Cole

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant Mrs. Nettie A. Pitt

(Address) Roland Park, City.

15 NOV 30 1927 C. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 29 1927.

17 I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1927, to Nov. 24, 1927, that I last saw h[illegible] alive on Nov. 24, 1927, and that death occurred, on the date stated above, at 8-15 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure with Acute Pulmonary Edema due to Chronic Myocarditis, Arterio-Sclerosis

(duration) yrs. mos. 7 da.

CONTRIBUTORY (Secondary) Right Hemiplegia due to Cerebral Thrombosis (duration) 1 yrs. 2 mos + da.

18 Where was disease contracted if not at place of death? Maine

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) M. Ward Porter, M. D.

11/30, 1927 (Address) 412 Roland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington, D.C. Date of Burial Dec--1-27 19

20 UNDERTAKER [illegible] & BOWEN COMPANY ADDRESS 108 W. NORTH AVE.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS ...uld state ...USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 27969

REGISTERED NO. 24-23 E 27969

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 193 Gilmor Ave (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah E. Pope

(a) RESIDENCE No. 193 Gilmor Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred not known yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or ~~divorced~~ (HUSBAND of or) WIFE of: Francis B. Pope

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: —

9 BIRTHPLACE (City or town) (State or country): Not Known

PARENTS

10 NAME OF FATHER: Fielding Keen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not Known

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known.

14 Informant (Address): Francis B. Pope 193 Gilmor Ave

15 Received ... 19 ... [illegible] JONES, M. D. Registrar

NOV 30 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 29 1927

17 I HEREBY CERTIFY, That I attended deceased from July 3, 1927, to Nov 29, 1927, that I last saw h[illegible] alive on Nov 24, 1927, and that death occurred, on the date stated above, at 4.45 P.M.

The CAUSE OF DEATH* was as follows:

Chron Interstitial Nephritis

Chr- Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) E. R. Bishop, M. D.

Nov 29, 1927 (Address) 501 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: Dec 1 1927

20 UNDERTAKER: John Burns Sons — ADDRESS: Towson Md

TION is very important See instructions on back of certificates.

Exact statement of OCCUPA-

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27970

CERTIFICATE OF DEATH

100-001

E 27970

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore Hospital 24-33 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Romie Lee Smith

(a) RESIDENCE NO. 133 E. Clement St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. 3 mos. 16 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Genevieve Smith

6 DATE OF BIRTH (month, day, and year) Aug. 12, 1887

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	40	3	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manager

(b) General nature of industry, business, or establishment in which employed (or employer) Loan Co.

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, (State or country) Md.

PARENTS

10 NAME OF FATHER Harmon Smith

11 BIRTHPLACE OF FATHER (City or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER M. Alice Forsyth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Clifford L. Smith

(Address) 1630 E. 28th St.

NOV 30 1927

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 28, 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 25 1927 to Nov 28 1927

that I last saw him alive on Nov 28 1927

and that death occurred, on the date stated above, at 12.20 p. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

CONTRIBUTORY (Secondary) Bronchitis (duration) yrs. mos. 5 ds.

(duration) yrs. mos. 10 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Edgar Rhoads M. D.

11/30 1927 (Address) 1 E Randall St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet Cemetery Date of Burial Dec 1 1927

20 UNDERTAKER John F. Denny ADDRESS 715 Light

IMPORTANT—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27971

CERTIFICATE OF DEATH

31 E 27971

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1821 Covington St. Ward 24-34)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernard W. Foley

(a) RESIDENCE NO. 1821 Covington St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov. 15, 1862

7 AGE: Years 65 55 Months 0 Days 13 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER John Y. Foley

11 BIRTHPLACE OF FATHER (City or town) Ireland

(State or country)

12 MAIDEN NAME OF MOTHER Mary Hennessy

13 BIRTHPLACE OF MOTHER (city or town) Ireland

(State or country)

14 Informant (Address) Mrs Mary Groves 1821 Covington St.

15 Filed 30 1927 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 November 28, 1927

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 19 27, to Nov. 28 19 27

that I last saw him alive on Nov 27, 19 27

and that death occurred, on the date stated above, at 10-30 a. m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Adenal Gland

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Adenal Gland

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam.

(Signed) C. Edward Norris M. D.

Nov 30, 19 27 (Address) 107 E. West St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem. Date of Burial: Dec. 1 19 27

20 UNDERTAKER: Margaret J. Flynn ADDRESS 1422 Light St.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 27972

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27972

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS St. WARD)

REGISTERED NO. 101 961

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Peter Peterson

(a) RESIDENCE No. 5175 S. Clinton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Denmark.

PARENTS

10 NAME OF FATHER Christian Peterson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Denmark.

12 MAIDEN NAME OF MOTHER Mary Gustafson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Denmark.

14 Informant (Address) Records

15 [illegible] Registrar

NOV 30 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/26/1927

17

I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1927, to Nov. 26, 1927

that I last saw him alive on Nov 26, 1927

and that death occurred, on the date stated above, at 5.30 P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? General + Lab.

(Signed) C. Wilmer Boyd, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

BALTIMORE CITY HOSPITALS UNIVERSITY OF MARYLAND Commissioner of Health

NOV 30 1927

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27973 E 27973

CERTIFICATE OF DEATH.

1082

REGISTERED NO. 20-71

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 404 Norman Ave. WARD

2-FULL NAME Joseph F. Kelly

(a) RESIDENCE NO. 404 Norman Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 23 1869

7 AGE: Years 58 | Months | Days | If LESS than 1 day, hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Joseph F Kelly

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Mary Elizabeth Flemming

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Mamie E Kelly

(Address): 404 Norman Ave

15 C. HAMPSON JONES M.D.

(Address)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 28 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 20, 1927, to Nov 28, 1927, that I last saw him alive on Nov 28, 1927, and that death occurred, on the date stated above, at 9:00 m.

The CAUSE OF DEATH* was as follows:

Ulcus-membranaceus Stomatis

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) Cardia Insufficiency

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings & Smears

(Signed) Chas L Wisaac, M. D.

, 19 (Address) 4000 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross — DATE OF BURIAL: Dec 1 1927

20 UNDERTAKER: Wendell Diffel. Son — ADDRESS: 378 [illegible]

30 1927

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27974

CERTIFICATE OF DEATH.

101-001

E 27974

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 S East Ave WARD 16-7)

2-FULL NAME Louis De Angelis

(a) RESIDENCE NO. 207 S East Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? 16 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Alice De Angelis

6 DATE OF BIRTH (month, day, and year) June 4 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	57	5	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farming

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER John Battista De Angelis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Mary Antonia Liocatelli

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant (Address) John De Angelis 207 S East Ave

15 Nov 30 1927 C. EMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 29 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 23 1927, to Nov. 29, 1927, that I last saw h[illegible] alive on Nov. 29, 1927, and that death occurred, on the date stated above, at 10½ m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Liborio Antignani M. D.

(Address) 294 E. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral DATE OF BURIAL Dec 1927

20 UNDERTAKER Wendell Diffel & Son ADDRESS 378 Penn

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27975

CERTIFICATE OF DEATH.

E 27975

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 4006 Oakford ave) (ST.) (WARD) 15-43

REGISTERED NO. C 90

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward W. Baker

(Residence in Baltimore: No. 4006 Oakford avenue St.; 25 yrs., ? mos., ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
male	white	Married.

6-DATE OF BIRTH, July (Month) 17 (Day), 1855 (Year)

7-AGE, 72 yrs. 4 mos. 13 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE. (State or Country), Rhode Island.

PARENTS.

10-NAME OF FATHER. John Baker

11-BIRTHPLACE OF FATHER (State or Country). N.Y.

12-MAIDEN NAME OF MOTHER Orleana Anderson

13-BIRTHPLACE OF MOTHER (State or Country). N. Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs John C Burke

(Address) Pikesville Md.

15-

Filed ..... 191 ..... Registrar.

JUN 30 1927

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 30th (Month) (Day), 1927 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 15 1927, to Nov 29 1927, that I saw him alive on Nov 29 1927, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(Duration) yrs. mos. ds.

(Signed) E E Nichols, M. D.

Nov 30, 1927. (Address) Pikesville Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park Cem. DATE OF BURIAL Dec 1st 1927.

20-UNDERTAKER Stewart & Co. ADDRESS Balto. Md.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27976

99-001

E 27976

CERTIFICATE OF DEATH

REGISTERED NO. 27749

1-PLACE OF DEATH

City of BALTIMORE: (No. 410 Keswick Road Ward 27)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen T. Perot

(a) RESIDENCE NO. 410 Keswick Road St. 27 Ward Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. ? mos. ? da. How long in U. S. if of foreign birth? 71 yrs. ? mos. ? da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 71 Months — Days — IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

PARENTS

10 NAME OF FATHER: William H. Perot

11 BIRTHPLACE OF FATHER (City or town): unknown

(State or country): England

12 MAIDEN NAME OF MOTHER: Annie Hood

13 BIRTHPLACE OF MOTHER (city or town): Easton

(State or country): Md.

14 Informant: Mrs Louise R Brown

(Address): 9411 Charles St. City

15 Filed: 30 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/28 1927

17 I HEREBY CERTIFY, That I attended deceased from 11/20 1927, to Nov 28 1927, that I last saw h[er] alive on Nov 27 1927, and that death occurred, on the date stated above, at 1.45 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) 10 yrs. mos. da.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jos C Goodhue M. D.

19 (Address) 5835 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — Date of Burial: Dec 1 1927

20 UNDERTAKER: Lewin & Mowen Co. — ADDRESS: 1081 N Howard

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 27977

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27977

CERTIFICATE OF DEATH.

REGISTERED NO. 57

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 510 (St.) Hard St (Ward) 42-30

2-FULL NAME Elizabeth Kempski

(a) RESIDENCE. (Usual place of abode) No. 510 S. Carp, St. St., 22 Ward.

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William Kempski

6 DATE OF BIRTH (month, day, and year): March 30 1857

7 AGE: Years 70 Months 7 Days 29 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Cassel Germany

PARENTS

10 NAME OF FATHER: Jacob Stier

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Wilhelmina Conn (Address) 510 Hard St

15 Filed: 30 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 29 1927

17 I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1927, to Nov 29, 1927, that I last saw her alive on Nov 29, 1927, and that death occurred, on the date stated above, at 5.35 P m.

The CAUSE OF DEATH* was as follows:

Infection Gangrene of Right Foot, with Arteriosclerosis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

? (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Allen W. Tully, M. D.

, 19 (Address) 1412 Light, St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Conn — DATE OF BURIAL: Dec 4 1927

20 UNDERTAKER: Mrs. Mrs. John W. Pinfield Son — ADDRESS: 501 W. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-25—M&T—500 Bks.

E 27978

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 27978

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1122 N. Eutaw St. 11-24 WARD)

2-FULL NAME Wm. M. White

(a) RESIDENCE NO. 1122 N. Eutaw ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? 38 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7 23 1870

7 AGE: Years 57 Months 4 Days 6 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): New York N Y

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Miss Myrtle Rigge

(Address) 1122 N Eutaw St

30 1927 C. HAMPSON JONES, M. D.

19 Per RKR Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 29. 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1 1927, to Nov. 29 1927, that I last saw him alive on Nov. 29 1927, and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial disease

(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of None

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) D. Fedrugosso, M. D.

11/30. 1927 (Address) 1206 E Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ripon Wisconsin — DATE OF BURIAL: 12 1 1927

20 UNDERTAKER: Albert L Hiltz Jr — ADDRESS: 1606 N Charles St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—MAT—1500 Blks.

E 27979

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27979

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 904 Monastery Ave (Street) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernard J. Fallon

(a) RESIDENCE No. 904 Monastery Ave St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen Fallon

6 DATE OF BIRTH (month, day, and year) — — 1847

7 AGE Years 80 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Thos Fallon

11 BIRTHPLACE OF FATHER (City or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Keough

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Ireland

14 Informant Mary Fallon

(Address) 904 Monastery Ave

15 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 28 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 24 1927 to Nov 28 1927

that I last saw he alive on Nov 28 1927

and that death occurred, on the date stated above, at 5-30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) M. A. Krell M. D.

Nov 29 1927 (Address) 420 Fidelity Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Catholic Cem DATE OF BURIAL 12/1 1927

20 UNDERTAKER John J. Fahey ADDRESS 618 Light

DEC 30 1927

Notice should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 27980

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 27980

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 710 Harwood St. WARD 27-48

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard B Allen

(a) RESIDENCE NO. 710 Harwood St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henrietta E Allen

6 DATE OF BIRTH (month, day, and year): April 1 1846

7 AGE: Years 81 | Months 7 | Days 29 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Norfolk Va

PARENTS

10 NAME OF FATHER: Ethan Allen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Washington D C.

12 MAIDEN NAME OF MOTHER: Boyd

13 BIRTHPLACE OF MOTHER (city or town) (State or country): New Jersey

14 Informant: Henrietta Allen

(Address) 710 Harwood Ave

30 1927 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 30 1927

17 I HEREBY CERTIFY, That I attended deceased from Several years ago to Nov 30 1927, that I last saw him alive on Nov 29 1927, and that death occurred, on the date stated above, at 2.10 a m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) Many yrs. mos. ds.

CONTRIBUTORY (Secondary) High Blood Pressure + arteriosclerosis

(duration) One or more yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? The usual ones.

(Signed) M. K. Sugrue M. D.

19 (Address) 2439 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery

DATE OF BURIAL: 12/3 1927

20 UNDERTAKER: William Cook.

ADDRESS: Sore Hook

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27981

CERTIFICATE OF DEATH.

129 E 27981

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1725 W. Lombard ST. 19-28 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nettie C. Smith

(a) RESIDENCE NO. 1725 W Lombard ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced. (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Albert M. Smith

6 DATE OF BIRTH (month, day, and year) Feb 17, 1872

7 AGE Years 55 Months 7 Days 11 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ga

PARENTS

10 NAME OF FATHER David A. Bowman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ga

12 MAIDEN NAME OF MOTHER Catherine Arhart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ga

14 Informant Alice I Beam

(Address) 1725 W Lombard St

15 Filed 11/30 1927 G. THOMPSON JONES, M. D. Registrar

By ARW

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 29 1927

17 I HEREBY CERTIFY, That I attended deceased from Jan 19 26, 19 , to Nov 29 , 1927.

that I last saw her alive on Nov 27 , 1927

and that death occurred, on the date stated above, at 12:50 A m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis

(duration) yrs. 19 mos ds.

CONTRIBUTORY (Secondary) Depressive psychosis

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urine & exam

(Signed) Jno 000 Lesser M. D.

11/30, 1927 (Address) 1703 N Chas. St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Timberville Va

DATE OF BURIAL 12/ 1927

20 UNDERTAKER W. M. Cook

ADDRESS 502 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 27982 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 E 27982

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Church Home & Inf.

CITY OF BALTIMORE: (No. Fairmount & N. Broadway 816 WARD)

2-FULL NAME Olive Uttermahlen

(a) RESIDENCE NO. 1816 N. Collington Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Leah Utermahlen

6 DATE OF BIRTH (month, day, and year): Sept. 23/84

7 AGE: Years 43 Months 2 Days 5

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): America

PARENTS

10 NAME OF FATHER: August Utermahlen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Leah Utermahlen

(Address): 1816 N. Collington ave

15 Filed 30 1927 . 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/28 1927

17

I HEREBY CERTIFY, That I attended deceased from 11/9/27 to 11/28/27

that I last saw h alive on 11/28/27

and that death occurred, on the date stated above, at 5.05 Am.

The CAUSE OF DEATH* was as follows:

Carcinomatosis, general.

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary): Myocardial failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) H. Guenther Mueller, M. D.

, 19 (Address) Church Home Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Dec 1 1927

20 UNDERTAKER: George F. Ruth

ADDRESS: 1735 Harford ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. PHYSICIANS should state TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—t-12-23—M&T—500 Bks.

2068924

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27983

CERTIFICATE OF DEATH.

E 27983

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. 7-9 WARD) 37-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edith Bailey

(a) RESIDENCE NO. Pikes - Md - ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	married

5a If married, widowed, or divorced (or) WIFE of Elwood

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	29			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md - (State or country)

PARENTS

10 NAME OF FATHER Geny White

11 BIRTHPLACE OF FATHER (city or town) Md - (State or country)

12 MAIDEN NAME OF MOTHER Ida Jones

13 BIRTHPLACE OF MOTHER (city or town) Md - (State or country)

14 Informant Pikes - (Address) JOHNS HOPKINS HOSPITAL

15 Filed DEC 1 1927, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 24, 1927, to Nov 30, 1927, that I last saw h Elalive on Nov 30, 1927 and that death occurred, on the date stated above, at 4 30 P m.

The CAUSE OF DEATH* was as follows:

Miliary Tuberculosis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-Ray

(Signed) C H Peckham, M. D.

11-30, 1927 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Colored Cem. Md.	12/2 1927
20 UNDERTAKER	ADDRESS
Hornberger & Goos	Towson Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. PHYSICIANS should state Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 27984 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 E 27984

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals ST. 7-20 WARD)

2-FULL NAME Hamilton Brayboy

(a) RESIDENCE No. 133 Fredonia alley ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE: 36 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stevedore.

(b) General nature of industry, business, or establishment in which employed (or employer): O'D

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mattie Barkley (Address) 133 Fredonia alley

15 Filed DEC 1 - 1927 G. HALSEY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-28- 1927

17 I HEREBY CERTIFY, That I attended deceased from 9-8- 1927, to 11-28- 1927

that I last saw h[illegible] alive on 11-28 1927

and that death occurred, on the date stated above, at 8:00 m.

The CAUSE OF DEATH* was as follows:

Empyema (Pneumococci Type I) Lobar Pneumonia Right.

(duration) yrs. 2 mos. 20 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 9-9-27

Was there an autopsy? No

What test confirmed diagnosis? Organism Typed

(Signed) M Blumenthal M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Ct	Dec 1st 19
20 UNDERTAKER	ADDRESS
J L Bruns & Son	W Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates. AGE should be stated EXACTLY. PHYSICIANS should state

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27985

CERTIFICATE OF DEATH.

10-001 E 27985

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.. Franklin Sq Hospital ST., 14 WARD)

2-FULL NAME Zebie Hicks

(a) RESIDENCE NO. 1611 McCulloh St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ? 1925

7 AGE: Years 2 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. Carolina

PARENTS

10 NAME OF FATHER Thomas Hicks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Hospital Records

15 Filed DEC 1- 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-29-27

17

I HEREBY CERTIFY, That I attended deceased from 11-25-27, 19 to 11-29-27, 19

that I last saw h alive on 11-29-27, 19

and that death occurred, on the date stated above, at 10 45 a.m.

The CAUSE OF DEATH* was as follows:

~~Scarlet fever~~ Bronchial Pneumonia

(duration) 2 yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Abuse Nitrites.

(duration) yrs. mos. 1 day

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Isaac M. Wall, M. D.

19 (Address) Franklin Sq Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn DATE OF BURIAL 12/1/1927

20 UNDERTAKER: Mrs. Geo. H. Holland ADDRESS 163 Druid Hill Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27986

CERTIFICATE OF DEATH.

90 E 27986

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 325 Calvin St. 5-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anne Lyons

(a) RESIDENCE NO. 325 Calvert St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): wid

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 76 - about; Months; Days

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country)

PARENTS

10 NAME OF FATHER: B. Hoskins

11 BIRTHPLACE OF FATHER (city or town): Va

(State or country)

12 MAIDEN NAME OF MOTHER: Louisa Smith

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Va

14 Informant: Jno Lyons

(Address): 1619 N. Paca

15 Filed ... 1927 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 30 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

Found dead (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) Jno. T. Leary M. D.
(Coroner)

Dec 1, 1927 (Address) 1619 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs ... mos ... ds. In the state ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ashley Cemetery Date of Burial: Dec 1, 1927

20 UNDERTAKER: Wm H. Elliott ADDRESS: 1725 Ashland Ave

THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. The statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27987

CERTIFICATE OF DEATH

11-001

E 27987

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2007 Ashton St. St. 20-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vincent J. Pagano Jr.

(a) RESIDENCE NO. 2007 Ashton St. St. Ward

(Usual place of abode) Lifetime.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)
May 19th. 1918

7 AGE	Years	Months	Days
	9	6	11

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Vincent J. Pagano

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Elizabeth M. Hunter

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md.

14 Informant Vincent J. Pagano

(Address) 2007 Ashton St.

Filed DEC 1 - 1927 HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

November 30th. 1927

17 I HEREBY CERTIFY, That I attended deceased from November 24. 1927. to November 29. 1927.

that I last saw him alive on November 29. 1927.

and that death occurred, on the date stated above, at 4, 4, m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Lx Grippe

(duration) yrs. mos. 2 ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jos. L. Valentine M. D.

Dec 1 19 27 (Address) 14 So Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Cathedral Cemetery.

Date of Burial 12/ 3/27. 19

UNDERTAKER Chas. H. Grace & Son ADDRESS 1180 Mt Royal ave

IMPORTANT—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27988

CERTIFICATE OF DEATH.

27 E 27988
REGISTERED NO.

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Balto, Md ST. [illegible] WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Gross

(a) RESIDENCE NO. 116 Jackson Place ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Harry Gross

6 DATE OF BIRTH (month, day, and year) 1898

7 AGE — Years: 29 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer): Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER Joseph Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Balto City Hospl Balto Md.

15 Filed DEC 1 - 1927. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-29-1927

17 I HEREBY CERTIFY, That I attended deceased from 11-14-1927 to 11-29-1927 that I last saw her alive on 11-29-1927 and that death occurred, on the date stated above, at 9.40 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial failure

(duration) yrs mos ds

CONTRIBUTORY (Secondary) Manic Depressive Psychosis Depressed & Transient type
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? NO Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) [illegible] M.D.

11/29/1927 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cem.

DATE OF BURIAL: Dec 2 1927

20 UNDERTAKER: Peter Nicolaus

ADDRESS: 2923 Eastern Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 27989 — 1-PLACE OF DEATH

E 27989 — REGISTERED NO.

City of BALTIMORE: (No.) 1125 Bolton St. 11-24 (Ward) 31

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nellie Hawkins

(a) RESIDENCE NO. 1125 Bolton St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female — 4 Color or Race: Colored — 5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow

6 DATE OF BIRTH (month, day, and year): June 10 1906

7 AGE — Years: 20 — Months: — Days: — IF LESS than 1 day ..... hrs. or ..... min.: Jan 26

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer): House Wife

(c) Name of employer:

9 BIRTHPLACE (city or town): Va

(State or country):

PARENTS

10 NAME OF FATHER: Henry E Baker

11 BIRTHPLACE OF FATHER (city or town): Va

(State or country):

12 MAIDEN NAME OF MOTHER: Lena Hawkins

13 BIRTHPLACE OF MOTHER (city or town): Va

(State or country):

14 Informant: by Charles Hawkins

(Address): 1125 Bolton St

Filed DEC 1 1927 — C. HAMPTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 28 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pul. T.B.

(Duration) yrs. mos. 6 mos. 6 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) 2 yrs. mos. 1 ds.

(Signed) C. C. Hudson M. D.

(Coroner)

12/1, 19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Calvary Cemetery — Date of Burial: 1927

20 UNDERTAKER: Wm H Elliott — ADDRESS: 1725 Ashland Ave

IMPORTANT: WRITE WITH FADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27990

CERTIFICATE OF DEATH. 118-001

E 27990

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) Mercy Hospital St. 7-10 Ward

2-FULL NAME Julius Franz

(a) RESIDENCE NO. 541 N. Milton Av St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? 56 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Christina Franz

6 DATE OF BIRTH (month, day, and year): Mar 7 52

7 AGE: Years 75 Months 8 Days 11 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

(c) Name of employer

9 BIRTHPLACE (city or town): Germany

(State or country)

PARENTS

10 NAME OF FATHER: John Franz

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: Christina Franz

(Address) 541 N. Milton Av

Filed DEC 1 1927, 19 H. C. JONES, M. D. Registrar

By RLP

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 28 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Strangulated hernia

2 days abdn

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile fatty degeneration

(Duration) yrs. mos. ds.

(Signed) W. F. Ruhrah M. D.

(Coroner)

1927 (Address) 1639 Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. ds. In the state yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Pk Date of Burial 12/1 1927

20 UNDERTAKER: Philip Herwig ADDRESS 2046 Orleans St.

DEC 1 - 1927

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27991

CERTIFICATE OF DEATH

90 E 27991

REGISTERED NO.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

City of BALTIMORE: (No. 139 Rochester Pl, St. N Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amanda Pike

(a) RESIDENCE NO. 139 Rochester Pl St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. if of foreign birth yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed or divorced (or) WIFE of: late Frederick Pike

6 DATE OF BIRTH (month, day, and year): Dec 11/45

7 AGE: Years 82 Months 11 Days 18 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Dayton Ohio

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Unknown

14 Informant: Katie Deshaler

(Address) 139 Rochester Pl

Filed DEC 1 - 1927 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 29/27

17 I HEREBY CERTIFY, That I attended deceased from Aug 9, 1927, to Nov 27, 1927, that I last saw her alive on Nov 27, 1927, and that death occurred, on the date stated above, at 3:45 p. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Cerebral apoplexy

(duration) yrs. 3 mos. 18 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Henry T. Collenberg, M. D.

12/1, 1927 (Address) 904 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — Date of Burial 12/2 1927

UNDERTAKER: Philip Herwig — ADDRESS 2016 Allen

Spec.—1-12-23—M&T—500 Bks.

E 27992

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 E 27992

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1420 ST. WARD)

2-FULL NAME Stephen Neal

(a) RESIDENCE No. 1419 Orund ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ?, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. AGE should be stated EXACTLY. PHYSICIANS should state

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): ? 1869

7 AGE — Years: 58 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: John Neal

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Sarah ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Records

15 Filed DEC 1 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/30/1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1927, to Nov. 30, 1927

that I last saw him alive on Nov. 30, 1927

and that death occurred, on the date stated above, at 9:01 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Kidneys & general metastases

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Surgical & Lab

(Signed) C. Holmes Smyth, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: Dec 1 1927

20 UNDERTAKER: Daniel Carson — ADDRESS: 916 Orchard

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27993

CERTIFICATE OF DEATH.

188-001

REGISTERED NO. E 27993

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Penn Ismael Penn 46-2 Ward)

2-FULL NAME Emanuel White

(a) RESIDENCE NO. 1409 Mosher St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: bol

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE: Years 40 Months Days IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labour

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) va

PARENTS

10 NAME OF FATHER Emanuel White

11 BIRTHPLACE OF FATHER (city or town)

(State or country) va.

12 MAIDEN NAME OF MOTHER Phillis Peter

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Robert White

(Address) 1409 Mosher St.

Filed DEC 1 1927 C. E. KARSNER, SUPT. M. D.

By ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

T.B. Acute

Multiple Fractures

Instant

CONTRIBUTORY (Secondary) Shock (Duration) yrs. mos. ds.

Dec 27 (Signed) G. C. Yates M. D.

1927 (Address) 143 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

*Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakalla Shrines Va. Date of Burial Dec 1 1927

20 UNDERTAKER Hamel & Easton ADDRESS 916 Pa ave

IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS

Spec.—1-12-23—MAT—500 Blks.

Anton Arban

20670

E 27994

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27994

CERTIFICATE OF DEATH.

141

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ST. 7-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anton Arban

(a) RESIDENCE NO. Strathmore ST. Ohio WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Confirmed

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER Anton Arban

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant Friends

(Address) JOHNS HOPKINS HOSPITAL

15 Filed DEC 1 1927 HARRY JOKES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30 1927

17 I HEREBY CERTIFY, That I attended deceased (from Sept 19, 1927, to Nov 30, 1927, that I last saw h[illegible] alive on Nov 30, 1927, and that death occurred, on the date stated above, at 8 30 A. m.

The CAUSE OF DEATH* was as follows:

(thrombo angiitis obliterans)

(gas gangrene)

cardiac failure

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of 10-24-27

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) J D Stalp M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Youngstown Ohio

DATE OF BURIAL 12/1/27

UNDERTAKER Joseph Ahrens

ADDRESS 221 Bway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

27995

E 27995

CERTIFICATE OF DEATH

131

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph's Hosp. St. 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Francis Riggs

(a) RESIDENCE NO. 127 S. Broadway St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 ~~Single~~, ~~Married~~, Widowed, ~~or Divorced~~, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Widowed

6 DATE OF BIRTH (month, day, and year): Aug 14 1852

7 AGE: Years 75 Months 3 Days 16

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Proctor Weatherbee & Co

9 BIRTHPLACE (city or town) (State or country): Balto Co

PARENTS

10 NAME OF FATHER: John Riggs

11 BIRTHPLACE OF FATHER (City or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Mrs. C. Talbott 12 Guilford Ave

15 Filed DEC 1 - 1927 C. KARLTON JONES M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: 11/30/27

17 I HEREBY CERTIFY, That I attended deceased from 11/11/ 19 27, to 11/30/ 19 27,

that I last saw h alive on 11/30/ 19 27

and that death occurred, on the date stated above, at 11.45 P. m.

The CAUSE OF DEATH* was as follows:

Pyonephrosis & Lyt Kidney

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary): Septicemia

(duration) yrs. mos. 17 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Mastagna, M. D.

, 19 (Address) St Joseph's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Dec 1927

Date of Burial

20 UNDERTAKER: Wilhelm & Sons

ADDRESS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

E 27996

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

REGISTERED E 27996

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2725 Dillon St., 1 Ward)

2-FULL NAME John Czarski

(a) RESIDENCE No. 2725 Dillon St. 1 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. — mos. — ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of Antonina Czarski

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE: Years 68; Months; Days; IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Builder

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: do

9 BIRTHPLACE (city or town):

(State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Unknown

14 Informant: Johanna Trash

(Address) 2725 Dillon St.

15 Filed DEC 1 - 1927 19 C. [illegible] JONES, Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 29 19 27

17 I HEREBY CERTIFY, That I attended deceased from October 27 19 27, to Nov. 29, 19 27, that I last saw him alive on Nov. 29, 19 27, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) ..... yrs. ..... mos. ..... ds.

If Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

(Address) 3589 Eastern Ave,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Cem Date of Burial 12-3 19 27

20 UNDERTAKER: Stephen J. Fialkowski ADDRESS 1000 Kenwood Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27997

CERTIFICATE OF DEATH.

101-001 E 27997

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 531 Bruce ST. 17-26 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clark Harmon

(a) RESIDENCE No. 531 Bruce ST., WARD Fugues

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 ~~Single~~, Married, ~~Widowed~~, or Divorced, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~: Edith Harmon

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 21 | Months — | Days — | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): O&C

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Accomac Co. Va

PARENTS

10 NAME OF FATHER: Chas Harmon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Accomac Co. Va

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Accomac Co Va

14 Informant: Edith Harmon

(Address): 531 Bruce St

15 Filed DEC 1 1927

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 30 1927

17

I HEREBY CERTIFY, That I attended deceased from Nov 20, 1927, to Nov 30, 1927, that I last saw him alive on Nov 24, 1927, and that death occurred, on the date stated above, at 7.55 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

. 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

CREMATION, REMOVAL OR RE-INTERMENT: Accomac Co. Va

DATE OF BURIAL: 12-1st 1927

20 UNDERTAKER: Jas. M. Skinner

ADDRESS: 1625 E. Mad St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27998

CERTIFICATE OF DEATH

90

REGISTERED NO. E 27998

1-PLACE OF DEATH

City of BALTIMORE: (No.) St. Joseph's Hospital St. 73-21 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Harris

(a) RESIDENCE NO. 911 Leadenhall St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 1875

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sailor

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER Jos. Harris

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Lucy Bowen

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Lucy Harris

(Address) 911 Leadenhall

15 Filed DEC 1 - 1927 By H. HAMPSON JONES Registrar ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Nov 29, 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 22, 19 27 to Nov 29, 19 27,

that I last saw h alive on Nov 29, 19 27

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Acute alcoholism

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) chronic myocarditis

(duration) ? yrs. mos. ds.

18 Where was disease contracted

If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) H Lamia Finney M. D.

19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — Date of Burial Dec 2 1927

20 UNDERTAKER John H. Frazier — ADDRESS 1627 Bond

W. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 27999

CERTIFICATE OF DEATH

129 E 27999

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 5245 Hanover St. 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susan Robinson

(a) RESIDENCE NO. 5245 Hanover St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced (HUSBAND of (or) WIFE of): Stafford Robinson

6 DATE OF BIRTH (month, day, and year): May - 1872

7 AGE: Years 55 Months 6 Days - IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): St Mary's Co

(State or country): Maryland

PARENTS

10 NAME OF FATHER: George Phenix

11 BIRTHPLACE OF FATHER (City or town): St Mary's Co

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Rachel

13 BIRTHPLACE OF MOTHER (city or town): St Mary's Co

(State or country): Maryland

14 Informant: Geo. Phenix

(Address): 5245 Hanover St

15 DEC 1 1927 C. HAMPSON JONES M. D. Registrar

By RPB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/29 1927

17 I HEREBY CERTIFY, That I attended deceased from 12/15 1926 to 11/29 1927.

that I last saw her alive on 11/29 1927

and that death occurred, on the date stated above, at 6:30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

Myocarditis - Arterio Sclerosis -

(duration) 7 yrs. - mos. - ds.

CONTRIBUTORY (Secondary): Chronic Nephritis

(duration) Unknown ds.

18 Where was disease contracted

If not at place of death? -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Dan'l Strauchen M. D.

11/30 1927 (Address) 122 W Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Date of Burial Dec 2 1927

20 UNDERTAKER: John H. Trader ADDRESS 102 Lombard

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28000

CERTIFICATE OF DEATH

148 E 28000

1-PLACE OF DEATH Colonial Hospital REGISTERED NO.

City of BALTIMORE: (No. St. 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Jones

(a) RESIDENCE NO. 1428 Parish St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): ?

7 AGE: Years 24 yrs. Months Days IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer): ? 10 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ind.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

14 Informant (Address)

15 Filed C. BRAXTON JONES, M. D. Registrar

OCT 1 1927 Per 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-1 19 27

17 I HEREBY CERTIFY, That I attended deceased from 11-21-27, to 12-1-27,

that I last saw her alive on 11-30-27,

and that death occurred, on the date stated above, at 12:30 A. m.

The CAUSE OF DEATH* was as follows:

Eclampsia

(Ante partum & Post partum)

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Acute myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted 1428 Parrish St

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Julius Galeski, M. D.

19 (Address) Colonial Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 28001

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28001

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (ST.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fred Williams

(a) RESIDENCE No. 951 Madison ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Calvin Kentucky

PARENTS

10 NAME OF FATHER: Jerry Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country): North Carolina

12 MAIDEN NAME OF MOTHER: Emma King

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Kentucky

14 Informant: Hospital Records

(Address)

15 FILED 1-1927 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 27 19 27

17

I HEREBY CERTIFY, That I attended deceased from Sept. 26, 19 27, to Nov. 27, 19 27,

that I last saw him alive on Nov. 27, 19 27,

and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Duration (duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Path.

(Signed) L. T. Middleton, M. D.

11-27-27 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
20 UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND

Commissioner Health.

DEC 1 1927

Be careful, legible and correct. PHYSICIANS should fill this ... DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 28002

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28002

CERTIFICATE OF DEATH.

159-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1931 Ridgewood Ave ST. — WARD

2-FULL NAME Mary Elizabeth Griffith

(a) RESIDENCE NO. 1931 Ridgewood Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single (Baby)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 27th 1927

7 AGE Years — Months — Days 3 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Roger M. Griffith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Frances Loretta Wenner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carlisle Pa.

14 Informant Frances Loretta Griffith

(Address) 1931 Ridgewood Ave

15 [illegible] JONES, M. D.

DEC 1 - 1927 , 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 30 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 27th, 1927, to Nov. 30th, 1927.

that I last saw h[illegible] alive on Nov. 29th, 1927

and that death occurred, on the date stated above, at 11:45 A. m.

The CAUSE OF DEATH* was as follows:

Asphyxia Neonatorum.

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Valvular Heart Disease

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) Edw. G. Kelly, M. D.

, 19 (Address) 2227 W. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sh CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of TION is very important. See instructions on back of certificate.

Spec. -7-17-26—A Co.—200 Bks.

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28003

CERTIFICATE OF DEATH

45 E 28003

REGISTERED NO.

1-PLACE OF DEATH Albin Hotel

City of BALTIMORE: (No. Cathedral & Read St. 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie. S. Long

(a) RESIDENCE NO. Cathedral & Read St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 ~~Single~~, Married, Widowed, or ~~Divorced~~, (write the word): Widow

5a If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 23rd 1846

7 AGE: Years 81 Months Days 7 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Charles Hamp

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Phila Pa

12 MAIDEN NAME OF MOTHER Mary Anderson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Phila Pa

14 Informant: Mrs Long

(Address) 14 N Read St

15 Filed DEC 1 - 1927 C. HAMILTON JONES, M. D. Registrar

Per ERA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct, 1927, to Nov, 1927, that I last saw her alive on Nov 29, 1927, and that death occurred, on the date stated above, at 1.15 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the cervix

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Starvation

(duration) yrs. mos. 18 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Some 20 yrs ago operated for Carcinoma

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) [illegible] M. D.

11/30 1927 (Address) 1403 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem — Date of Burial: Dec 2 1927

20 UNDERTAKER: Henry Wenkins Son — ADDRESS: Eutaw & Baltimore

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28004 E 28004

CERTIFICATE OF DEATH.

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 909 N. Henry St. (Ward) 17

2-FULL NAME Michael Mullen

(a) RESIDENCE NO. 909 N. Henry ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ~~60~~ 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Lynch

6 DATE OF BIRTH (month, day, and year): 1867

7 AGE: Years 60 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinists Helper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Michael Mullen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Mrs Annie Mullen 909 N. Henry St.

15 Filed DEC 1 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 28. 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1. 1927. to Nov. 28. 1927.

that I last saw him alive on Nov. 28. 1927.

and that death occurred, on the date stated above, at 10:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Int. Nephritis.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Mitral Regurgitation.

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Hemiatalysis & Physical

(Signed) Thos. Boston, M. D.

11/30/27 (Address) 888 W. Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem. DATE OF BURIAL: 12/2/27

20 UNDERTAKER: Geo. A. Farley ADDRESS: Fulton & Fayette

B.—WRITE PLAINLY WITH UNFADING INK. All questions should be stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

DEC 1 1927

Spec.—1-12-23—M&T—500 Bks.

E 28005

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

47

REGISTERED NO. E 28005

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 2316 Arunah Ave. ST. 16-69 WARD

2-FULL NAME Clara P. Rolker

(a) RESIDENCE NO. 2316 Arunah Ave. ST.

(Usual place of abode) WARD

Length of residence in city or town where death occurred 52 yrs. 1 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year): Oct. 4 1875

7 AGE — Years: 52 Months: 1 Days: 26 If LESS than 1 day, hrs or min:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: H. H. Rolker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Catherine E. Herman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Miss Minnie Rolker 2316 Arunah ave.

15 Filed DEC 2 - 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 30 1927

17 I HEREBY CERTIFY, That I attended deceased from April 12th, 1927, to Nov. 23th, 1927, that I last saw h ev alive on Nov 29th, 1927, and that death occurred, on the date stated above, at 10.15a m.

The CAUSE OF DEATH* was as follows:

General Carcinomatosa

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Colon

(duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of April 1927

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) William Hessick, M. D.

19 (Address) 1700 Linden ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Dec 2 1927

20 UNDERTAKER: Wm. Tickner & Sons

ADDRESS: North & Pa

N. B.—WRITE PLAINLY, WITH UNFADING INK. The information given must be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

E 28006

CERTIFICATE OF DEATH.

E 28006

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Colonial Hosp. St. 27-54 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo Melvin Moon.

(a) RESIDENCE NO. South Ave & Fifth St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Mamie E. Moore

6 DATE OF BIRTH (month, day, and year) July 22 1875

7 AGE: Years 52 Months 4 Days 8 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shipping Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.

(State or country)

PARENTS

10 NAME OF FATHER Alonzo A. Moore

11 BIRTHPLACE OF FATHER (city or town) Balto Md

(State or country)

12 MAIDEN NAME OF MOTHER Sara Kirwan

13 BIRTHPLACE OF MOTHER (city or town) Balto Md

(State or country)

14 Informant Mrs Mamie E. Moore

(Address) 243 S. Ann St.

Filed DEC 2 - 1927

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Bright's Disease

(Duration) yrs. mos. 1 hr.

Signed C. C. Salter M. D.

(Coroner)

(Address) 143 E. Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery Date of Burial Dec. 3 1927

20 UNDERTAKER: Kenny Nolan Sons ADDRESS 130 E. Eager St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28007

CERTIFICATE OF DEATH.

90 E 28007

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 504 Beaumont Ave ST. WARD

2-FULL NAME Adelaide M Vicari

(a) RESIDENCE No. 504 Beaumont Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis Vicari

6 DATE OF BIRTH (month, day, and year): June 15 1884

7 AGE: Years 43 Months 5 Days 5 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Erasmus Piroli

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Rose Epstein

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: Louis Vicari

(Address): 504 Beaumont Ave

15 Filed DEC 2 - 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 30 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 1- 1926, to Nov. 30 1927,

that I last saw h[er] alive on Nov. 30 1927

and that death occurred, on the date stated above, at 9.20 P m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis 5 yrs

Chr. Endocarditis 3 yrs

(duration) yrs mos ds.

CONTRIBUTORY (Secondary): Pulmonary Edema

(duration) yrs. 2 mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Auscultation & Blood Pressure

(Signed) J M DeCourcy M. D.

Dec 1 1927 (Address) 621 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn

DATE OF BURIAL: 12/3 1927

20 UNDERTAKER: J M Cook

ADDRESS: 532 E Monument

NOTE.—WRITE PLAINLY. WITH CORRECT SPELLING. AGE should be stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-5-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28008 E 28008

CERTIFICATE OF DEATH.

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2857 Prospect St. 16-68 Ward

2-FULL NAME Margaret Deal

(a) RESIDENCE NO. 2857 Prospect St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert Deal

6 DATE OF BIRTH (month, day, and year): June 18 1866

7 AGE: Years 61 Months 10 Days 19 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Maryland

PARENTS

10 NAME OF FATHER: John Leonard

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): unknown

14 Informant: George A Lowry

(Address) 1422 Hanover Ave.

15 Filed ... 19 ... Registrar

DEC 2 - 1927

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 29 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Coroner's autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Mitral Stenosis

Endocarditis (duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. 1 ds.

11/27 (Signed) G C Yates M. D.

(Coroner) .29 (Address) 1436 Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the state yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — Date of Burial 12/2 1927

20 UNDERTAKER: William Cook — ADDRESS 502 E North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28009

CERTIFICATE OF DEATH.

90

E 28009

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2011 Belair Rd ST., 8-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Lewis Machen

(a) RESIDENCE NO. 2011 Belair Rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Machen

6 DATE OF BIRTH (month, day, and year): March 10-1849

7 AGE — Years: 78 — Months: 8 — Days: 21 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Lewis Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Lewis Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Geo. H. Corn (Address) 2011 Belair Road

15 Filed DEC 2 - 1927, 19 [illegible] M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 1 1927

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1927, to Dec 1, 1927, that I last saw him alive on Nov 30, 1927, and that death occurred, on the date stated above, at 2:20 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis heart disease

(duration) 1 yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual symptoms

(Signed) Fred C Jewett, M. D.

, 19 (Address) 2546 Pennsylvania

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: 12/3 1927

20 UNDERTAKER: J M Cook — ADDRESS: 322 Eutaw St

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28010

CERTIFICATE OF DEATH.

E 28010
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE. NO. 1153 N. Carey ST. 16-23 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucia Dipon

(a) RESIDENCE NO. 1153 N. Carey ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year): 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Thomas Tomas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Emily Armstrong

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Octavia Washington (Address) 1153 N. Carey St.

15 Filed DEC 2 - 1927 H. R. Jones Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-30-1927

17

I HEREBY CERTIFY, That I attended deceased from Nov 2nd, 1927, to Nov 30th, 1927,

that I last saw her alive on Nov 30th, 1927,

and that death occurred, on the date stated above, at 7:40 P. m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(duration) yrs. 1 mos 28 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Jos. Casper, M. D.

, 19 (Address) 1063 Myrtle Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: 12/3 1927

20 UNDERTAKER: Samuel Hamilton — ADDRESS: 978 McCulloh

N. B.—WRITE PLAINLY, WITH UNFADING INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.-.-12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28011
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

129 E 28011
REGISTERED NO.

City of BALTIMORE: (No. 2119 Division St St. 14-59 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Mary Jones

(a) RESIDENCE NO. 2119 Division St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bernard Jones

6 DATE OF BIRTH (month, day, and year): 4-12-1845

7 AGE: Years 32 | Months 7 | Days 18 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town): Balto
(State or country): Md

PARENTS

10 NAME OF FATHER: Stephen Thomas

11 BIRTHPLACE OF FATHER (city or town): Balto
(State or country): Md

12 MAIDEN NAME OF MOTHER: Annie Jefferson

13 BIRTHPLACE OF MOTHER (city or town): Balto
(State or country): Md

14 Informant: Clarence Thomas
(Address): 2119 Division St

15* Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-30 1927

17 I HEREBY CERTIFY, That I attended deceased from Aug 2, 1927, to Nov 30, 1927, that I last saw h[illegible] alive on Nov 30, 1927, and that death occurred, on the date stated above, at 9P. m.

The CAUSE OF DEATH* was as follows:
Valvular Heart Disease and Nephritis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Acute Condition

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Manuel L Gore, M. D.

, 19 (Address) 1 Y Y M C A

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Lebanon Cem Date of Burial 12/3 1927

20 UNDERTAKER: Samuel Hendley ADDRESS 578 Balto

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Hks.

E 28012

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74-001 E 28012

REGISTERED NO.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1300) Ameer St. 15-22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nurses Room

(a) RESIDENCE NO. 1300 Ameer St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E. Smith

6 DATE OF BIRTH (month, day, and year): Nov 22th 1869

7 AGE: Years 58 Months 0 Days 4 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: B. C. R. R.

9 BIRTHPLACE (city or town) (State or country): Bay Shore Va.

PARENTS

10 NAME OF FATHER: Perry Smith

11 BIRTHPLACE OF FATHER (City or town) (State or country): Carolina Co Md

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

14 Informant: Nurse Mary E. Smith

(Address) 1300 Ameer

Filed DEC 2 - 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 29th 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 18th 1927 to Nov 29th 1927.

that I last saw h[illegible] alive on Nov 29th 1927.

and that death occurred, on the date stated above, at 1:20 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 15 mos ds.

CONTRIBUTORY (Secondary) Arterial Hypertension

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

. 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem Date of Burial Dec 2 27

20 UNDERTAKER: Samuel Stevenson ADDRESS 728 N Carey

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28013 (printed) 168 E 28013 (written)

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: No. 1500 N. Mulberry St. Ward 17

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles R. Green

(a) RESIDENCE NO. 1500 N. Mulberry St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race Colored 5 Single, Married, Widowed, or Divorced, (write the word) Married

6a If married, widowed or divorced HUSBAND of (or) WIFE of Lilligan B. Green

6 DATE OF BIRTH (month, day and year) Jan 10 = 1892

7 AGE Years 37 Months 10 Days 18 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Pollock & Co

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER Chas Green

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Vernia Butler

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Vernia Green 2nd

(Address) 712 N. Bruce St

Filed DEC 2 - 1927 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Nov 28/ 27

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest or inquiry)

thereon and from the evidence obtained by said Inquest

Inquest, and find that said deceased came to ... death

(Autopsy or inquiry.)

on the day stated above.

The CAUSE OF DEATH* was as follows: Suicide — Hung off Pipes Neck

(Duration) ds.

CONTRIBUTORY (Secondary) Found Dead when found by Thos. R. Hosby

ds.

Signed (Coroner) D.

Nov 30 — 1927 (Address) Curtis Bay Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

In this place ... yrs., ... mos., ... ds. In the state ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem Date of Burial 12/2 1927

20 UNDERTAKER Samuel Stanley ADDRESS 78 Biddle

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28014

CERTIFICATE OF DEATH.

31 E 28014

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 743 Ayax ST. 10-14 (WARD)

2-FULL NAME Lenora E. Chase

(a) RESIDENCE NO. 743 Ayax ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. 3 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 25 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	36	3	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Annie Chase

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Anita Pleasant

(Address) 1025 E. Madison

15 Filed ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30 1927

17 I HEREBY CERTIFY, That I attended deceased from Sept 6 - 1927 to Nov 30 1927 that I last saw h alive on Nov 29 1927 and that death occurred, on the date stated above, at 4 m

The CAUSE OF DEATH* was as follows:

Tuberculosis Lungs

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? (no)

What test confirmed diagnosis? Sputum

(Signed) Wm Clyde Burns M. D.

12-1 1927 (Address) 201 E. 23

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Leakin Park

DATE OF BURIAL Dec 3 1927

20 UNDERTAKER Wm Ida Saunders

ADDRESS 1705 E Madison

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS CERTIFICATE MUST BE FILLED OUT IN FULL. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

DEC 2 - 1927

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28015

CERTIFICATE OF DEATH.

E 28015

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 15 N. Caroline St St. 1-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilson E. Glisspy

(a) RESIDENCE NO. 15 N. Carline St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 12 1927

7 AGE: Years 4 Months Days 18 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto Md.

PARENTS

10 NAME OF FATHER Will Glisspy

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Lucy Hall

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md.

14 Informant Lucy Hall

(Address) 15 N. Ceroline St

Filed DEC 2 - 1927, 19

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 1/27 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pertussis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) J. H. Collins

(duration) yrs. mos. ds.

(Signed) M. D.

(Coroner)

12/2/27 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary Cem. Date of Burial: Dec. 2nd 19

20 UNDERTAKER: Mrs. R. A. Elliott ADDRESS: 1725 Aisquith

R.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28016

CERTIFICATE OF DEATH.

38 E 28016

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3209. Taylor ave ST. 27-44 WARD

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Geny Wiechert

(a) RESIDENCE NO. 3209 Taylor av ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, ~~Widowed~~, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Edith

6 DATE OF BIRTH (month, day, and year): Nov 7 1879.

7 AGE — Years: 48 — Months: — — Days: 23 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): W. Skinner
(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Henry D. Wiechert

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Gertrude Hahn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Mrs M. Edith Wiechert
(Address) 3209 Taylor av.

15 Filed DEC 2 1927 C. HARRISON JONES, M. D. Registrar

N. B.—WRITE PLAINLY, WITH UNFADING INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 30 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 23 1927 to Nov 30 1927, that I last saw him alive on Nov 29 1927 and that death occurred, on the date stated above, at 1.15 a m

The CAUSE OF DEATH* was as follows:

Hypostatic Congestion
(Pulmonary)

(duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary): Cerebral arterio-Sclerosis (Bulbar softening)

(duration) 2 yrs. — mos. — ds. or more

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Morris B Greif M. D. (Address) Hamilton Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemy — DATE OF BURIAL: Dec 3 1927

20 UNDERTAKER: Geny J. Puth — ADDRESS: 1735 Hayford Av

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28017 — REGISTERED No. E 28017

1-PLACE OF DEATH: City of BALTIMORE: (No.) Maine Hospital St. 8-13 Ward 185

2-FULL NAME Melanie G. Insley

(a) RESIDENCE NO. 1222 N Bway St. Ward

(Usual place of abode)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Martha A. Buscoe

6 DATE OF BIRTH (month, day, and year): Nov 3 1865

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	62		27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Mariner

(b) General nature of industry, business, or establishment in which employed (or employer): Baltimore

(c) Name of employer: Carolina S.S. Co

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: William Insley

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary Smith

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Maryland

14 Informant: Martha A. Insley

(Address): 1222 N. Broadway

FILED: DEC 2 - 1927 — C. KELLY JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 30 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry.)

thereon and from the evidence obtained by said Inquest, and find that said deceased came to his death (Autopsy or Inquiry.)

on the day stated above.

The CAUSE OF DEATH* was as follows: Acc Fall in Str Sra Negros Corbelle

Fracture of Skull 52 hrs

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Central Hamm Co 2 yrs

(duration) yrs. mos. M.

(Signed) Jos E Blades M. D.

(Coroner)

(Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — Date of Burial: Dec 3 1927

20 UNDERTAKER: John F. Denny — ADDRESS: 115 Light St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

Adler.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28018

CERTIFICATE OF DEATH.

65-001 E 28018

1-PLACE OF DEATH Sinai Hospital

City of BALTIMORE: (No. Monument & L. St., 12-59 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Solman adler

(a) RESIDENCE NO. 2240 Bromfield St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary adler

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: Years 81 | Months — | Days — | IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): merchant

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER [illegible]

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Jack Lewis

(Address) 1439 Eutaw St

Filed DEC 2 - 1927

C. HARTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 27

12-1-27

17 I HEREBY CERTIFY, That I attended deceased from Nov 26 19 27, to Dec 1 19 27

that I last saw h[illegible] alive on Dec 1, 19 27

and that death occurred, on the date stated above, at 5 10 P m.

The CAUSE OF DEATH* was as follows:

acute myocardial [illegible]

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) acute myocardial [illegible]

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) Bernard Cohen M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship Cem

Date of Burial: 12/7 1927

20 UNDERTAKER: Jack Lewis

ADDRESS: 1439 Eutaw St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28019

90 E 28019

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1318 N Milton Ave St. 8-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cora Alice Higgs

(a) RESIDENCE NO. 1318 N Milton Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas A Higgs

6 DATE OF BIRTH (month, day, and year): Sept 21 1872

7 AGE: Years 54 Months 2 Days 10 9

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: J B Harrison

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Caroline Mabra

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: J A Higgs

(Address): 1318 N Milton Ave

15 Filed DEC 2 1927

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 1-27

17 I HEREBY CERTIFY, That I attended deceased from Nov 28 1927 to Dec 1-27

that I last saw h alive on Dec 1-27

and that death occurred, on the date stated above, at 5-10 Pm

THE CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Arterio-Sclerotic Coronary Disease)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. D.

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Shenandoah Va

DATE OF BURIAL: DEC 1927

20 UNDERTAKER: Rosenwald

ADDRESS: 2005 Mean

mation should be carefully supplied. Age should be stated in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.→12-9-25—A Co.—200 Bks.

E 28020

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

185 27-48

E 28020
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 601 Radnor Ave St. 27 Ward)

2-FULL NAME Emma C. Airey

(a) RESIDENCE NO. 601 Radnor Ave St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Late Samuel J. Airey

6 DATE OF BIRTH (month, day, and year) Jan 19/1864

7 AGE — Years: 63 — Months: 10 — Days: 11 — IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Alfred J. Underwood

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Balto. Co., Md.

12 MAIDEN NAME OF MOTHER Susan Perine

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto. Co., Md.

14 Informant Carroll J. Airey
(Address) 2012 W. Pratt St.

DEC 2 - 1927

[illegible] JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30/27

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intracranial Hemorrhage & Fractured Skull- Accidentally fell down stairs in her home.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) (duration) ....yrs. ....mos. ....ds.

(Signed) J. S. N. Pate M. D.
(Coroner)

12/1/27 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery — Date of Burial: Dec 3 1927

20 UNDERTAKER: Harry H. Kitzka — ADDRESS: 103 Lombard

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

E 28021

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 28021

90

REGISTERED NO. 28-71

1-PLACE OF DEATH Md General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (N. Madison & Linden Ave. Ward)

2-FULL NAME Henry Lorsch

(a) RESIDENCE Edmondson Ave 453 feet W Bell Trident Road

(Usual place of abode) St. Ward

Length of residence in city or town where death occurred all life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? all life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Lorsch

6 DATE OF BIRTH (month, day, and year) Sept 11 1853.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	74	2	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Basket Maker

(b) General nature of industry, business, or establishment in which employed (or employer) Above

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Wade Md.

PARENTS

10 NAME OF FATHER Cayer Forsch

11 BIRTHPLACE OF FATHER (City or town) (State or country) Saxony Germany

12 MAIDEN NAME OF MOTHER Elizabeth Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Wade Md.

14 Informant H. W. Forsch

(Address) Same as above

15 Filed DEC 2 - 1927 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-30-1927

17 I HEREBY CERTIFY, That I attended deceased from 10-17- 19 27 to 11-30 19 27 that I last saw h[illegible] alive on 11-30-27 19 and that death occurred, on the date stated above, at 11.55 m.

The CAUSE OF DEATH* was as follows:

Cardio Sclerosis & Myocarditis

(Coronary Occlusion) (duration) 20 yrs. — mos. — ds.

CONTRIBUTORY Auricular fibrillation & Decubitus (duration) — yrs. — mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of None

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Jno A Gundrum M. D.

19 Address [illegible]

*State the Disease Causing Death, or in deaths from violent causes state (1) Means and Nature of Injury and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — Date of Burial Dec 3 1927

20 UNDERTAKER Harry H Ritzke — ADDRESS 153 N Fremont Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 28022

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28022

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1645 E. Fayett St. 6-9 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elton Ross

(a) RESIDENCE NO. 1645 E. Fayett St. WARD 2nd

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 26 1908

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min
19	9	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Petersburg Va

PARENTS

10 NAME OF FATHER Edmond Ross

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Julia Matthews

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Edmond Ross

(Address) 1645 E. Fayett St

15 Filed DEC 2 - 1927 C. BAGBY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30 19 27

17

I HEREBY CERTIFY, That I attended deceased from Nov 23, 1927, to Nov 30, 1927,

that I last saw him alive on Nov 30, 1927

and that death occurred, on the date stated above, at 10 30A m.

The CAUSE OF DEATH* was as follows:

Acute Croupous Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) [illegible] M. D.

(Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Petersburg Va W. P. DATE OF BURIAL Dec 2 1927

20 UNDERTAKER Edward Bryan ADDRESS 1651 Orleans St

N. B.—WHITE PAPER must be used. All information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

(Mark Burrell)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28023

CERTIFICATE OF DEATH.

99-002 E 28023

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 1020 Warner ST., 21 WARD, 31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mark Burrell

(a) RESIDENCE NO. 1020 Warner ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE C 5 Single, Married, Widowed, or Divorced, (write the word) single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12/20/1912

7 AGE Years 15 Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work school girl

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Alexander Burrell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary Burrell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Pearl Burrell (Address) 1020 Warner st

15 Filed DEC 7 - 1927 C. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/29 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 26th, 1927, to Nov 29th, 1927, that I last saw h[illegible] alive on Nov 29th, 1927, and that death occurred, on the date stated above, at 5:4[illegible] m.

The CAUSE OF DEATH was as follows:

Uremic Convulsions

(duration) yrs. — mos. — ds. 5

CONTRIBUTORY (Secondary) Nephritis Chronic

(duration) — yrs. — mos. 5 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Howard Jones M.D.

(Address) 1194 Cathedral Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL Dec 3rd 1927

20 UNDERTAKER [illegible] ADDRESS 111 S. Fulton Ave

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 4-12-27 500M

E 28024

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 28024

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2034 Harford Ave ST., 9-18 WARD)

2-FULL NAME Louis W Yeakel

(a) RESIDENCE NO. 2034 Harford Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX ~~Female~~ Male

4 COLOR OR RACE White

5 Single, ~~Married~~, ~~Widowed~~, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 20-1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	54	6	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waterman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Charles L. Yeakel Md

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Winter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Raymond Yeakel

(Address) 3738 Loudon Ave

15 Filed [illegible] C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1 1927, to Nov. 30 1927, that I last saw him alive on Nov. 30 1927 and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of None

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. L. Duguess, M. D.

Nov 1927 (Address) 1202 E. Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemy DATE OF BURIAL Dec 3 1927

20 UNDERTAKER Robt J Turner Sr ADDRESS 1442 N. Broadway

mation should be carefully supplied. AGE shown on face of certificate. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

2761

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28025

CERTIFICATE OF DEATH

99-001

E 28025

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 602 Washington Blvd. St., 22-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Boyd.

(a) RESIDENCE NO. 602 Washington Blvd. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Adelaide Boyd

6 DATE OF BIRTH (month, day, and year) March 2,1866

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	61	8	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER John E.Boyd

11 BIRTHPLACE OF FATHER (City or town)

(State or country) New York N.Y.

12 MAIDEN NAME OF MOTHER Elizabeth Somers

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mrs Adelaide Boyd.

(Address) 602 Washington Blvd

15 Filed 19 C. HAMILTON JONES, M. D. Registrar

DEC 2 - 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

November 30,1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 5, 1925, to Nov 30, 1927, that I last saw him alive on Nov 30, 1927, and that death occurred, on the date stated above, at 2 20 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis 3 yrs

Bronchitis (acute)

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Pulmonary Congestion

(duration) yrs. mos 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Guaiac test 2 ds

(Signed) J M Deleret M. D.

Dec 2, 1927 (Address) 621 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial 19
Loudon Park Cemetery	Dec 3,1927

20 UNDERTAKER Jos Jourdens – Son ADDRESS 217 S. Paca

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

Storch

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 28026 + 90 E 28026

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St Josephs Hospital St., 9-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME McChan Storch

(a) RESIDENCE NO. Woodstock Mod St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE: Years 45 | Months | Days | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Caretaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Woodstock College

9 BIRTHPLACE (city or town)

(State or country) Lithuania

PARENTS

10 NAME OF FATHER Unk

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Unk

12 MAIDEN NAME OF MOTHER Unk

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unk

14 Informant Brother Coloman

(Address) Woodstock College

15 Filed DEC 2 - 1927 EDWIN JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 12-1-27

17 I HEREBY CERTIFY, That I attended deceased from 11-27, 19 27 to 12-1-, 19 27, that I last saw h[illegible] alive on 12-1, 19 27, and that death occurred, on the date stated above, at 5' 15 p. m.

The CAUSE OF DEATH* was as follows:

Coma. Myocarditis (Decompensation)

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted

If not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H Lawrence Fahey M. D.

, 19 (Address) St. Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Ignatius Cem. Date of Burial: Dec 3 1927

20 UNDERTAKER: Geo Sinns & Carroll Inc ADDRESS: Baltimore Md

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 28027

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28027

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 Colvin ST. 5-8 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Proctor

(a) RESIDENCE NO. 210 Colvin ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	C	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
About 40				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Abraham Proctor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mc Bird Jackson

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant Clara Proctor (Address) 937 N. Wallace St

15 Filed DEC 2 - 1927 19- Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 26, 1927, to Nov 30, 1927

that I last saw him alive on Nov 30, 1927

and that death occurred, on the date stated above, at 2 30 p m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) ... yrs. ... mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) George L. Allen M. D.

(Address) 508 Somerset ST 11-30-1927

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem.

DATE OF BURIAL 12/3 1927

20 UNDERTAKER Byrom & Wright

ADDRESS 1218 McCulloh St

N. B.—Information should be carefully supplied. AGE should be stated EXACTLY. Attendant's CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28028

CERTIFICATE OF DEATH.

6-9 1927

E 28028

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St., Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leroy Brown

(a) RESIDENCE NO. 204 N. Durham St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
M	C	M

5a If married, widowed, or divorced (or) WIFE of HUSBAND of Mary Brown

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	34			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) unknown

PARENTS

10 NAME OF FATHER "

11 BIRTHPLACE OF FATHER (city or town) "

(State or country)

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) "

(State or country)

14 Informant Police Dept

(Address)

15 Filed ... C. KALTON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/24/1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol shot of heart & lungs.

Homicide

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) ... M. D.

(Coroner)

12/1/27 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Lebanon Date of Burial Dec 2 1927

20 UNDERTAKER Randall & Harper ADDRESS 311 E. Baltimore

DEC 2 1927

8.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 28029

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28029

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 11-24-90 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Williams

(a) RESIDENCE No. 202 Rush Court ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer) O+O

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Beverly Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Holmes ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address) Records.

15 Filed DEC 2 - 1927 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/29/1927

17

I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1927 to Nov. 28, 1927

that I last saw him alive on Nov. 28, 1927

and that death occurred, on the date stated above, at 3:00 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic, acute.

Hypertension

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General Symptoms

(Signed) C. Holmes Boyd, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

N. B.—WRITE PLAINLY. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS: CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28030

CERTIFICATE OF DEATH.

E 28030

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Bd Gen Hospital St. 11-24 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raymond Eubanks

(a) RESIDENCE NO. Dundalk Md. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 11 1908

7 AGE: Years 19 Months 4 Days 19 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Bethlehem Steel Beaufort S.C.

9 BIRTHPLACE (city or town): N. C.

(State or country)

PARENTS

10 NAME OF FATHER: C. T. Eubanks

11 BIRTHPLACE OF FATHER (city or town)

(State or country): N. C.

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Not known

14 Informant: Ethel M. Faulkholland

(Address): 111 Baltimore Ave, Dundalk

15 Filed ..... 1927 C. HALTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 30 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Multiple Fractures

a cc. Fall from Scaffold

(duration) ..... yrs. ..... mos. 6 hrs.

CONTRIBUTORY (Secondary) Shock

(duration) ..... yrs. ..... mos. 1 hr. ds.

(Signed) G. C. Hales M. D.

(Coroner)

12/1, 1927 (Address) 143 Hot Springs

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Beaufort N. C. via Penn R.R. Dec 1927 Date of Burial

20 UNDERTAKER: John F. Denny ADDRESS: 715 Light St

R.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 2 - 1927

Spec—12-23-21—E.B.R.S.—400 Bks.

E 28031 HEALTH DEPARTMENT—CITY OF BALTIMORE E 28031

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 105 W. Balto St St. 4-2974 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Howard.

(a) Residence No. 105 W Balto St St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Late Edward J. Howard

6-DATE OF BIRTH (month, day and year): Apr 3 - 1852.

7-AGE: 75 yrs. 7 mos. 28 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED:

(a) Trade, profession, or particular kind of work: House work.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Md.

PARENTS.

10-NAME OF FATHER: John T. Lovell.

11-BIRTHPLACE OF FATHER (city or town) (State or Country): N. C.

12-MAIDEN NAME OF MOTHER: Sarah Widdlow.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): N. C.

14- (Informant): Mrs. Clyde C. Bell

(Address): 1607 N. Monroe St.

15- Filed DEC 2 1927 19

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Dec 1 1927

17- I HEREBY CERTIFY, That I attended deceased from 11/30/27 19 to 12/1/27 19

that I last saw h alive on 12/1/27 19

and that death occurred, on the date stated above, at 3 05 P. m.

The CAUSE OF DEATH* was as follows:

Hypertension

(Duration) about yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Arteriosclerosis

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Edward J. Levy M. D.

12/1, 1927 (Address) 9 W. Lanvale

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cem. DATE OF BURIAL: Dec 3rd 1927

20-UNDERTAKER: John J. Cowan & Son ADDRESS: 901 Hollins St

EC 2 1927

should be carefully supplied. AGE should be stated EXACTLY. Information in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

28032 E 28032

CERTIFICATE OF DEATH.

56-01

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 608. S. Kenwood Ave (St.) 13 (Ward)

2-FULL NAME Dorothy M. Wade

(a) RESIDENCE. (Usual place of abode) No. 608. S. Kenwood Ave St., Ward.

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of: Daniel M Wade

6 DATE OF BIRTH (month, day, and year): May 3 1891

7 AGE: Years: 36 Years; Months: 6; Days: 25; If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Willesin Merritt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Dont Know

14 Informant: Daniel M Wade

(Address): 608. S Kenwood Ave

15 Filed DEC 2 - 1927 C. EARLTON JONES, M. D. Registrar

P.M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 1st 1927

17 I HEREBY CERTIFY, That I attended deceased from Sept. 14th, 1927, to Nov 30th, 1927, that I last saw her alive on Nov. 30, 1927, and that death occurred, on the date stated above, at 4 30 A. m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(duration) yrs. 1½ mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? ✓

What test confirmed diagnosis? ✓

(Signed) Adam Dod, M. D.

, 19 (Address) 4700 Eastern Ave

*State the Disease Causing Death, or (in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Porter Ville Maryland — DATE OF BURIAL: Dec 3 1927

20 UNDERTAKER: Robt J Turner Sr — ADDRESS: 1402 N Broadway

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 28033

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28033

CERTIFICATE OF DEATH.

27-44 90

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3902 Maine Ave., ST. WARD)

2-FULL NAME John Downing Wright

(a) RESIDENCE No. 3902 Maine Ave., ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Nellie Bisbee Wright

6 DATE OF BIRTH (month, day, and year) May 8th 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	6	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Representative

(b) General nature of industry, business, or establishment in which employed (or employer) Railway Paints

(c) Name of employer Scientific Production Co.

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Henry Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Martha Downing

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mrs N. B. Wright
(Address) 3902 Maine Ave.,

15 Filed DEC 2 1927 19 E. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 1 1927 9:10 a.m.

17 I HEREBY CERTIFY, That I attended deceased from Dec Nov 30 1927 to Dec 1 1927.

that I last saw him alive on Dec 1 1927

and that death occurred, on the date stated above, at 9:10 a m

The CAUSE OF DEATH* was as follows:

Uremia duration ?

(duration) yrs mos 1 ds.

CONTRIBUTORY (Secondary) Myocarditis — duration ?

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Wells S Kellett M.D.

Dec 1, 1927 (Address) 2220 Harrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL Dec. 3 1927

20 UNDERTAKER [illegible]

ADDRESS [illegible]

nation should be carefully supplied. AGE should be given in YEARS. Exact statement of OCCU-
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU-
TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 28034

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28034

CERTIFICATE OF DEATH

32

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Mem. Hosp ST 25-75 (WARD)

2-FULL NAME Baby Wanda Baller

(a) RESIDENCE NO. Annapolis Blvd. ST. Brooklyn WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. dy. How long in U. S., if of foreign birth? yrs. mos. dy.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 7-1925

7 AGE: Years 2 Months 6 Days 24 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country): Balto, Md

PARENTS

10 NAME OF FATHER: John Baller

11 BIRTHPLACE OF FATHER (city or town) (State or country): South Carolina

12 MAIDEN NAME OF MOTHER: Anita Schubert

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pennsylvania

14 Informant: Mother

(Address)

15 Filed DEC 2-1927, 19 C. GAITHER JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-1 1927

17 I HEREBY CERTIFY, That I attended deceased from 11-29, 1927 to 12-1, 1927, that I last saw her alive on 12-1, 1927 and that death occurred, on the date stated above, at 9:50 P. M.

The CAUSE OF DEATH* was as follows:

T. B. Meningitis

(duration) yrs. mos 18 dys.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 dys.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Typical Clinical Picture

(Signed) Frank Keiler Morris, M. D.

, 19 (Address) Union Mem. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cem.

DATE OF BURIAL: 12/2/1927

UNDERTAKER: John J. Doyle & Sons

ADDRESS: 1318 Light

mation should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 28035

HEALTH DEPARTMENT—CITY OF BALTIMORE E 28035

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 9-4 WARD)

2-FULL NAME Andrew J. Harkleinheimer

(a) RESIDENCE NO. Stemmers Run, Md ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed,~~ or ~~Divorced,~~ (write the word): Baby

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11-8-26

7 AGE: Years 1 Months 0 Days 23 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER Andrew Harkleinheimer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Grace Koller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Records (Informant) (Address)

15 12-2-1927 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec-1 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov-14, 1927, to December 1, 1927, that I last saw him alive on December 1st, 1927 and that death occurred, on the date stated above, at 7:05 A. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of peritoneum and intestines

almost (duration) yrs. 2 mos ds. (?)

CONTRIBUTORY (Secondary) Tuberculous pneumonia

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? yes Date of Nov. 21, 1927

Was there an autopsy? yes, partial

What test confirmed diagnosis? Operation

(Signed) J. L. Brenneman, M. D.

12/1, 1927 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Philadelphia Pa — DATE OF BURIAL 12-3 1927

20 UNDERTAKER Robert Brooks & Son — ADDRESS Catharine St

mation should be carefully supplied, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 28036

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 28036

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 5622 Evergreen Ave St. 27-42 Ward

2-FULL NAME Christiana E. Harver

(a) RESIDENCE NO. 5622 Evergreen Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Late William Harver

6 DATE OF BIRTH (month, day, and year): Aug 30/1847

7 AGE — Years: 80 Months: 3 Days: 0 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): At home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Harford Co., Md.

PARENTS

10 NAME OF FATHER: John Spies

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: Daisy E. Yingling (daughter)

(Address): 5111 Evergreen Ave

15 Date: 1927 C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 30/27

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

(Signed) J. L. Baer M. D.

(Coroner)

12/27/27 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL, CREMATION OR REMOVAL: Kreider Cemetery, Westminster

Date of Burial: Dec 4 1927

20 UNDERTAKER: Fred Lockard Sons

ADDRESS: Fallston

F.—WRITE PLAINLY, WITH UNFADING INK. The information required should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C 2

Spec.—1-12-23—M&T—500 Bks.

E 28037 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 E 28037

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS St. WARD)

2-FULL NAME Mary Washington

(a) RESIDENCE No. 918 Druid Hill Ave. WARD 17-27

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ? 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housemaid

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER [illegible] Reeves

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address) Records

15 C. HAMILTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/1/1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1927 to Dec. 1, 1927

that I last saw h[illegible] alive on Dec. 1, 1927

and that death occurred, on the date stated above, at 6:00 P. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of liver - syphilitic

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Gumma of liver

(Signed) C. Hamilton Jones M. D.

19 (Address)

BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL Dec 3 1927

20 UNDERTAKER Dennis Easton ADDRESS 916 Ba ave

mation should be carefully supplied. Age should be stated in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

C 2 - 1927

Spec.—1-12-23—M&T—500 Blks.

E 28038

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28038

CERTIFICATE OF DEATH

101-001

REGISTERED NO. 17-24

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1326 Shields all (WARD) 17

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Edwards

(a) RESIDENCE No. 1326 Shields all ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married or Divorced, write the word
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Daisy Edwards

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	32	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

040

9 BIRTHPLACE (city or town) (State or country) S.C.

PARENTS

10 NAME OF FATHER William Edwards.

11 BIRTHPLACE OF FATHER (city or town) (State or country) S.C.

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S.C.

14 Informant Daisy Edwards. (Address) 1326 Shields all

15 Filed DEC 2 - 1927 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1927, to Nov 30, 1927, that I last saw him alive on Nov 30, 1927 and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) No other History

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Thos. Woodward Jr., M. D.

12-3 1927 (Address) 703 W Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Hill DATE OF BURIAL Dec 3 1927

20 UNDERTAKER Daniel Easton ADDRESS 916 Gay

mation should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CTION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 28039

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28039

CERTIFICATE OF DEATH.

129

REGISTERED NO. 26-317

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: NO. 335 S. 13th ST.. WARD)

2-FULL NAME Mary C. Proctor

(a) RESIDENCE. NO. 335 S. 13th St ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Richard W. Proctor.

6 DATE OF BIRTH (month, day, and year) May 8, 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	6	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Joseph Bandlitz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Cross

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Richard W. Proctor.
(Address) 335 13th St.

15 Filed DEC 2 - 1927 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 1st 1927

17

I HEREBY CERTIFY, That I attended deceased from Nov 14th, 1927, to Nov 30th, 1927, that I last saw her alive on Dec 1st, 1927, and that death occurred, on the date stated above, at 8:15 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Adam Tod. M. D.

. 19 (Address) 4700 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
E. Mays Hampden	Dec 3. 1927

20 UNDERTAKER Johnson & Son

ADDRESS 115 Preston Ave

CAUTION.—WRITE PLAINLY. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be careful that CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 28040 / 28040

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 148 E 28040

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 12-57 WARD)

2-FULL NAME Susie Spalding

(a) RESIDENCE NO. 918 Tuxedo St ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or Divorced, (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Leonard Spalding

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: Years 34; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Montana

PARENTS

10 NAME OF FATHER: Ensell Cameron

11 BIRTHPLACE OF FATHER (city or town) (State or country): Alabama

12 MAIDEN NAME OF MOTHER: Mattie Burton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Alabama

14 Informant: Husb. (Address) JOHNS HOPKINS HOSPITAL

15 Date received DEC 2 1927, 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 1st 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov-25, 1927, to Dec-1st, 1927, that I last saw her alive on December 1st, 1927, and that death occurred, on the date stated above, at 9 30 A m.

The CAUSE OF DEATH* was as follows:

post-partem Eclampsia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary): Broncho-pneumonia.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Johns Hopkins Hospital

Did an operation precede death? NO Date of —

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) R. Gordon Douglas, M. D.

12/2, 1927 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem

DATE OF BURIAL: Dec 3 1927

20 UNDERTAKER: Thenowethson

ADDRESS: 3616 Christian

REGISTRATION SHOULD BE CARRIED OUT PROMPTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—MAT—500 Bks.

E 28041

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28041

+ 91-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

2-FULL NAME Alice Llewellyn

(a) RESIDENCE NO. Llewellyn Place ST., WARD Elysburg - Pa

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa —

PARENTS

10 NAME OF FATHER David Llewellyn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wales

12 MAIDEN NAME OF MOTHER Susan Lawrence

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa —

14 Informant (Address) Friends - JOHNS HOPKINS HOSPITAL

15 Filed DEC 2 - 1927 19 C. HAMPSON JONES, M. D. Registrar

Pa

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 2 1927

17

I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1927, to Dec. 2, 1927, that I last saw her alive on Dec. 2, 1927, and that death occurred, on the date stated above, at 10 45 a. m.

The CAUSE OF DEATH* was as follows:

Aneurysm of left vertebral artery (Not Luetic) Thrombosis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 12-2-27

Was there an autopsy? yes

What test confirmed diagnosis? Clinical

(Signed) F D Lowman M. D.

12-2 1927 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sunbury Pa DATE OF BURIAL Dec 3 1927

20 UNDERTAKER John B Hutchison ADDRESS 190 Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

E 28042

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28042

CERTIFICATE OF DEATH

161-002

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Md. Gen. Hospital St. 6-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Forstner.

(a) RESIDENCE NO. 3445 Jefferson St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Baby

6 DATE OF BIRTH (month, day, and year): Nov. 20, 1927

7 AGE — Years — Months 12 Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md

(State or country)

PARENTS

10 NAME OF FATHER Louis Forstner

11 BIRTHPLACE OF FATHER (City or town) Baltimore

(State or country)

12 MAIDEN NAME OF MOTHER Florence Yerke

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country)

14 Informant Hospital Records

(Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 2nd 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1927, to Dec 2, 1927, that I last saw her alive on Dec 2, 1927, and that death occurred, on the date stated above, at 6:40 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Respiratory Paralysis

(duration) yrs. mos. 5 min

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

. 19 [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cemetery — Date of Burial: Dec 3 1927

20 UNDERTAKER: Hughes & Jones Inc — ADDRESS: 4 N Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. ... tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

C 2 - 1927

Spec.—1-12-23—M&T—500 Blks.

E 28043

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28043

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1503 Byrd ST. 24-34 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary K. Hooper

(a) RESIDENCE No. 1503 Byrd ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female.	White.	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of David W. Hooper.

6 DATE OF BIRTH (month, day, and year) June. -1858.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	69.	5.		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) W. Va.

PARENTS

10 NAME OF FATHER William Preston.

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Va.

12 MAIDEN NAME OF MOTHER Margaret Reed.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant David W. Hooper. (Address) 1503 Byrd St.

15 Filed DEC 3 1927, 19 C. Hampson Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 22, 1927, to Nov 30, 1927, that I last saw h alive on Nov 30, 1927 and that death occurred, on the date stated above, at 4 P m

The CAUSE OF DEATH* was as follows:

Chronic valvular heart disease

(duration) unknown yrs mos ds.

CONTRIBUTORY (Secondary) Bronchitis 10 days

Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phy

(Signed) Wm E Butler, M. D.

12/2 1927 (Address) 319 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Dec 3 1927

DATE OF BURIAL

20 UNDERTAKER E. Howard Evans ADDRESS 38 E Fayette

mation should be carefully supplied. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

E 28044

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

179 E 28044

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1408 William St. 24-32 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John A. Kaltenbach

(a) RESIDENCE NO. 1408 William St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary F. Kaltenbach

6 DATE OF BIRTH (month, day, and year) June 1st, 1850

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
77	76	5	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.

(State or country)

PARENTS

10 NAME OF FATHER Wm H. Kaltenbach

11 BIRTHPLACE OF FATHER (City or town) Europe

(State or country)

12 MAIDEN NAME OF MOTHER Sophia Sommer

13 BIRTHPLACE OF MOTHER (city or town) Europe

(State or country)

14 Informant Mrs M. Conway

(Address) 1408 William St.

15 C. HARRISON JONES, M. D.

P.O. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH, (month, day, and year) Nov 30 19 27

17 I HEREBY CERTIFY, That I attended deceased from Oct 25, 19 27, to Nov 30, 19 27,

that I last saw h~~im~~ alive on Nov 30, 19 27

and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Bright's Disease

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Gastritis Acute

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C. Mitchell M. D.

12/2 19 27 (Address) 1279 William St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem. A. A. Co. Date of Burial Dec. 3, 1927

20 UNDERTAKER Margaret E. Flynn ADDRESS 1511 Light St.

DEC 3 1927

REGISTERED

CAUTION.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28045

CERTIFICATE OF DEATH

179 E 28045

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 754 Edmondson Ave Ward 23-54)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jeanne L. Garrison

(a) RESIDENCE NO. 754 Edmondson Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb. 19, 1927

7 AGE: Years 0 Months 9 Days 12 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Vernon L. Garrison

11 BIRTHPLACE OF FATHER (City or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: May V. Coming

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Vernon L. Garrison

(Address) 754 Edmondson Ave

15 Filed DEC 3 1927 [illegible] Registrar

RR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: 12-1-27.

17 I HEREBY CERTIFY, That I attended deceased from 11-14-1927 to 12-1-1927.

that I last saw her alive on 12-1-1927

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Burns of abdomen - 2nd Degree (Local)

(duration) 1 yrs. mos. 16 ds.

CONTRIBUTORY (Secondary) Toxemia due to

above (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Blood

(Signed) A. Sirosh, M. D.

12-1-1927 (Address) 2202 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem. Date of Burial: Dec. 3, 1927

20 UNDERTAKER: Margaret E. Flynn ADDRESS: 1417 Light St.

C 3 1927

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. [illegible] tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSES OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS very important. See instructions on back of certificates.

Spec—12-23-21—E.B.F.S.—400 Bks.

E 28046

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28046

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

City of BALTIMORE: (No. 933 Morris St. 11-26 Ward) 16

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Baby Boy Mc Cutchin

(a) Residence No... 933 Morris St., Ward...

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black.

5-Single, Married, Widowed, or Divorced. (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec 1, 1927

7-AGE. ...yrs. ...mos. 0 ds. If LESS than 1 day, 18 hrs. or 45 min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of Industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Fred Freegin

11-BIRTHPLACE OF FATHER (city or town) (State or Country). S. C.

12-MAIDEN NAME OF MOTHER. Elmira Mc Cutchin

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). S. C.

14- (Informant).....

(Address).....

15- Filed DEC 3 1927 ...19... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 2, 1927

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1927 to Dec 2 1927

that I last saw him alive on Dec 2. 1927

and that death occurred, on the date stated above, at 6 a m

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phy exam

(Signed) Knight Reynolds M. D.

...19... (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. DATE OF BURIAL, ...19...

20-UNDERTAKER. ADDRESS

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28047

CERTIFICATE OF DEATH.

44 E 28047

1-PLACE OF DEATH

City of BALTIMORE: (No. 822 N. Madeira St., 7-17 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Mellon

(a) RESIDENCE NO. 822 N Madeira St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mathew Mellon

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 58 | Months | Days | If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Bohemia

PARENTS

10 NAME OF FATHER: Oscar Zeluch

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Mary Spolechy

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Bohemia

14 Informant: Mathew Mellon

(Address): 822 N Madeira St

15 Filed DEC 3 - 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 2 19 27

17 I HEREBY CERTIFY, That I attended deceased from Dec 2, 19 27, to Dec 2, 19 27, that I last saw h[illegible] alive on Dec 2, 19 27, and that death occurred, on the date stated above, at 5:30 P m.

The CAUSE OF DEATH* was as follows: Cerebral Carcinoma

CONTRIBUTORY (duration) 3 yrs. mos. ds. Cardiac Dropsy

(Secondary) (duration) yrs. 1 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Walter J. Ryland, M. D.

(Address) 824 N Fremont

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: Dec 6 19 27

20 UNDERTAKER: Frank Compton — ADDRESS: Westland

DON'T—WRITE in this space. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28048

CERTIFICATE OF DEATH.

31 E 28048

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 804 N. Castle St., 7-13 Ward)

2-FULL NAME Anna Krumel

(a) RESIDENCE NO. 804 N. Castle St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Not known

7 AGE: Years 31 | Months | Days | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore

PARENTS

10 NAME OF FATHER Emil Krumel

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Austria

12 MAIDEN NAME OF MOTHER Gretchen Reichert

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Bohemia

14 Informant Emil Krumel

(Address) 804 N. Castle St

15 Date 1927 C. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 30 1927

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1925 to November 30 1927, that I last saw her alive on Nov. 30 1927, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Louis Krause M. D.

, 19 (Address) 3500 E. Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Date of Burial Dec 3 19 27

20 UNDERTAKER: Kane & Goodson ADDRESS Guilford

23—WHITE (Typewritten) tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 28049

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28049

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2015 Fleet St. 2nd WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma K. Roder

(a) RESIDENCE NO. 2015 Fleet St. 2nd WARD
(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. 8 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): Mar 18 1856

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
71	8	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore City

PARENTS

10 NAME OF FATHER: John A. Roder

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Eva M. Rice

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Lillian Franklin (Address) Woodlawn

15 C. HAMPSON JONES, M. D. Registrar

C 3 - 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 1 1927

17

I HEREBY CERTIFY, That I attended deceased from July 10, 1927, to Dec. 1, 1927.

that I last saw h[illegible] alive on Dec. 1 1927

and that death occurred, on the date stated above, at 9.35 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Valvular Heart Disease

Chr. Myocarditis

Chr. Arterio - Sclerosis

(duration) ? yrs mos ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia Involved

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? residence

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Ernest Feuglen, M. D.

12, 1927 (Address) 2401 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: Dec 5th 1927

20 UNDERTAKER: Peter Nicolaus — ADDRESS: 2923 Eastern Ave

B.—WRITE plainly. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-25—M&T—500 Bks.

E 28050 HEALTH DEPARTMENT—CITY OF BALTIMORE E 28050

CERTIFICATE OF DEATH.

155

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1951 Mosher ST. 16-72 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME August Porcher

(a) RESIDENCE NO. 1951 Mosher ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Margaret Wolf Porcher

6 DATE OF BIRTH (month, day, and year) June 20 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	5	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wire worker

(b) General nature of industry, business, or establishment in which employed (or employer) retired 30 years

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Henry P Porcher (Address) 1926 N Washington St

15 DEC 3 - 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 1 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 26, 1927, to Dec 1, 1927, that I last saw h[illegible]alive on Nov 30, 1927, and that death occurred, on the date stated above, at 8.30 a. m.

The CAUSE OF DEATH* was as follows: Carcinoma of tongue, old age asthenia

duration 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bedsores duration about 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general clinic

(Signed) H E Knapp, M. D.

Dec 3, 1927 (Address) 4025 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Park Cemetery DATE OF BURIAL Dec 3 1927

20 UNDERTAKER Harry S Waltze ADDRESS 1631 W Baltimore St

mation should be carefully supplied. Avoid abbreviations. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28051

CERTIFICATE OF DEATH

E 28051

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. Gen. Hospital 19-16 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Meira Hessler

(a) RESIDENCE NO. 1328 Third St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hessler

6 DATE OF BIRTH (month, day, and year) May 5 1887

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	40	7	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Washington D C

(State or country)

PARENTS

10 NAME OF FATHER J. B. Winter

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Wash. D.C.

12 MAIDEN NAME OF MOTHER Martha Sparks

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Richmond Va

14 Informant Hospital records

(Address)

15 Filed 19 CHAMPION JONES M.D. Registrar

DEC 6 1927 ORB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Dec. 1, 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 5, 1927, to Dec 1, 1927, that I last saw h[er] alive on Dec 1, 1927, and that death occurred, on the date stated above, at 9:15 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Interstitial Obstruction

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 10-15-27 11-16-27

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Pathological

(Signed) Jno. Champion Jones M. D.

19 (Address) Md. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — Date of Burial Dec 6 1927

20 UNDERTAKER John F. Denny — ADDRESS 715 Light

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS CERTIFICATE should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

C 3 - 1927

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28052

CERTIFICATE OF DEATH.

E 28052

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 901 ST., 1-42 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Robert Henning Jr

(a) RESIDENCE NO. 723 Gorsuch Ave ST.

(Usual place of abode)

WARD

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of ~~deceased~~ Mrs Robt Henning

6 DATE OF BIRTH (month, day, and year) July 20. 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	62	4	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Broker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 0&6

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Robt Henning Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Virginia Cassidy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Self Mrs Mary Henning

(Address) 723 Gorsuch Ave

15 Filed 1927 C. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 1 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 23, 1927, to Dec 1, 1927

that I last saw him alive on Dec 1, 1927

and that death occurred, on the date stated above, at 7:55 P m

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

(duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) — (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Wallace D. Swartzbaugh M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Dec 5 1927

20 UNDERTAKER H W Rountree

ADDRESS 223 N Howard

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of [illegible] TION is very important. See instructions on back of certificates.

3

Spec.—1-10-21—M&T—1500 Bks.

E 28053

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28053

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2928 N Mott St. 1562 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mollie S Baker

(a) RESIDENCE No. Dunbridge Rd ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. — mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	S.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 17/55

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home work

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Miles

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs R Devilbiss (Address) 2928 N Mott St

15 DEC 3 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-1- 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 30th, 1927. Dec 1st, 1927, that I last saw h[illegible] alive on Dec 1st, 1927, and that death occurred, on the date stated above, at 5 30a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) — yrs. — mos Del ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Hy pertensive Sclerosis

(Signed) Anderson & Dunn, M. D.

, 19 (Address) 2547 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dunbridge Md — DATE OF BURIAL Dec 3 1927

20 UNDERTAKER D. W. McRoulon — ADDRESS 2235 N Mott

mation should be carefully supplied. AGE should be stated EXACTLY. [illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 28054 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28054

1-PLACE OF DEATH

City of BALTIMORE: (No. 1319 Ashland ave St.) 10-14 (Ward)

Registered No.

2-FULL NAME Kate Evans Holden Williams

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 1319 Ashland ave St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 30 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Johnson

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE. 51 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Domestic

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Isaac Evans

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Md

12-MAIDEN NAME OF MOTHER. Dessie Downs

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md

14-

(Informant) Fannie Evans

(Address) 1423 Orleans St

15-

Filed DEC 3 - 1927

C. HAMPSON JONES, M. D. Registrar.

Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 1-1927

17- I HEREBY CERTIFY, That I attended deceased from Nov 27 1927 to Dec 1st 1927

that I last saw h.. alive on Dec 1 1927

and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

One day (Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Labor Pneumonia

4 days (Duration) yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edward Fisher M. D.

Dec 1927 (Address) 1612 E Monument St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Asbury Cemetery — DATE OF BURIAL. 12/3 1927

20-UNDERTAKER. Edward Bragg — ADDRESS 1631 Orleans

should be carefully supplied. Age should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28055 E 28055

CERTIFICATE OF DEATH.

REGISTERED NO. 1180

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital (ST.) 2-4 PAVILION (WARD)

2-FULL NAME Peter Pawlaski

(a) RESIDENCE NO. 1013 Bank ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? 23 yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	married

5a If married, widowed, or divorced HUSBAND of ~~the wife of~~ Frances Pawlaski

6 DATE OF BIRTH (month, day, and year) March 30 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	8	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER Ignacy Pawlaski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Isabella Nikolska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Mercy Hospital (Address)

15 Filed DEC 3 - 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/1/27 19

17 I HEREBY CERTIFY, That I attended deceased from 11/26/27 19 to 12/1/27 19

that I last saw h[illegible] alive on 12/1/27 19

and that death occurred, on the date stated above, at 8 p m.

The CAUSE OF DEATH* was as follows:

Strangulated Inguinal Hernia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Term. Bron. Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 11/27/27

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) J. S. Whitehead M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem. DATE OF BURIAL Dec 5 1927

20 UNDERTAKER George A. Weber ADDRESS 2105 Bank

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause is very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28056

CERTIFICATE OF DEATH

100-001

E 28056

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2306 Elsinore Ave Ward 15-61)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie Rose Kesmodel

(a) RESIDENCE NO. 2306 Elsinore Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martin Kesmodel

6 DATE OF BIRTH (month, day, and year) August 8, 1857

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	70	3	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER James Alexander

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Francis Strand

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md

14 Informant Mrs Walter W Elliott

(Address) 2306 Elsinore Ave

15 Filed DEC 3 - 1927

C. HAMPSON JONES, M. D. Registrar

Par

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2nd 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 24, 1927, to Dec 2nd, 1927, that I last saw her alive on Dec 2nd, 1927, and that death occurred, on the date stated above, at 1:20 A.M.

The CAUSE OF DEATH* was as follows:

Chr. Arthritis

Senility

General Debility

(duration) about 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jno P Byerly, M. D.

19 28 E Lanvale (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

Date of Burial Dec 5 1927

20 UNDERTAKER George J Smith

ADDRESS 1532 Fallsway

N. B.—WRITE PLAINLY, WITH UNFADING INK. tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28057

CERTIFICATE OF DEATH.

E 28057

REGISTERED NO. 118-09-21

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hospital 118-26 (Street)

2-FULL NAME Wm G. Keinig

(a) RESIDENCE NO. [illegible] N. Carey St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred [illegible] yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Keinig

6 DATE OF BIRTH (month, day, and year) Dec. 8, 1860

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or....min.
	66	11	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Keinig

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Louise Kutzner

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Miriam Keinig

(Address) 417 N Carey St.

DEC 3 - 1927

C. HAMPSON JONES, M. D.

Registrar

Per A.C.B.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Nov. 30, 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Intestinal obstruction (duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) no other history (duration) yrs. mos. ds.

(Operation)

(Signed) J. P. Hennessy M. D. (Coroner)

Dec 1, 1927 (Address) 2572 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ...yrs.. mos.. ds. In the state ...yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial 12 3 1927

20 UNDERTAKER Wm Geo J Kolb ADDRESS 2327 Edmondson Ave

R.—WRITE PLAINLY. PHYSICIANS should state CAUSE OF DEATH in plain terms; so that it may be properly classified. Exact statement of OCCUPATION should be carefully supplied. AGE should be stated EXACTLY. Information on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 28058

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28058

CERTIFICATE OF DEATH.

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 527 Loudon Ave ST. 20-21 WARD)

2-FULL NAME Kate Rosenthal

(a) RESIDENCE NO. 527 Loudon Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1/2 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced: (write the word) Widowed

5a If married, widowed, or divorced (or) WIFE of: Meriam E Rosenthal

6 DATE OF BIRTH (month, day, and year): Dec 24-1846

7 AGE: Years 81 | Months 11 | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Conrad Meng

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Schneider

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Margaret E. Nickens

(Address) 527 Loudon Ave.

15 Filed DEC 3 1927 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 2 1927

17

I HEREBY CERTIFY, That I attended deceased from Jan 13, 1924, to Dec 2, 1927, that I last saw h alive on Dec 1, 1927, and that death occurred, on the date stated above, at about 2 a. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis, also Mitral regurgitation.

(duration) 4 or 5 yrs — mos — ds.

CONTRIBUTORY (Secondary) acting, and moderately severe

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M Bowman Stokes, M. D.

12/2, 1927 (Address) 626 N. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: 12/5 1927

20 UNDERTAKER: Williams Cook

ADDRESS: Govt Work

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

(Grill)

28059

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 28059

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS Street) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Johanna Grill

(a) RESIDENCE No. 2706 Wilkens Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	W. Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min
	79			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER [illegible]

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Resident

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/2/ 1927

17

I HEREBY CERTIFY, That I attended deceased from July 13, 1927, to Dec 2, 1927

that I last saw her alive on Dec 2, 1927

and that death occurred, on the date stated above, at 10:00 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Myocarditis

Arteriosclerosis yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Gross & Path

(Signed) C. Wilmer Brown M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	12/7 1927

20 UNDERTAKER Wm Cook ADDRESS 502 E Fort Ave

Filed DEC 3 1927 C. HAMPSON JONES, M. D. Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause of death is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 28060

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28060

66

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2443 Guilford Avenue (St.) 17-50 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stephen R. Shinn

(a) RESIDENCE No. 2443 Guilford Avenue St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Jane Kidwell

6 DATE OF BIRTH (month, day, and year): Dec. 8, 1867

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
59	11	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): 004

(c) Name of employer: Carr Lowry Glass Co.

9 BIRTHPLACE (city or town) (State or country): Alexandria Va.

PARENTS

10 NAME OF FATHER: James William Shinn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Margaret Rudd

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Mrs. M. Jane Shinn

(Address) 2443 Guilford Avenue

15 FILED DEC 3 - 1927 C. HAMPSON JONES, M. D. Registrar

Per ICH.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 1 1927

17

I HEREBY CERTIFY, That I attended deceased from Nov 15, 1927, to Dec 1, 1927, that I last saw h[illegible] alive on Dec 1, 1927, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Alcoholism (Acute)

CONTRIBUTORY (Secondary) Cardiac Complications (duration) yrs. 3 mos. 0 ds.

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John D. Peck M.D.

12/7 1927 (Address) 1936 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery

DATE OF BURIAL: 12/5 1927

20 UNDERTAKER: Henry W. Mears

ADDRESS: 1305 N. Carey

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 28061

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 44 E 28061

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2923 Pinehurst St. 16-67 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Beulah Isabelle Coppage

(a) RESIDENCE NO. 2923 Pinehurst St. Ward. Melfa Va

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 30 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fmale

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (Write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James E Coppage

6 DATE OF BIRTH (month, day, and year): June 13-1882

7 AGE: Years 45 Months [illegible] Days 20

If LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 31

(c) Name of employer

9 BIRTHPLACE (city or town): Va

(State or country)

PARENTS

10 NAME OF FATHER: Edward D Forgus

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Mary Ward

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: James E Coppage

(Address): Melfa Va

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH (month, day, and year): Dec 3 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 25 1927 to Dec 3 1927, that I last saw her alive on Dec 2 1927, and that death occurred, on the date stated above, at 7.30 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma (ovar.)

CONTRIBUTORY (Secondary) Carcinoma (duration) yrs. 6 mos. 10 ds.

(duration) yrs. 6 mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) William E Coppage M. D.

, 19 (Address) 2303 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Melfa Va. Date of Burial Dec 3 1927

20 UNDERTAKER: Wm E. Black ADDRESS 927 N. Broadway

3 - 1927 C. HAMPSON JONES, M. D. Registrar

Per

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 28062

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28062

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) JOHNS HOPKINS HOSPITAL ST. 10-14 (WARD)

2-FULL NAME Albert Trent

(a) RESIDENCE NO. 821 Sterling ST. WARD City

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 3. 1927

7 AGE: Years — Months 6 — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md -

PARENTS

10 NAME OF FATHER Albert Trent

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md -

12 MAIDEN NAME OF MOTHER Helen Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md -

14 Informant Friends -

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 1927 . C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3 1927

17

I HEREBY CERTIFY, That I attended deceased from Nov. 16 1927, to Dec. 3 1927,

that I last saw he alive on Dec. 3 1927,

and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:

Dysentery, acute bacillary (Shiga).

Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia + Otitis Media

about (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Agglutination + Specific bacilli

(Signed) F. C. Bennett M. D.

(Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL 12/3 1927

20 UNDERTAKER D. J. Fahey Son

ADDRESS 1315 Light St

CAUSE OF DEATH to be written in plain terms, so that it may be properly CODED. TION is very important See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28063
1-PLACE OF DEATH

CERTIFICATE OF DEATH

10 E 28063
REGISTERED NO.

City of BALTIMORE: (No. Sydenham Hospital St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Blumberg

(a) RESIDENCE NO. 1314 Ashland Ave St. Ward Penna

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 23, 1924

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	3	6	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Oxford Pa

(State or country)

PARENTS

10 NAME OF FATHER Louis Blumberg

11 BIRTHPLACE OF FATHER (City or town) Poland

(State or country)

12 MAIDEN NAME OF MOTHER Madalena Campbell

13 BIRTHPLACE OF MOTHER (city or town) Salto

(State or country)

14 Informant Mrs. Louis Blumberg

(Address) 1314 Ashland Ave

15 Filed DEC 4 1927 C. HAMPSON JONES, M. D. Registrar

By R. H. C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 2, 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1927, to Dec 2, 1927, that I last saw him alive on Dec 2, 1927, and that death occurred, on the date stated above, at 9 25 a. m.

The CAUSE OF DEATH* was as follows:

Tons & Pharyngeal Diphtheria

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G. Tull, M. D.

12/2, 1927 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Israelite Rod — Date of Burial 12/3 1927

20 UNDERTAKER Jack Levin — ADDRESS

U.S.—WRITE PLAINLY with pen and ink. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 28064 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 28064

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 4th WARD)

2-FULL NAME Joseph Schlossberg

(a) RESIDENCE No. 619 Fayette ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE

Years	Months	Days	If LESS than day, hrs. or min.
33	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tinker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Jan Kaun

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Jantzen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Jack Lewis

(Address) Mercy Hospital

15 Filed DEC 4 1927 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-2-27

17 I HEREBY CERTIFY, That I attended deceased from 11-5-27, 19 , to 12-2-27, 19 ,

that I last saw h[illegible]e on 12-2-27, 19 ,

and that death occurred, on the date stated above, at 5:35 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X-ray finding

(Signed) E. M. Johnston, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rehrum Int. Carmel

DATE OF BURIAL: 12/3 1927

20 UNDERTAKER: Jack Lewis

ADDRESS: 1439 Eastern

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

Sundin

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28065

CERTIFICATE OF DEATH.

45

E 28065

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2932 East Baltimore St ST. 6-11 WARD)

2-FULL NAME Wilhemina C Sundin

(a) RESIDENCE NO. 2932 E Baltimore St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Charles A Sundin

6 DATE OF BIRTH (month, day, and year) April 24 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	7	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Frederick Heim

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Vetter

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Germany

14 Informant Charles A Sundin (Address) 2932 E Baltimore St.

15 Filed DEC 4 - 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-3-1927

17 I HEREBY CERTIFY, That I attended deceased from 10-2- , 1927, to 12-3 , 1927, that I last saw her alive on 12-2- , 1927, and that death occurred, on the date stated above, at 4:26 m.

The CAUSE OF DEATH* was as follows:

Intestinal Carcinoma

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Allen E. Buxton, M. D.

12-3, 1927 (Address) 3154 E. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Utica New York — DATE OF BURIAL 12-5 1927

20 UNDERTAKER Jack Lewis 1439 — ADDRESS Utica

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each question must be answered. TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 28066 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 28066

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Franklin Square Hosp.

CITY OF BALTIMORE: (No. Calhoun & Fayette ST. 16-76 WARD)

2-FULL NAME Edna F Parks.

(a) RESIDENCE NO. Tangier, Va. - (Tangier Island Va) ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married. -

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William H. Parks.-

6 DATE OF BIRTH (month, day, and year): - 1890 -

7 AGE: 37 Years 38 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housework -

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Tangier, Va.

PARENTS

10 NAME OF FATHER: Andrew Parks -

11 BIRTHPLACE OF FATHER (city or town) (State or country): Tangier, Va.

12 MAIDEN NAME OF MOTHER: Nellie Pruitt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Tangier

14 Informant: husband Mrs H Parks (Address) Tangier Va

15 Filed DEC 4 1927 19 HAMPSON JONES M. D. Registrar

For K Kelly

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 3 1927

17

I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1927, to Dec. 3, 1927.

that I last saw her alive on Dec. 3, 1927.

and that death occurred, on the date stated above, at 6 A.M.

The CAUSE OF DEATH* was as follows:

Chronic diffuse nephritis with hypertension. -

(duration) 1. yrs. mos. ds.

CONTRIBUTORY (Secondary): Cerebral apoplexy. -

(duration) yrs. mos. 2. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no. Date of

Was there an autopsy? no. -

What test confirmed diagnosis? Blood chemistry.

(Signed) E. B. Sherman - M. D.

12/3, 1927 (Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Tangier Va — DATE OF BURIAL: Dec 4 1927

20 UNDERTAKER: Robert Brookesson — ADDRESS: Calhoun Hollins

mation should be carefully supplied. Exact statement of OCCUPATION in plain terms, so that it may be properly classified. CAUSE OF DEATH is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28067

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90 E 28067

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. No. 1114 Washington Boulevard ST. 24 WARD)

2-FULL NAME Ellen H Hughes

(a) RESIDENCE No. 765 W. Pratt ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced. (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Hughes

6 DATE OF BIRTH (month, day, and year) Apr. 14-1846

7 AGE Years 81 Months 7 Days 17 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Daniel Hollick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Elizabeth Faul

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Mrs Ayre 1114 W. Pratt St

15 Filed DEC 4 - 1927 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/1/27 19

17 I HEREBY CERTIFY, That I attended deceased from 10/21/, 1927, to 12/1/27 19

that I last saw h[illegible] alive on 12/1/27 19

and that death occurred, on the date stated above, at 2 [illegible] m.

The CAUSE OF DEATH* was as follows:

hypostatic

arteriosclerosis

(duration) [illegible] yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy? No

What test confirmed diagnosis? [illegible]

(Signed) Samuel J. Jones, M. D.

(Address) 916 W. Pratt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery DATE OF BURIAL 12/5/ 19 27

20 UNDERTAKER J. A. Moran ADDRESS 1020 E Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT information is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28068

CERTIFICATE OF DEATH.

188-003

E 28068
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 29 N. Kenwood Ave St. 6-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bridget Tierney

(a) RESIDENCE NO. 29 N. Kenwood Ave St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
F	W	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Tierney

6 DATE OF BIRTH (month, day, and year) Dec 25/1858

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	70	11	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Ireland

PARENTS

10 NAME OF FATHER Mallet

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant John Ireland
(Address) 29 N. Kenwood Ave

15 Filed 1927 R.P.K. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27/27

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (Terminal) Struck by automobile Oct 24/27 at Patterson Pk Ave & Fayette St. Frac. Ribs & prob. puncture of lung.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. H. Pole M. D.
(Coroner)

12/31/27 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral bm Date of Burial 12/5/1927

20 UNDERTAKER J. A. Moran ADDRESS 320 E Balto

tion should be carefully supplied. AGE should be stated EXACTLY. Physicians and others OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28069

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 28069

REGISTERED NO.

CITY OF BALTIMORE: (No.) 5412 Narcissus Ave (WARD) 27-55

2-FULL NAME Philofena Elizabeth Wenzel

(a) RESIDENCE No. 5412 Narcissus Ave. WARD Randallstown Md.

(Usual place of abode) (If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: John George Wenzel

6 DATE OF BIRTH (month, day, and year): June 9 1850

7 AGE: Years 77; Months 6; Days 2; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Philip Conrad

11 BIRTHPLACE OF FATHER (city or town) (State or country): France

12 MAIDEN NAME OF MOTHER: Eva Zeigler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: G. Wenzel (Address): 5412 Narcissus Ave

15 Filed DEC 4 1927 HAMPSON JONES, M. D. Registrar

Per RAH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 2 1927

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1926 to Dec 2 1927.

that I last saw h alive on Dec. 2 1927.

and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) unknown yrs mos ds.

CONTRIBUTORY (Secondary): Broken compensation

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm. E. Martin M. D.

12-2 1927 (Address) Randallstown Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Dec 5 1927

20 UNDERTAKER: John A. Metcalf's Sons — ADDRESS: 1900 Eutaw Place

mation should be entirely supplied. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it
TION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28070

CERTIFICATE OF DEATH

E 28070

REGISTERED NO.

1-PLACE OF DEATH 31st & St Paul. 90

City of BALTIMORE: (No. Hopkins Hosp. St. 12-50 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur R. MacLellan Jr.

(a) RESIDENCE NO. Hopkins Quarters St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 31, 1869

7 AGE: Years 58 Months 4 Days 1 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Glass Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 0 #5

9 BIRTHPLACE (city or town)

(State or country) Baltimore

PARENTS

10 NAME OF FATHER Arthur R. MacLellan

11 BIRTHPLACE OF FATHER (City or town)

(State or country)

12 MAIDEN NAME OF MOTHER Louise Jane Galbreath

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Arthur R. MacLellan Jr.

(Address) 4224 Hamilton Ave. Hyattsville

Filed DEC 4 - 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 2, 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 1st 1927, to Dec 2nd 1927.

that I last saw h alive on Dec 2nd 1927.

and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Hemiplegia (Left Side) Acute Cerebral Hemorrhage

(duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Jefferis Queen M. D.

12/3 1927 (Address) 1105 Cliftons

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — Date of Burial: Dec 5 1927

20 UNDERTAKER: J. C. Mitchell & Sons — ADDRESS: 1900 Pennsylvania

N. B.—[illegible] tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28071

CERTIFICATE OF DEATH.

16 1-00 V

E 28071

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 15 W. Hamburg ST. 23-31 (WARD)

2-FULL NAME John E. Eaton

(a) RESIDENCE NO. 15 W. Hamburg ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 24 1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John E. Eaton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Lena Schmidt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs. E. Eaton (Address) 15 W. Hamburg St

15 Filed DEC 4 1927 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/3 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 24 1927, to Dec 3 1927, that I last saw him alive on Dec 3 1927, and that death occurred, on the date stated above, at 10 30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage probably caused by pressure on head before birth

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos 2 ds.

18 Where was disease contracted, if not at place of death? Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Harry Leibel M. D.

12/3 1927 (Address) 124 W Hamburg St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem

DATE OF BURIAL Dec 5 1927

20 UNDERTAKER E. Schlosman & Son

ADDRESS 237 Hanover

mation should be carefully supplied. Avoid CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28072

CERTIFICATE OF DEATH.

89 E 28072

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St. 5-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Capper

(a) RESIDENCE NO. 224 N. Caroline St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	married

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Annie Capper

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Accomack, Va.

PARENTS

10 NAME OF FATHER Moses Capper

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Accomack, Va.

12 MAIDEN NAME OF MOTHER Caroline Wise

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Accomack, Md.

14 Informant Annie Capper
(Address) 224 N. Caroline St.

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 1/27 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probable Angina Pectoris
(Autopsy at Hopkins Hospital)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. L. Cole (Coroner) M. D.

12/3/27 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Accomank, Va — 12/4/27 19

20 UNDERTAKER — ADDRESS

Byron Wright — McElderry

tion should be carefully supplied. AGE should be stated EXACTLY. The question of OCCUPATION is very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28073

CERTIFICATE OF DEATH.

188-003 E 28073

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Enroute St. Joseph Hospital St. 8-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob H. Brown

(a) RESIDENCE NO. 1506 N. Maderia Pt St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	widower

6a If married, widowed, or divorced: HUSBAND of (or) WIFE of late Delia B. Brown

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
about 64				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Hostler (engine)

(b) General nature of industry, business, or establishment in which employed (or employer): Canton R.R.Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John J. Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Louisa Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Mrs. Annie R. Rowles (sister)

(Address) 1904 E. Chase St

15 Filed DEC 4 1927 19

HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2/27 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull (Base)
(Accidently struck by automobile at North Ave & washington St.)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) John Kalen M. D.
(Coroner)

12/3/27 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet Cemetery Date of Burial: Dec. 5 1927

20 UNDERTAKER: Henry Hoeck Son ADDRESS: 1301 E Eager St

tion should be carefully supplied. AGE should be stated EXACTLY. The statement of OCCUPATION in OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28074

CERTIFICATE OF DEATH

99-001

E 28074

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1432 Hollins St. 9-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Schnitzer

(a) RESIDENCE NO. 1432 Hollins St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. if of foreign birth 43 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Schnitzer

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
about	67	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Coppersmith

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Germany

(State or country)

PARENTS

10 NAME OF FATHER Joseph Schnitzer

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Mr. Paul D. Cooper

(Address) 825 Broadway

15 Filed DEC. 4 - 1927 19 G. HAMPSON JONES, M. D. Registrar

By RWR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 3 19 27

17 I HEREBY CERTIFY, That I attended deceased from Nov. 16 19 27 to Dec 3d 19 27

that I last saw h[illegible] alive on Dec 3d 19 27

and that death occurred, on the date stated above, at 11:30 A. m.

The CAUSE OF DEATH* was as follows:

Nephritis Arteriosclerotic

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

Dec 4. 19 27 (Address) 1501 E. Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Woodlawn Cemetery	Dec. 5 19 27
20 UNDERTAKER Henry Houck Son	ADDRESS 1301 E. Eager St

DECLARATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B-28075

REGISTERED No. B-28075

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals 4-30 (ST., AVE., OR WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Oda Landis

(a) RESIDENCE NO. 604 W. Redwood st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records

(Address)

Filed DEC 4 - 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 2 19 27

17 I HEREBY CERTIFY, That I attended deceased from Oct. 22, 19 27, to Dec. 2, 19 27, that I last saw h im alive on Dec. 2, 19 27 and that death occurred, on the date stated above, at 6.55 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Tubes dorsalis; syphilis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory & clinical

(Signed) L. E. Brandau, M. D.

12-3 19 27 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Elkhart Indiana

DATE OF BURIAL Dec 5 19 27

20 UNDERTAKER C. Howard Evans

ADDRESS 388 Fontaine

CAUSE OF DEATH in plain terms, so that it may be properly coded. TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

28076

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24-001. E 28076

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 41 E. Barney ST. 23-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Florence Buck

(a) RESIDENCE NO. 41 E Barney ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Buck

6 DATE OF BIRTH (month, day, and year): March 21 1860

7 AGE: Years 67 | Months 8 | Days 11 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Frederick Md

PARENTS

10 NAME OF FATHER: Frank Mumma

11 BIRTHPLACE OF FATHER (city or town) (State or country): Frederick Md

12 MAIDEN NAME OF MOTHER: Sarah (illegible)

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Frederick Md

14 Informant: Anna F. Johnson

(Address): Centerville Md

15 Filed DEC 4 1927 19 Registrar

C. HARRISON OWINGS, M. D.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (month, day, and year): Dec 3, 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 24, 1927, to Dec 3, 1927, that I last saw he alive on Dec 3, 1927, and that death occurred, on the date stated above, at 11:30 a m

The CAUSE OF DEATH* was as follows:

Edema of Lungs

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Cerebral Hemorrhage

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Exam

(Signed) M. L. Lichtenberg, M. D.

(Address) 1111 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem. — DATE OF BURIAL: Dec 5 1927

20 UNDERTAKER: Jos Joesdens Son — ADDRESS: 217 S. Bro

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF CAUSE OF DEATH IS VERY important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28077

CERTIFICATE OF DEATH.

129 E 28077

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Volunteer Hospital ST. 14-29 WARD)

2-FULL NAME John Wheeler

(a) RESIDENCE No. 1311 Kuper Place ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Clara Wheeler

6 DATE OF BIRTH (month, day, and year): Nov. 27, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59		-	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman

(b) General nature of industry, business, or establishment in which employed (or employer): R R

(c) Name of employer: United Railway Co. Baltimore, M

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Benjamin F. Wheeler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Maryland

12 MAIDEN NAME OF MOTHER: Laura Long

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant (Address): Mrs. Clara Wheeler 1311 Kuper Place

15 Filed DEC 4 - 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-2-27

17 I HEREBY CERTIFY, That I attended deceased from 11-29-27, 19, to 12-2-27, 19, that I last saw him alive on 12-2-27, 19, and that death occurred, on the date stated above, at 8.40 a m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary): Chronic Nephritis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical & lab

(Signed) J. Stella M.D. M. D.

12-2, 1927 (Address) 2214 C Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery

DATE OF BURIAL: 12/5/27 19

20 UNDERTAKER: [illegible]

ADDRESS: 1003 W. Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 28078 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 28078

CERTIFICATE OF DEATH.

33

REGISTERED NO. 6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 604 Lafayette Ave (St.) 14-20 (Ward)

2-FULL NAME Cornelius Woody

(a) RESIDENCE NO. 604 Lafayette Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. 7 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	C.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 30, 1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	17	11	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter in Theatre

(b) General nature of industry, business, or establishment in which employed (or employer) Sold Candy 0/0

(c) Name of employer Wm Leichman

9 BIRTHPLACE (city or town) (State or country) Richmond Co. Virginia

PARENTS

10 NAME OF FATHER Jno Woody

11 BIRTHPLACE OF FATHER (city or town) (State or country) Richmond Co. Va.

12 MAIDEN NAME OF MOTHER Grace Newman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Richmond Co Va

14 Informant Jno Woody

(Address) 604 Lafayette Ave.

15 Filed DEC 4 - 1927 19 THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-1 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1927, to Dec. 1, 1927, that I last saw him alive on Nov. 30, 1927, and that death occurred, on the date stated above, at 7.40 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of the Peritoneum

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of 10/29/27

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) William A. Jones, M. D.

, 19 (Address) 1210 Penn Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cem DATE OF BURIAL Dec 4 1927

UNDERTAKER Edward Eaton ADDRESS 916 Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 28079

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 28079

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 270 N. Exter St. ST. 5-8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Noble Smith

(a) RESIDENCE NO. 270 N. Exter St. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Nora Smith.

6 DATE OF BIRTH (month, day, and year) Unknown 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	44			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Debyus Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Mary Tappscoat

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14

Informant Mrs. Gladys Dyson.

(Address) 1456 McElderry St.

15 Filed DEC 4 - 1927 19 HAMILTON BATES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 1 19 27

17

I HEREBY CERTIFY, that I attended deceased from Nov 22. 1927. to Dec 1 1927.

that I last saw h[illegible] alive on Dec 1 1927

and that death occurred, on the date stated above, at 2:30 a.m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia Lobar

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) [illegible] M. D.

Dec 3 1927 (Address) 508 Somerset St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Centery.	Dec. 4th 19

20 UNDERTAKER Dave R Elliott. ADDRESS 1725 Aisquith

CAUSE OF DEATH is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Hks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28080

REGISTERED NO. E 28080

1-PLACE OF DEATH

City of BALTIMORE: (No.) Colonial Hospital St. 15-68 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura V. Aldridge

(a) RESIDENCE NO. 2119 West Northern Ave. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 23, 1864

7 AGE — Years: 63 Months: 2 Days: 9 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home (duration) few minutes yrs. mos. ds.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Ind.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Stanley Nordenger

(Address) 2119 West Northern

15 Filed DEC 5 1927 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 2, 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull

(duration) few minutes yrs. mos. ds.

CONTRIBUTORY (Secondary) automobile accident

(duration) yrs. mos. ds.

(Signed) J. J. Kennedy M. D. (Coroner)

Dec 3, 1927 (Address) 1572 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the state yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — Date of Burial: 12/5 1927

20 UNDERTAKER: Wellemans Cook — ADDRESS: 501 E North

tion should be carefully supplied. AGE should be stated EXACTLY. The questions should be answered in every case. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Visit to Laywer 188-003

Spec.—1-12-23—MAT—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28081

100-001

E 28081

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 28-63 ST. 28 WARD)

2-FULL NAME Jacob Kalb

(a) RESIDENCE NO. 4114 Lloyd ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	W	M. Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Kalb

6 DATE OF BIRTH (month, day, and year) Aug 11, 1837

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	3	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Johan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catharine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant

(Address)

15 Filed DEC 5 1927 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-3 1927

17

I HEREBY CERTIFY, That I attended deceased from 10-26 1927 to 12-3 1927, that I last saw him alive on 12-3 1927 and that death occurred, on the date stated above, at 6 55 A. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. ? ds.

CONTRIBUTORY (Secondary) Arterio sclerosis, Hypertension

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) C. Holmes Jones M. D.

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Jonesville Church, Howard Co	12/6 1927
20 UNDERTAKER W. M. Cook	ADDRESS 502 N. Wolfe St

CAUSE OF DEATH If plain terms, so that it may be properly classified, is required. Certificate is incomplete unless all questions on back of certificates. See instructions on back of certificates. TION is very important

Spec.—1-12-23—M&T—500 Blks.

E 28082 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 23082

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2433 Barclay St. (St.) 17-50 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles J Thawley

(a) RESIDENCE NO. 2433 Barclay ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Carrie Thawley

6 DATE OF BIRTH (month, day, and year): May 18 1863

7 AGE: Years 64 | Months | Days 6 | If LESS than 1 day, hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: John Thawley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Cordelia Brone

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Mrs Carrie Thawley 2433 Barclay St

15 Filed DEC 5 1927 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 3rd 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 25th, 1927, to Dec 3rd, 1927, that I last saw h— alive on Dec 1st, 1927 and that death occurred, on the date stated above, at 9:50 a m.

The CAUSE OF DEATH* was as follows:

Laryngeal Tuberculosis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Jos Purgotzky M D, M. D.

12/3/1927 (Address) 401 E 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: 12/6 1927

20 UNDERTAKER: William Cook

ADDRESS: 502 E North Ave

CAUSE OF DEATH must be plainly written, so that it may be properly CODED. See instructions on back of certificates. TION is very important

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 28083

1-PLACE OF DEATH

145-003

E 28083

REGISTERED NO.

City of BALTIMORE: (No. 2501 Garrett ave St. 9-46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine E. Cyalenka

(a) RESIDENCE NO. 2501 Garrett Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bernard Cyalenka

6 DATE OF BIRTH (month, day, and year): Dec. 5, 1904

7 AGE: Years 22 Months 11 Days 26

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: Joseph R. McCaig

11 BIRTHPLACE OF FATHER (City or town): Baltimore

(State or country)

12 MAIDEN NAME OF MOTHER: E. Myers

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country)

14 Informant: Bernard Cyalenka

(Address) 2501 Garrett Ave

DEC 5 - 1927 C. HAMPSON Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-1-27 19

17 I HEREBY CERTIFY, That I attended deceased from 11-10-27, 19, to 12-1-27, 19, that I last saw h alive on 12-1-27, 19, and that death occurred, on the date stated above, at 10:45 PM. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. 10 mos. 16 ds.

CONTRIBUTORY (Secondary): Whitlow

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Total.

(Signed) J. Phillips MD M. D.

12-1-27 19 (Address) 2214 E Hoffman St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — Date of Burial: Dec 5. 1927

20 UNDERTAKER: H. D. Rodg — ADDRESS: 1731 Mayfield

N. B. [illegible] should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 28084

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28084

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 653 W. Franklin ST., 17-25 WARD)

2-FULL NAME Rosalia Libuto.

(a) RESIDENCE NO. 653 W. Franklin ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Salvator Libuto

6 DATE OF BIRTH (month, day, and year): Jun 27 1874

7 AGE: Years 53 Months 5 Days 5 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Italy.

PARENTS

10 NAME OF FATHER: B. Libuto

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy.

12 MAIDEN NAME OF MOTHER: Francis Libuto

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy.

14 Informant: Dora. M. Libuto
(Address) 653 W. Franklin

15 DEC 5 1927 C. HAMPSON JONES, M. D. Residence

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-2 1927

17 I HEREBY CERTIFY, That I attended deceased from 11-10-1927 to 12-2-1927.

that I last saw her alive on 12-2-1927.

and that death occurred, on the date stated above, at 3 p. m.

The CAUSE OF DEATH* was as follows:

Emphysema Bronchial Asthma & Cardio Renal insufficiency with hypertension — over

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Hypostatic pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) S. D. Engree M. D.

12-4-1927 (Address) 1608 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemy. DATE OF BURIAL: Dec 6 1927

UNDERTAKER: Young & Ruth ADDRESS: 1735 Harford Ave.

mation should be carefully supplied. AGE should be stated in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 28085

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

124 E 28085

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2713 Latona Road ST. 27-44 WARD)

2-FULL NAME Howard Nichols

(a) RESIDENCE NO. 2713 Latona Rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rhoda Nichols

6 DATE OF BIRTH (month, day, and year): Aug 28 1871

7 AGE: Years 56 Months 1 Days 5 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of Industry, business, or establishment in which employed (or employer): Cigars

(c) Name of employer: Thos Bates Co

9 BIRTHPLACE (city or town) (State or country): Scotland

PARENTS

10 NAME OF FATHER: Joseph Nichols

11 BIRTHPLACE OF FATHER (city or town) (State or country): Scotland

12 MAIDEN NAME OF MOTHER: Agnes Fleming

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Scotland

14 Informant: Mrs. Nichols

(Address) 2713 Latona Rd

15 Filed DEC 5 1927 19 C. HARRISON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 2 1927

17 I HEREBY CERTIFY, That I attended deceased from December, 1927, to December 2, 1927, that I last saw him alive on December 2, 1927, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Angina pectoris

Myocarditis

(duration) yrs. 11 mos ds.

CONTRIBUTORY (Secondary): Bright's Disease

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? & Signs (Symptoms)

(Signed) & Dr. H. A. Meyer, M. D.

Dec. 3, 1927. (Address) 2438 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Dec 5 1927

20 UNDERTAKER: [illegible]

ADDRESS: [illegible]

CAUSE OF DEATH in plain terms, so that it may be properly coded. TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 28086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28086

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2559 Cedar Av St. (Ward) 13-52

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie C. Westerfield

(a) RESIDENCE NO. 2559 Cedar Av St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fmal.

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Augustus Westerfield

6 DATE OF BIRTH (month, day, and year): Aug 8 1863

7 AGE: Years 64 Months 3 Days 19 IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Howard Co.

(State or country)

PARENTS

10 NAME OF FATHER: Peter Kies

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER: Mary Catherine Lutter

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant: Mr. Augustus Westerfield

(Address) 2559 Cedar Ave

15 Filed DEC 5 1927 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 4 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry and (autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Paralysis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Old Age Senility

(Duration) yrs. mos. ds.

(Signed) G C Hales M. D.

Dec 4 27 (Corner)

, 19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem. DEC 7 1927

UNDERTAKER: H. S. Marshall ADDRESS: 3539 Old Ave

tion should be carefully supplied. AGE should be STATED EXACTLY. The CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 28087

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

41-007 E 28087.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 830 Wellington St 13-52 Ward)

2-FULL NAME Sara L. S Little

(a) RESIDENCE NO. 830 Wellington St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced (or) WIFE of: ~~HUSBAND of~~ T. Jefferson Little

6 DATE OF BIRTH (month, day, and year): May 14 1857

7 AGE: Years 72 Months 7 Days 19 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Balto Co

PARENTS

10 NAME OF FATHER: Hendrickman

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Balto Co

12 MAIDEN NAME OF MOTHER: Elizabeth Shearer

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Maryland

14 Informant: Mrs. Jos Abau

(Address) 830 Wellington St

DEC 5 - 1927 C. HAMPTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 3 1927

17 I HEREBY CERTIFY that I viewed the remains described above, held an Inquest (Inquest, Autopsy or Inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Contributory (Secondary) Exhaustion (duration) 1 mos. ds.

Dec 4/27, 19 (Address) 143 N Bway

Contributory (Secondary) (duration) yrs. mos. ds.

(Coroner) M. D.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Date of Burial Dec 6 1927

20 UNDERTAKER: H S Mankell ADDRESS 359 Gay St

tion should be carefully supplied. AGE should be stated EXACTLY. Physicians should write plainly. OF DEATH in plain terms, so that it may be properly classified. - Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 28088 HEALTH DEPARTMENT—CITY OF BALTIMORE 91-002 E 28088

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH 824

City of BALTIMORE: (No. 824 W. 36 St. 13-52 Ward)

2-FULL NAME Walter N. Baldwin

(a) RESIDENCE NO. 824 W. 36 St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of: Emma L. Baldwin

6 DATE OF BIRTH (month, day, and year): Aug 14, 1854

7 AGE: Years 73 Months 3 Days 19 If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Maryland

(State or country)

PARENTS

10 NAME OF FATHER: Henry N. Baldwin

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Harriet Kane

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Maryland

14 Informant: Mrs. Emma L. Baldwin

(Address): 824 W. 36th

Filed DEC 5 - 1927

G. HAMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 3 - 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis (Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma (Duration) yrs. mos. 1 ds.

Dec 4/27 (Signed) G. C. Hampson M. D.

(Corner)

19 (Address) 143 W. Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 BURIAL, CREMATION OR REMOVAL: Mays Hayden Dec 5 1927

20 UNDERTAKER: J. S. Marshall ADDRESS: 3539 Fulton

tion should be carefully supplied. AGE should be stated EXACTLY. Any space not filled in OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 28089

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

E 28089

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 97-56 ST. / WARD)

2-FULL NAME Brenda Carroll

(a) RESIDENCE NO. 5101 Garrison Corner WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ? 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant

Address

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/2/1927.

17 I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1927, to Dec 2, 1927

that I last saw h alive on Dec 2, 1927

and that death occurred, on the date stated above, at 9:00 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic
arteriosclerosis.
Chronic interstitial nephritis.

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Gen'l Symptoms

(Signed) C. Holmes Lloyd, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Star Catonsville	12/5/1927

20 UNDERTAKER Mrs. Geo. H. Holland ADDRESS 1601 Eutaw Pl.

CAUSE OF DEATH to be plain terms, so that it may be properly classified. TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28090 E 28090

CERTIFICATE OF DEATH.

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2215 Pennsylvania ave ST. 14-59 WARD)

2-FULL NAME Isaac Smith Sr.

(a) RESIDENCE NO. 2215 Pennsylvania ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mattie M. Smith

6 DATE OF BIRTH (month, day, and year): Dec 9, 1880?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	11	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Hod Carrier & Shoveler

(b) General nature of industry, business, or establishment in which employed (or employer): Shoveling

(c) Name of employer: Miller Bros.

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Charles Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Delia Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 2 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 14, 1927, to Dec 2, 1927, that I last saw him alive on Dec 1, 1927 and that death occurred, on the date stated above, at 11:30 A.M.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation (duration) yrs. 1/4 mos ds.

CONTRIBUTORY (Secondary): None — (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Wm. H. Wright M. D.

12/2, 1927 (Address) 1209 Presstman St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14. Informant: Mattie M. Smith

(Address) 2215 Pennsylvania ave

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: 12/5/1927

UNDERTAKER

ADDRESS

Filed DEC 5 - 1927

Registrar

CAUSE OF DEATH must be plainly written, and all questions answered. See instructions on back of certificates. TION is very important

Spec.—1-12-23—M&T—500 Bks

North Newman See Letter in file Dated Dec 13-1927 signed by C H Boyd

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28091

CERTIFICATE OF DEATH.

90 E 28091

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 17-24 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wesley Newman Sr.

(a) RESIDENCE NO. 507 W. Biddle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1873? ~~1850~~

7 AGE: Years 54 Months 77 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Barber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant (Address) Deceased

15 Filed Dec 27 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/1/ 1927

17 I HEREBY CERTIFY, That I attended deceased from June 10, 1926 to Dec 1, 1927

that I last saw him alive on Dec 1, 1927

and that death occurred, on the date stated above, at 7.00 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis chronic acute

Hypertension

Arteriosclerosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General appearance

(Signed) C. Holmes Boyd, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: 12/6/27

UNDERTAKER: Samuel Stanley ADDRESS: 57 N Biddle

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28092

CERTIFICATE OF DEATH.

101-001

101 E 28092

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 Whatcoat ST., 16-22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Geo Hill

(a) RESIDENCE NO. 807 Whatcoat ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo Hill

6 DATE OF BIRTH (month, day, and year): Mar 1883

7 AGE: Years 44 Months 7 Days 9

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Howard Co Md

PARENTS

10 NAME OF FATHER: Wm H Bosley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Howard Co Md

12 MAIDEN NAME OF MOTHER: Malinda Thornton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Howard Co Md

14 Informant: Georgy Hill

(Address): 807 Whatcoat

15 Filed DEC 5 1927

C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/2/27 19

17 I HEREBY CERTIFY, That I attended deceased from Nov 29, 1927, to Dec 2, 1927, that I last saw h alive on Dec 2 1927, and that death occurred, on the date stated above, at 4 45 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 12 ds. Exhaustion

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. D.

12/2/27 (Address) 704 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Interred Sec

DATE OF BURIAL: DEC - 5 1927

20 UNDERTAKER: Samuel T Bowley

ADDRESS 578 N Bridge

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

28093

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113

REGISTERED No. E 28093

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 444 Orchard ST. 17-24 WARD)

2-FULL NAME Lewis Youngold

(a) RESIDENCE NO. 444 Orchard ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Feb 20th, 27

7 AGE — Years: — Months: 1 Days: 11 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto City

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER Lizzie Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa.

14 Informant Lewis Youngold (Address) 444 Orchard St.

15 Filed DEC 5 - 1927, 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 28 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 30th, 1927, to Nov 28, 1927, that I last saw h[illegible] alive on Nov 30th, 1927, and that death occurred, on the date stated above, at 4:30 P.M.

The CAUSE OF DEATH* was as follows:

Coma - uremia

(duration) yrs. 1 mos 11 ds.

CONTRIBUTORY (Secondary) Impetigo Contagiosa

(duration) yrs. 1 mos. 11 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. Lee Ellis M. D.

Nov 28 1927 (Address) 724 Monroe St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: 12/5 27

20 UNDERTAKER: Emmett L. Stensby

ADDRESS: Balto

CAUSE OF DEATH in plain terms, so that it may be understood by the general public. TION is very important. See instructions on back of certificates.

Spec.—1-12-25—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28094

CERTIFICATE OF DEATH.

101-001

REGISTERED NO. E 28094

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 741 Fairmont Ave ST.) 4-26 (WARD)

If died in a hospital or institution, give its NAME instead of street and number.

2-FULL NAME Wm Pitts

(a) RESIDENCE NO. 741 Fairmont Ave ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Rosa Pitts

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) [redacted] Alabama

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Rosa Pitts (Address) 741 Fairmont Ave

15 Filed DEC 5 1927 J. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12 — 2 — 1927

17 I HEREBY CERTIFY, That I attended deceased from Sept 20 1927 to Dec 2 1927, that I last saw him alive on Dec 1 1927, and that death occurred, on the date stated above, at 9:30 a m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(duration) yrs. 3 mos 2 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. 1½ mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Jos Carfin, M. D.

, 19 (Address) 1063 Myrtle Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	12/6 19 27

20 UNDERTAKER Edmund L Stanley ADDRESS 76 Biddle

CAUSE OF DEATH. See instructions on back of certificates. TION is very important.

Spec.—1-12-23—M&T—500 Bks.

E 28095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28095

REGISTERED NO.

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 33rd & Calvert St.) 13-54 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Moses Hartogensis

(a) RESIDENCE NO. 2437 Lakeside Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 30, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	07	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Henry Hartogensis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Holland

12 MAIDEN NAME OF MOTHER Rachel De Wolf

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Holland

14 Informant (Address) Mrs. B. Hartogensis Parkwood Apts.

15 Filed ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/4 1927

17 I HEREBY CERTIFY, That I attended deceased from 8/12, 1927, to 12/4, 1927,

that I last saw h— alive on 12/4, 1927

and that death occurred, on the date stated above, at 11 1 m

The CAUSE OF DEATH* was as follows:

Carcinoma of sigmoid & metastases

?

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Uraemia Convulsions

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) James Arthur Wearley, M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oheb Shalom Cem. DATE OF BURIAL 12/5/1927

20 UNDERTAKER Harris Sondheim ADDRESS 118 20 W. Mt. Royal Ave

CAUSE OF DEATH ... See instructions on back of certificates.
TION is very important

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28096

CERTIFICATE OF DEATH.

47 E 23096

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Residence 4538 Forest Ave Ward 26th)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Flora Lederman

(a) RESIDENCE NO. Place Death Sinai Hospital St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): about 1856

7 AGE: Years 71 (Abt) | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Unknown

(State or country)

PARENTS

10 NAME OF FATHER: H. Lederman

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Unknown

14 Informant: Mr. Judler

(Address) 1610 W. Fayette St.

15 Filed 1927 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/4 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1927, to Dec. 4, 1927, that I last saw h[illegible] alive on Dec 4, 1927, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

~~Cardiac failure~~

Carcinoma of heart & metastasis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary): Carcinoma of breast

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death? Yes Date of 11/15/27

Was there an autopsy? No

What test confirmed diagnosis!

(Signed) C. Hyman, M. D.

, 19 (Address) B. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Pk. Cr. Date of Burial 12/6/1927

20 UNDERTAKER: David Londheim ADDRESS 111 Zow W. Royal True

DEATH HANDLING

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 28097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

27-002

27 E 28097

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 12 ST. WARD)

2-FULL NAME Edward S. Bradford Jr

(a) RESIDENCE NO. 20 S Del. Trust Bldg ST. WARD

(Usual place of abode) Wilmington Del.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs E. S. Bradford Jr

6 DATE OF BIRTH (month, day, and year) Sept 11 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Delaware

PARENTS

10 NAME OF FATHER Edward G. Bradford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Delaware

12 MAIDEN NAME OF MOTHER Emeline Du Pont

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Delaware

14 Informant (Address) self Hosp. Record

Filed DEC 5 - 1927 THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3 1927

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1927, to Dec 3, 1927, that I last saw h[illegible] alive on Dec 3, 1927, and that death occurred, on the date stated above, at 9:40 A.M.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver with obstruction of Jaundice

Contributory (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Walter E. Sweeney, M. D.

(Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wilmington Del. DATE OF BURIAL Dec 5 19

20 UNDERTAKER Henry Heaps Son ADDRESS Wilmington Del

CAUSE OF DEATH must be plainly written. See instructions on back of certificates. TION is very important

Spec.–7-17-26—A Co.—200 Bks.

E 28098

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28098

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 642 W. Lane St. 22-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maggie Gray

(a) RESIDENCE NO. 642 W. Lane St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: fem.

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alex Gray

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years 58 Months — Days — If LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: Thos. Wilson

(Address) 642 W. Lane

15 Filed DEC 5 1927 C. HAMPSON JONES, M. D. Registrar

By ——— Clk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/5/1927

17 I HEREBY CERTIFY, That I attended deceased from 9/4/1927 to 12/5/1927 that I last saw her alive on 12/2/1927 and that death occurred, on the date stated above, at 8 A. M.

The CAUSE OF DEATH* was as follows:

Carcinoma Liver

Acute (duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (Secondary) unknown

unknown (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

12/5 1927 (Address) 908 Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Md. Athenaeum Cemetery — Date of Burial: 12/6 1927

20 UNDERTAKER: Walter B. Spriggs — ADDRESS: 1317 W. Hamburg St.

tion should be carefully supplied. AGE should be stated in OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cer.—12-9-25—A Co.—200 Bks.

E 28099 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31

E 28099

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1102 East Ave. St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Dzerwa

(a) RESIDENCE NO. 1102 East Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~or~~ WIFE of Helena Dzerwa

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
About 40				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER Pawel Dzerwa

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Josephine Wasco

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Helena Dzerwa

(Address) 1102 E Eastern Ave.

15 Filed DEC 5 - 1927. 19 CLAYTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 4 1927

17 I HEREBY ~~CERTIFY~~ That I took charge of the remains described above, held an Inquiry

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pul TB

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. ds.

Signed C C Snyder M. D.

(Coroner)

(Address) 413 N Gilmor

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem. Date of Burial 12/7 1927

20 UNDERTAKER J J Frankowski ADDRESS 1102 E Ave

Don't sign as certain symptoms, etc., may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-8-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28100

CERTIFICATE OF DEATH.

57 E 28100

1-PLACE OF DEATH South Balto Gen. Hosp. REGISTERED NO.

City of BALTIMORE: (No. 27-34 St. Ward).

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter H. Winks

(a) RESIDENCE NO. 404 Randall St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Maggie R. Winks

6 DATE OF BIRTH (month, day, and year): Aug. 10th 1866

7 AGE: Years 61 years. Months 3 Days 20 IF LESS than 1 day ...hrs. or ...min.

8 OCCUPATION OF DECEASED:
(a) Trade, profession or particular kind of work: Engineer.
(b) General nature of industry, business, or establishment in which employed (or employer): Public Schools
(c) Name of employer

9 BIRTHPLACE (city or town): Balto Md.
(State or country)

PARENTS

10 NAME OF FATHER: Wesley Winks

11 BIRTHPLACE OF FATHER (city or town): Va.
(State or country)

12 MAIDEN NAME OF MOTHER: Elma Tucker

13 BIRTHPLACE OF MOTHER (city or town): Balto. Md.
(State or country)

14 Informant: Mrs. Maggie R. Winks
(Address): 404 E Randall

15 Filed: DEC 5 1927 C. HAMPSON JONES, M. D. Registrar
By: [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 1st 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1927, to Dec 1, 1927, that I last saw living on Dec. 1, 1927 and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:
Pulmonary Embolus.
Coronary Thrombosis
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Amput. R. foot - Diabetes Gangrene. (duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of 11-18-27

Was there an autopsy?

What test confirmed diagnosis?

Signed: E. Flassing, M. D.
, 19 (Address) South Balto Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — Date of Burial 12/5/1927

20 UNDERTAKER: L. D. Fanning & Son — ADDRESS 1466 Battery Ave.

tion should be carefully supplied. Exact statement of OCCUPATION is OF DEATH in plain terms, so that it may be properly classified. very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28101 45 E 28101

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home & Infirmary REGISTERED NO. 23

CITY OF BALTIMORE: (No. 1 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Rosie Sekrin

(a) RESIDENCE NO. 21 East Hill St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Isaac Sekrin

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 67; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Dealer

(b) General nature of industry, business, or establishment in which employed (or employer): Clothing

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Isaac Sekrin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Rose

(Address): 1439 Eutaw St

DEC 5 - 1922

HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-4-22

17 I HEREBY CERTIFY, That I attended deceased from 11/16/22, 19 22, to 12-4-22, 19 22,

that I last saw him/her alive on 12/4/22, 19

and that death occurred, on the date stated above, at 11.50 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma Peritoneum

(duration) 2 yrs mos ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 11/1/22

Was there an autopsy? Yes.

What test confirmed diagnosis? Microscopical examination of tumor tissue

(Signed) , M. D.

, 19 (Address) Chief Town Office

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Arlington Memorial Park — DATE OF BURIAL: 12-5 19 22

20 UNDERTAKER: Jack Lewis — ADDRESS: 1439 E Eutaw

IMPORTANT—See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28102

CERTIFICATE OF DEATH.

159-001 E 28102

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St., 9-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Udoff

(a) RESIDENCE NO. 2312 Jefferson St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 3 - 1927

7 AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
		1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Harry Udoff

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Bertha Pushkin

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Hosp Records

(Address)

15 Filed ..... 19 ..... Registrar

DEC 5 - 1927 HAROLD F. JONES M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Dec 4 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 3 1927, to Dec 4, 1927, that I last saw h__ alive on Dec 4, 1927 and that death occurred, on the date stated above, at 4 30 p.m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm Schuman, M. D.

Dec 4, 1927 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Nehran Mort Rd 12/5 19 27

20 UNDERTAKER ADDRESS

Jack Levin 1129 Eden St

Bold faced words are literally required. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—I-12-23—M&T—500 Bks.

E 28103

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28103
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 149 Ensor alley (St.) 11-24 (WARD)

2-FULL NAME Martha J Johnson

(a) RESIDENCE NO. 149 Ensor alley ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of or) WIFE of: Chas F Johnson

6 DATE OF BIRTH (month, day, and year): September 1865

7 AGE — Years: 62 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: John Briggs

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Amanda Hill

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): Mrs Johnson 149 Ensor alley

15 Filed Dec 5 1927 — C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 3, 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 23, 1927, to Dec 2 1927.

that I last saw h- alive on: Dec 2, 1927.

and that death occurred, on the date stated above, at 1:30 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

Indefinite

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical Exp.

(Signed) J. Garland Thrasher M. D.

Dec 5, 1927 (Address) 1534 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary — DATE OF BURIAL: Dec 5 1927

UNDERTAKER: Mrs. R. G. Elliott — ADDRESS: 1719 Eastlander

DEC 5 - 1927

TION is very important See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28104

CERTIFICATE OF DEATH

E 28104

1-PLACE OF DEATH Md Emmas Hospital

City of BALTIMORE (No.) Mt Auburn & Linden Ave (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Katherine Speer

(a) RESIDENCE NO. 1513 Lindenave St. Ward Baltimore Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. 1 mos. 1 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White American

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single girl

6 DATE OF BIRTH (month, day, and year): Nov 3, 1910

7 AGE — Years: 17 Months: 1 Days: 1 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Girl

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town)

(State or country) Berlin Md.

PARENTS

10 NAME OF FATHER John M. Speer

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Jemima A. Harris

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Worcester Co. Md.

14 Informant John M. Speer

(Address) 1513 Lindenave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-4-1927

17 I HEREBY CERTIFY, That I attended deceased from 10-12-27, 19..., to 12-4-27, 19...

that I last saw h[illegible] alive on 12-4-27, 19...

and that death occurred, on the date stated above, at 8:45 P. M.

The CAUSE OF DEATH* was as follows:

Streptococcus viridans Septicaemia

(duration) — yrs. 4 mos. — ds.

CONTRIBUTORY (Secondary) Cerebral Embolism and respiratory Paralysis

(duration) yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of none

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) [illegible] M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Elkridge, Md. Date of Burial: Dec 6 1927

20 UNDERTAKER: Stewart & Concelo ADDRESS: 1818 W Mont Ave

tion should be carefully supplied. AGE should be stated correctly. Exact statement of OCCUPATION is OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

Saunders M Almond.

E 28105

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28105

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Memorial Hospital.

CITY OF BALTIMORE: (No. 33 a Calvert St. 12-44 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Saunders M. Almond.

(a) RESIDENCE NO. Round Bay, Anne Arundel Co. Md ST. WARD Round Bay Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 12 ds. How long in U. S., if of foreign birth? 44 yrs. 10 mos. 18 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mrs. Almond

6 DATE OF BIRTH (month, day, and year) Jan. 16, 1883.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	44	10	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer) Dry goods

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lynchburg, Va.

PARENTS

10 NAME OF FATHER C. H. Almond

11 BIRTHPLACE OF FATHER (city or town) (State or country) Amherst Co. Va.

12 MAIDEN NAME OF MOTHER Eliza R. [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bedford Co. Va.

14 Informant Mrs Blanche M. Almond (wife)

(Address) Round Bay- Md.

15 Filed DEC 5 1927 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 4, 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1927, to Dec. 4, 1927.

that I last saw h in alive on Dec. 4, 1927.

and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Operation for duodenal ulcer.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Nov 28, '27

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) T. J. Geraghty, M. D.

, 19 (Address) Union Memorial Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lynchburg- Va. DATE OF BURIAL Dec 6th 1927

20 UNDERTAKER Stewart & Co. ADDRESS 1082 Mont Ave

CAUSE OF DEATH. TION is very important. See instructions on back of certificates.

Cor.—1-12-28—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28106

CERTIFICATE OF DEATH.

91 208 2nd S.

E 28106

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1220 St. Paul Street ST. 12-19 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Jackson Lytle

(a) RESIDENCE NO. 1220 St. Paul Street ST., WARD Resident

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 76 yrs. 1 mos. 2 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Lytle

6 DATE OF BIRTH (month, day, and year) Oct-31-1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	1	2	1

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer None

9 BIRTHPLACE (city or town) Philadelphia,
(State or country) Penna.

10 NAME OF FATHER William Jackson

11 BIRTHPLACE OF FATHER (city or town) Phila.
(State or country) Penna.

12 MAIDEN NAME OF MOTHER Elizabeth Tyson

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mr. W. T. Brundige (attorney)
(Address) 12 E. Lexington St. City.

15 Filed DEC 5 - 1927 HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2nd 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Duration

CONTRIBUTORY (Secondary) Chron. Enterocolitis (duration) yrs. mos. ds.

(Signed) W. T. Riley. Lennox Maddox (Coroner) M. D.

DEC 3, 1927 (Address) 1639 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death — yrs., — mos., — ds. In the State — yrs., — mos., — ds.

Where was disease contracted, if not at place of death? ---

Former or usual residence ---

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	Dec-5-27 192
20 UNDERTAKER	ADDRESS
[illegible] COMPANY	[illegible] NORTH AVE

PARTICULARS See instructions on back of certificate. IMPORTANT

Spec.—12-9-25—A Co.—200 Blks.

Norman Rice

E 28107

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 ✓ E 28107

REGISTERED NO.

1-PLACE OF DEATH Sinai Hospital

City of BALTIMORE: (No. 27-44 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Norman Rice

(a) RESIDENCE NO. 20 Fairmont Ave St. Fairmount Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 27th 1870

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	57	10	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Caretaker ✓

(b) General nature of industry, business, or establishment in which employed (or employer) Jewish Alliance

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER Eby Rice

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Magdalena Rice

(Address) 20 Fairmont Ave Belair Rd

15 Filed ..... 19 C. HAMILTON JONES, M. D. Registrar

By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-2 1927

17

I HEREBY CERTIFY, That I attended deceased from Dec. 1 19 27, to Dec 2, 19 27, that I last saw him alive on Dec 2, 19 27, and that death occurred, on the date stated above, at 7:30 p.m.

The CAUSE OF DEATH* was as follows:

Cardiac failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Syphilis, aneurysm of descending part of aorta

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) J M Silvercel M. D.

, 19 (Address) Sinai Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem Date of Burial Dec 5th 1927

20 UNDERTAKER Leo S. Brooh ADDRESS 1723 Patt Ch Ave

Don't fail to have the cause of death properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28108

CERTIFICATE OF DEATH.

167-005

E 28108

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 110 S. 5th St. 26-31 Ward)

2-FULL NAME Frank P. Ensor

(a) RESIDENCE NO. 110 S. 5th St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. 50 mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary R. Ensor

6 DATE OF BIRTH (month, day, and year): Sept 21 63

7 AGE: Years 64 | Months 2 | Days 10 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerical

(b) General nature of industry, business, or establishment in which employed (or employer): Iron Worker

(c) Name of employer

9 BIRTHPLACE (city or town): Towson

(State or country): Md.

PARENTS

10 NAME OF FATHER: John Ensor

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Martha Scott

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: Mary R. Ensor

(Address): 110 S. 5th St.

15 Filed ..... 19..... C. HAMPSON JONES, M. D.

Registrar

DEC 5 - 1927

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 3 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Suicide

Gas Poisoning 9 H.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) As phyxia

(duration) yrs. mos. ds.

Dec 3/27 (Signed) Geo Clinton Blades M. D.

(Coroner)

19 (Address) 143 N. Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — Date of Burial 12/6 1927

20 UNDERTAKER: Philip Herwig — ADDRESS 2010 Edmondson

(Information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.)

Spec.—7-17-26—A Co.—200 Bks.

E 28109

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

113

E 28109

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 718 So. Durham St. 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME HELEN R. KANIECKI,

(a) RESIDENCE NO. 718 So. Durham St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 11 mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) January 5-1927.

7 AGE

Years	Months	Days	IF LESS than 1 day hrs. or min.
0	11	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None,

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore,

(State or country) MD.

PARENTS

10 NAME OF FATHER Igantius Kaniecki,

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Poland,

12 MAIDEN NAME OF MOTHER Frances Lincz, Dec 5

13 BIRTHPLACE OF MOTHER (city or town) Baltimore,

(State or country) MD.

14 Informant Mrs. Frances Kaniecka, (Mother)

(Address) 718 So. Durham Street

Filed DEC 5 1927 G. [illegible] Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 5 19 27

17 I HEREBY CERTIFY, That I attended deceased from Dec 3, 19 27, to Dec 4, 19 27, that I last saw h[illegible] alive on Dec 4, 19 27, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Joseph D. Valentine M. D.

(Address) 14 S. Arch St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy-Rosary Cemetery Date of Burial Dec. 6 19 27

20 UNDERTAKER M. F. Sadowski. ADDRESS 705 S. Arch St

tion should be carefully supplied. Any unknown facts may be omitted. Exact statement of OCCUPATION is OF DEATH in plain terms, so that it may be properly classified. very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

66 V

E 28110

CERTIFICATE OF DEATH.

REGISTERED E 28110

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1514 E. Fairmount Ave St. 6-9 Ward)

2-FULL NAME Thos Minnes

(a) RESIDENCE NO. 1514 E. Fairmount Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred / yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
M	C	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Richmond Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) "

(State or country)

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) "

(State or country)

14 Informant Ida Charity

(Address) 1514 E. Fairmount Ave

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1927 Dec 2/27

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Alcoholism (Chronic)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) [signature] M. D. (Coroner)

12/5/27 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the state yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetary Date of Burial Dec 5 1927

20 UNDERTAKER Jos. T. H. Rochester ADDRESS 1413 Jefferson

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28111

CERTIFICATE OF DEATH.

E 28111

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE (No.) St. Agnes, Dec 25-27 (Ward)

2-FULL NAME Fred Braun

(a) RESIDENCE NO. Jessups, Md St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Edna Braun

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years: about 23 Months: — Days: — IF LESS than 1 day ..... hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Md

(State or country)

PARENTS

10 NAME OF FATHER: Edward Braun

11 BIRTHPLACE OF FATHER (city or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: C. Esther Zog

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: Mrs Edna Braun

(Address) Jessups, Md

15 Filed 19 C. [illegible] JONES, M. D. Registrar

P.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Dec 4 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (or autopsy or inquiry) thereon and from the evidence [illegible] find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fract Skull

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Auto Accident

(duration) yrs. mos. ds.

(Signed) Thos B. Ashton M. D.

Dec 5 1927 (Address) Curtis Bay, Md

*State the Disease Causing Death, or in deaths from Violent Causes, State (1) Means and Nature of Injuries, (2) Whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the state yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Guilford Howard Co Md Date of Burial 12/7/1927

20 UNDERTAKER: Lloyd Kaiser ADDRESS Laurel Md

GIVE FULL INFORMATION ASKED FOR ON THIS CERTIFICATE OF DEATH in plain terms, so that it may be properly classified. Exact statement of the CAUSE OF DEATH is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 28112 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28112

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1905 Wilhelm ST. (WARD) 20-28

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bessie E Rigg

(a) RESIDENCE NO. 1905 Wilhelm ST.

(Usual place of abode)

WARD

Length of residence in city or town where death occurred 2-8 yrs. mos. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John M & Rigg

6 DATE OF BIRTH (month, day, and year) March 9-1888

7 AGE Years 39 Months 8 Days 24 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) W Va

PARENTS

10 NAME OF FATHER Morris Kane

11 BIRTHPLACE OF FATHER (city or town) (State or country) W Va

12 MAIDEN NAME OF MOTHER Mary O'Neill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W Va

14 Informant John T Rigg (Address) 1905 Wilhelm

15 Filed DEC 5 1927 H. HAMPSON JONES, M. D. Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-3-1927

17 I HEREBY CERTIFY, That I attended deceased from 11-29-1927 to 12-3-1927

that I last saw h alive on 12-3-1927

and that death occurred, on the date stated above, at 4.30 m.

The CAUSE OF DEATH* was as follows:

Septicemia

CONTRIBUTORY (secondary) Self Induced Abortion (duration) yrs mos 4 ds.

(duration) yrs mos 5 ds.

If a violent death, was disease contracted not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Shepherd Dunn M. D.

, 19 (Address) 1727 North Eden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery DATE OF BURIAL Dec. 6 1927

20 UNDERTAKER George L. Schwab ADDRESS 2101 Eutaw Pl.

Spec.—1-10-21—M&T—1500 Bks.

28113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 28113

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1802 E Eager St ST. 7-13 WARD)

2-FULL NAME Lucilla Jane Lanning

(a) RESIDENCE NO. 1802 E Eager St ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widow

6 DATE OF BIRTH (month, day, and year) Dec 14 = 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	11	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Jamaica Middlesex Co Va.

PARENTS

10 NAME OF FATHER Wm Lanning

11 BIRTHPLACE OF FATHER (city or town) (State or country) Jamaica Middlesex Co Va

12 MAIDEN NAME OF MOTHER Lucy A Wood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Jamaica Middlesex Co Va

14 Informant Mrs Maria E Linrad (Address) No 1802 E Eager St

15 1927 C HARRISON Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 3, 1927 19

17 I HEREBY CERTIFY, That I attended deceased from March 25, 1925 to Dec. 3, 1927 19

That I last saw her alive on Nov, 30 1927 19

and that death occurred, on the date stated above, at 9.45 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorrhage (duration) yrs. 2 mos --- ds.

CONTRIBUTORY (Secondary) Chr. Interstitial Nephritis (duration) 5 yrs. -- mos. --- ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John S. Fraley M. D.

12/13/27 (Address) # 4 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Gale Lawn Cemetery DATE OF BURIAL Dec 7 1927

20 UNDERTAKER Henry Lutz ADDRESS 1203 E. Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28114

CERTIFICATE OF DEATH

179 E 28114

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 716 x Lakewood Ave (St.) 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Weissner

(a) RESIDENCE NO. 716 E. Lakewood Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. da. How long in U. S. if of foreign birth? 44 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Weissner

6 DATE OF BIRTH (month, day, and year): Jan 4th 1857

7 AGE: Years 70 Months 10 Days

IF LESS than 1 day ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Germany

(State or country)

PARENTS

10 NAME OF FATHER: Not known

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: Mrs Bertha Banyai

(Address): 716 E Lakewood Ave

15 Dec 5 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 4 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 2 1927 to Dec 4 1927 that I last saw h[illegible] alive on Dec 3 1927 and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobular Left Lung

(Duration) yrs. mos. 4 da.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) H. E. McClanahan M. D.

(Address) Dec 5 1927 3508 Bank St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lou Hemans — Date of Burial: Dec 6 1927

20 UNDERTAKER: Emanuel Cemetery — ADDRESS: Govans

IF KNOWN, GIVE SOCIAL SECURITY NUMBER OF DECEASED

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28115

E 28115

CERTIFICATE OF DEATH

10

1-PLACE OF DEATH

REGISTERED NO. 2334

City of BALTIMORE: (No.) Sydenham Hospital (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sylvester Menken

(a) RESIDENCE NO. 134 W. West St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 9, 1922

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	5	7	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country)

PARENTS

10 NAME OF FATHER Jenny Menken

11 BIRTHPLACE OF FATHER (City or town) Washington D.C.

(State or country)

12 MAIDEN NAME OF MOTHER Lucy Thornton

13 BIRTHPLACE OF MOTHER (city or town) Va

(State or country)

14 Informant Lucy Menken

(Address) 134 w. west st

15 C. HAMPSON JONES M D Registrar

5 1927 0502

Corrected

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 4. 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 3 1927 to Dec 4 1927,

that I last saw him alive on Dec 4 1927,

and that death occurred, on the date stated above, at 1142 a m.

The CAUSE OF DEATH* was as follows:

Nasal Tonsillar & Pharyngeal Diphtheria (0)

(duration) yrs. mos. 5 da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted

If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G. Tuck M. D.

11/5. 1927 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

Commissioner of Health.

tion should be carefully supplied, as they may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 28116

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28116

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 904 E Druid St. 26-37 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME... William Brown

(Residence in Baltimore: No. " St.; yrs.. mos.. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
M	C	Widower

6-DATE OF BIRTH. ~ 1 (Month) (Day) (Year)

7-AGE. about 35 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ~
(b) General nature of industry, business, or establishment in which employed (or employer) ~

9-BIRTHPLACE, (State or Country). ~

PARENTS:

10-NAME OF FATHER, ~

11-BIRTHPLACE OF FATHER, (State or Country), ~

12-MAIDEN NAME OF MOTHER, ~

13-BIRTHPLACE OF MOTHER, (State or Country). ~

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-

Filed ..... 192.. C. HAMPSON JONES, M. D. Registrar.

1927 Nov 14

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, 11-6-27 (Month) (Day) 192 7 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Alcoholism

2d

Multiple Fractures due to R.R. Accident

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Shock Instant

(Duration) yrs. mos. ds.

Witnessed by C. Miller M. D.

(Coroner.)

11-7-192 (Address) 423 Bway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.. yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL. 19

20-UNDERTAKER. ADDRESS

Cremated

This CAUSE OF DEATH is very important. See instructions on back of certificate.

UNIVERSITY OF MARYLAND

Cor.—12-9-25—A Co.—200 Bks.

E 28117

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

173 E 28117

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (Institution, St. Agnes Hospital, or) ____ Ward)

2-FULL NAME James Baldwin

(a) RESIDENCE NO. 1237 Division St. Ward

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Ma.

4 Color or Race: C

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years: 19. Months: ____ Days: ____ IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): ____

(c) Name of employer: ____

9 BIRTHPLACE (city or town): ____

(State or country): Md

PARENTS

10 NAME OF FATHER: James Baldwin

11 BIRTHPLACE OF FATHER (city or town): ____

(State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Annie Peterson

13 BIRTHPLACE OF MOTHER (city or town): ____

(State or country): Balto Md

14 Informant: Julius Williams

(Address): 1210 N. Gilmor St.

15 Filed ____ 19 ____ HAMILTON JONES, M. D. Registrar

C 5 - 1927 1910 — CRR

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/23 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Insane Delirium Tremens Alcoholism Suicide

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) ____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) ____ (Coroner) ____ M. D.

11/28 1927 (Address) 1163 Rolandave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the state.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? ____

Former or usual residence ____

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial ____ 19

20 UNDERTAKER — ADDRESS

Embalmed

UNIVERSITY OF MARYLAND
DEC 5 1927

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificate.

E 28118 HEALTH DEPARTMENT—CITY OF BALTIMORE E 28118

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Registered No. C

City of BALTIMORE: (No. Harbor Foot of Falls St. 2-4 Ward) 182

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sugir Anderson

(Residence in Baltimore: No. 1738 Thames St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX M

4-COLOR OR RACE W

5-Single, Married, Widowed, or Divorced. (Write the word.) M

6-DATE OF BIRTH — — — (Month) (Day) (Year)

7-AGE about 53 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Norway

PARENTS:

10-NAME OF FATHER, —

11-BIRTHPLACE OF FATHER, (State or Country), —

12-MAIDEN NAME OF MOTHER, —

13-BIRTHPLACE OF MOTHER, (State or Country), —

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15-

Filed 19

HAMPSON JONES M. D. Registrar.

DEC 5 - 1927 RRP

THE MORGUE Emmaled

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Nov 23- 1927 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

4 Probable ACC Drowning

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) No Physician

(Duration) yrs. mos. ds.

(Signed) J. C. Slade M. D.

(Coroner.)

(Address) 743 Norway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL. 19

20-UNDERTAKER, ADDRESS

State Bureau of Statistics is very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28119

CERTIFICATE OF DEATH

113 E 28119

REGISTERED NO.

1-PLACE OF DEATH Md General Hospital

City of BALTIMORE: (No.) Madison & Eutaw (St. or Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Reed Howard

(a) RESIDENCE NO. 1121 So Carlton St Ward Balto Md.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 10 ds. (If non-resident give city or town and State)

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Cecil

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Baby

6 DATE OF BIRTH (month, day, and year): Oct 21, 1927

7 AGE — Years | 1 Months | 10 Days

IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baby

(b) General nature of industry, business, or establishment in which employed (or employer): Baby

(c) Name of employer: None

9 BIRTHPLACE (city or town): 1121 So Carlton

(State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Edwin Howard

11 BIRTHPLACE OF FATHER (City or town): Baltimore

(State or country): Md

12 MAIDEN NAME OF MOTHER: Minnie Fletcher

13 BIRTHPLACE OF MOTHER (city or town): [illegible]

(State or country): U. S.

14 Informant: Minnie Fletcher Howard

(Address) 1121 So Carlton St Balto Md.

5-1-1927 C. HAMPSON JONES, M. D. Registrar

P.S. 1910 RFD

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 1 1927

17 I HEREBY CERTIFY, That I attended deceased from 11-2-, 1927, to 12-1-27, that I last saw h[illegible] alive on 12-1-27, 19..., and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Malnutrition

Entire Duration

(duration) ... yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) ... yrs. ... mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of None

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Chas A Tompkins M. D.

19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL | Date of Burial 19

20 UNDERTAKER | ADDRESS

UNIVERSITY OF MARYLAND DEC 5 1927

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 28120

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

111-00

E 28120

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital 22-30 Ward)

2-FULL NAME Frank Fisher.

(a) RESIDENCE NO. Friendly Inn 307 S. Sharp St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Do not know.

3a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	49	----------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Philadelphia, Pa.

PARENTS

10 NAME OF FATHER William Fisher.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Hospital Report.

(Address)

15 C. HAMPSON JONES, M. D.

Registrar

12-5-1927

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 19, 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Rupture of a Gastric Ulcer.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Albert Leonhardt M. D.
(Coroner)

12/1 1927 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 19

20 UNDERTAKER ADDRESS

FROM THE MORGUE

UNIVERSITY OF MARYLAND DEC 5 1927

Commissioner Health.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

28121 HEALTH DEPARTMENT—CITY OF BALTIMORE E 28121

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Memorial Hospital REGISTERED NO. 90

CITY OF BALTIMORE: (No. 27-45 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Crowder R Jones

(a) RESIDENCE NO. 604 Richfield Ave ST., WARD
(Usual place of abode) Baltimore Md
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year): Sept 10 1876

7 AGE: 50 Years 5 Months 1 Days 24 If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): N.C.

PARENTS

10 NAME OF FATHER: John T. Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): N.C.

12 MAIDEN NAME OF MOTHER: Clania Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N.C.

14 Informant: Self
(Address): [illegible]

15 Filed 5-1927 19 C. H. WILSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/4 1927

17 I HEREBY CERTIFY, That I attended deceased from Sept 21, 1927, to Dec 4, 1927, that I last saw h[illegible] alive on Dec 3, 1927 and that death occurred, on the date stated above, at 3.30 A m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs mos 1 ds.

CONTRIBUTORY (Secondary): Polycythemia Vera, due my accordate

(duration) ✓ yrs — mos. — ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis? none except Laboratory

(Signed) William L Swartzwelder, M. D.

, 19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: —

DATE OF BURIAL: 19

20 UNDERTAKER: —

ADDRESS: —

UNIVERSITY OF MARYLAND
Commissioner Health
DEC 5 1927

TION is very important See instructions on back of certificate.

Spec.–7-17-26–A Co.—200 Bks.

E 28122

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001

E 28122

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 3342 Greenmount Av (Ward) 9-47

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret A Monison

(a) RESIDENCE NO. 3349 Greenmount Av Ward

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, ~~Widowed, or~~ Divorced, (~~write the~~ word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct 16 1849

7 AGE: Years 78 Months Days 18 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Saltsburg Pa

PARENTS

10 NAME OF FATHER: James F Monison

11 BIRTHPLACE OF FATHER (City or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Margaret F Lemmon

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Pa

14 Informant: Louis Deal

(Address) 3349 Greenmount Av

15 DATE RECEIVED: 5-5 1927

16 C. HAMPSON JONES, M. D. Registrar

Prepared

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): December Dec 4 1927

17

I HEREBY CERTIFY, That I attended deceased from Nov 27, 1927, to Dec 4, 1927, that I last saw her alive on Dec 4, 19.., and that death occurred, on the date stated above, at 10.45a m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) - yrs. - mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Place of Death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) John D. Fenby, M. D.

Dec 4, 1927 (Address) #4 E. Preston st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Prospect Hill Cem Date of Burial Dec 6 1927

20 UNDERTAKER: Williamson & Nattans ADDRESS

IMPORTANT—Should be carefully prepared. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—MAT—500 Bks.

E 28123

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28123

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS ST. 1428 WARD

2-FULL NAME Bertha Wood.

(a) RESIDENCE NO. 1442 Henry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm E Wood

6 DATE OF BIRTH (month, day, and year): July 11 1881

7 AGE: Years 46 Months 4 Days 23

If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland.

PARENTS

10 NAME OF FATHER: Wilhelm Burger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Emma ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Friends

15 Filed 5-1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/4/1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1927, to Dec. 4, 1927, that I last saw h alive on Dec. 4, 1927 and that death occurred, on the date stated above, at 6:30 P m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

Uraemia

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? general appearance.

(Signed) C. Wilhelm Burger M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem. DATE OF BURIAL: Dec 7 1927

20 UNDERTAKER: Chenoweth Son & Chestnut ADDRESS: 3417

TION is very important. See instructions on back of certificate.

Spec.-7-17-26-A Co.—200 Bks.

E 28124

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 28124

REGISTERED NO. 24-051

1-PLACE OF DEATH

City of BALTIMORE: (No. 1824 N. Christ St. 8-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ethel E. Lucas

(a) RESIDENCE NO. 1824 N. Christ St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Lucas

6 DATE OF BIRTH (month, day, and year) July 9, 1852

7 AGE	Years	Months	Days
	75	4	24

IF LESS than 1 day ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brick Layer

(b) General nature of industry, business, or establishment in which employed (or employer) Oil

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country)

PARENTS

10 NAME OF FATHER James B. Lucas

11 BIRTHPLACE OF FATHER (City or town)

(State or country) England

12 MAIDEN NAME OF MOTHER Sarah Chandler

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant Mrs. Inez Weaver

(Address) 1824 N. Christ St.

15 DEC 5 1927 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 3, 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 3 1927 to Dec 3 1927

that I last saw h[illegible] alive on Dec 3 1927

and that death occurred, on the date stated above, at 6-15 A. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

CONTRIBUTORY (Secondary) Cerebral Hemorrhage (duration) 1 yrs. mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J. Lowe M. D.

12/5, 1927 (Address) 40 Washington Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Date of Burial Dec 6, 1927

20 UNDERTAKER [illegible] ADDRESS [illegible]

Must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28125

CERTIFICATE OF DEATH.

90 ✓

REGISTERED NO. E 28125

1-PLACE OF DEATH

City of BALTIMORE: (No. 2207 E. Biddle St., 1-1 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Vana

(a) RESIDENCE NO. 700 S. Linwood Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Vana

6 DATE OF BIRTH (month, day, and year) Jan 6/1864

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	63	11	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) Unemployed

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Ceskoslovenska

PARENTS

10 NAME OF FATHER Joseph Vana

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ceskoslovenska

12 MAIDEN NAME OF MOTHER Sophie Spaleny

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ceskoslovenska

14 Informant wife

(Address) 700 S. Linwood Ave

15 Filed DEC 6 - 1927 C. HAMPSON JONES, M. D. Registrar

P. [illegible]

OF DEATH in plain terms, so that it may be properly classified. Fill every item. Be very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3/27

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Chr. Myocarditis

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Paul M. D. (Coroner)

12/5/27 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer. Date of Burial Dec 6 1927

UNDERTAKER August Pasek. ADDRESS 2702 Ashland Ave.

Spec 17-17-26 A Co 200 Blks. Margaret G. Miller

E 28126

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

A 13

E 28126

REGISTERED NO.

1-PLACE OF DEATH Md General Hospital

City of BALTIMORE: (No.) Madeira & Lundie St. 411-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2-FULL NAME Margaret Gloria Miller

(a) RESIDENCE NO. Catonsville Md St. (Edmondson Ave & C) Ward

(Usual place of abode)

Length of residence in city or town where death occurred ~~1st~~ yrs. mos. 1 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Child

6 DATE OF BIRTH (month, day, and year): aug 2 1927

7 AGE — Years 4 Months 3 Days — IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: George Miller

11 BIRTHPLACE OF FATHER (City or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Ethel Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Miller (Ethel Miller) (Address): Catonsville Md.

DEC 6 - 1927

H. HAMPSON JONES, M. D.

Registrar

D. C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 5, 1927

17 I HEREBY CERTIFY, That I attended deceased from 12-5-27 19 ..., to 12-5-27 19 ...

that I last saw h~~e~~r alive on 12-5-27 19 ...

and that death occurred, on the date stated above, at 5:50 P.M.

The CAUSE OF DEATH* was as follows:

Enteric Dysentery with dehydration (Autotoxemia)

(duration) — yrs. 1 mos. — ds.

CONTRIBUTORY (Secondary): Oedema of Lungs

(duration) — yrs. — mos. 1 ds.

18 Where was disease contracted: Home

If not at place of death?

Did an operation precede death? no Date of none

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) [signature] M. D.

. 19 (Address) 1 W. Franklin St.

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. Date of Burial: Dec 9 1927

20 UNDERTAKER: John J. Lauras & Son ADDRESS: 90 Holliday St.

Filed DEC 6 1927

D. C.

Fill Blanks by Typewriter or Ink. PRINT PLAINLY. Use Black Ink. Do not write in shaded spaces. Exact statement of occupation is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28127

129 E 28127.

1-PLACE OF DEATH

City of BALTIMORE: (No. So. Balt. Gen. Hosp. St.) 10-14 (Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Susie J. Baker

(a) RESIDENCE NO. 1053 N. Central Ave St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. — mos. — ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Charles C. Baker

6 DATE OF BIRTH (month, day, and year): Dec. 23 1891

7 AGE — Years: 36 — Months: 11 — Days: 11 — IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town): Jacksonville

(State or country): Md.

PARENTS

10 NAME OF FATHER: John Zinkhan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Fager

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Paul W. Zinkhan

(Address): Phoenix Md.

DEC 6 1927

HAMPSON JONES M.D. (Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 4 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1927, to Dec. 4, 1927, that I last saw her alive on Dec. 4, 1927, and that death occurred, on the date stated above, at 2:17 P m.

The CAUSE OF DEATH* was as follows:

Hypostatic pneumonia

(duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary): Nephritis

(duration) ? yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Gen. symptoms

(Signed) A W Kelly M. D.

12/7, 1927 (Address) 1417 So. Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Jacksonville Reformed Cemy Balto Co Md — Date of Burial Dec 7 1927

20 UNDERTAKER: Henry Hauck Son — ADDRESS 801 E Eager St

OF DEATH in plain terms, so that it may be properly classified. Any abbreviations will be very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 28128 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

REGISTERED NO. E 28128

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Balto Md ST. 14-20 WARD)

2-FULL NAME Jane Hensley

(a) RESIDENCE No. 1622 Druid Hill Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Black

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1837.

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
90.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work [illegible]

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Balto City Hospl (Address) Balto Md

15 Filed 1927 H. HAMILTON JAMES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12 - 4 1927

17. I HEREBY CERTIFY, That I attended deceased from 7 - 23 1927 to 12 - 4 1927

that I last saw her alive on 12 - 4 1927

and that death occurred, on the date stated above, at 3.45 P. m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Psychosis with Deterioration (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

Signed Harry Todd Smith M. D.

12 - 5 1927 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL 12 - 6 1927

20 UNDERTAKER John H. Toadvine ADDRESS 1027 Druid Hill

TION is very important. See instructions on back of certificate.

Spec.–7-17-26–A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28129

CERTIFICATE OF DEATH

E 28129

1-PLACE OF DEATH

City of BALTIMORE: (No.) Providence Hospital St. Ward

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eva Grove

(a) RESIDENCE NO. 304 S. Fremont Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. 16 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 19 1927

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
		5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. City

(State or country)

PARENTS

10 NAME OF FATHER Otis Grove

11 BIRTHPLACE OF FATHER (City or town)

(State or country) md

12 MAIDEN NAME OF MOTHER Matilda Honoway

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Matilda Grove

(Address) 304 S. Fremont Ave

15 Filed DEC 6 - 1927

C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 5 19 27

17 I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1927, to Dec. 5 1927.

that I last saw her alive on Dec. 4 1927.

and that death occurred, on the date stated above, at 5 30 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John A. Gardner M. D.

(Address) Providence Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. Date of Burial Dec 6 1927

20 UNDERTAKER John H Tradewell ADDRESS 1027 Hanover

IMPORTANT—Use typewriter if possible. Write plainly with pen and ink. Do not abbreviate. Do not use ditto marks. Answer each question. If unknown, say so. Do not leave blanks. Be sure to sign certificate. Certificate of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28130

CERTIFICATE OF DEATH.

112 ✓

REGISTERED NO. E 28130

1-PLACE OF DEATH

City of BALTIMORE: (No.) 21 N Fremont Apt 4-29 (St.) (Ward)

2-FULL NAME Elizabeth Reed (Bradford

(a) RESIDENCE NO. 21 N Fremont St. Ward

(Usual place of abode)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

Length of residence in city or town where death occurred 41 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1886

7 AGE — Years: 41 — Months — Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country): Md

PARENTS

10 NAME OF FATHER: Wm McCoy

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Va

12 MAIDEN NAME OF MOTHER: Mary Reed

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

14 Informant: Blanch McCoy

(Address): 21 N. Fremont

Filed DEC 6 1927 19 HARRISON JONES, Registrar

D. [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 2, 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:

Acute Gastritis

Coma of Diet

(Duration) yrs. mos. 1/2 hr

CONTRIBUTORY (Secondary) Exhaustion (Duration) yrs. mos. 1/2 hr ds.

(Signed) G. C. Yates M. D.

(Address) 1436 Ivy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — Date of Burial: Dec 6 1927

20 UNDERTAKER: Jerm H. Joachim — ADDRESS: 1027 Druid Hill

If DEATH in plain terms, so that it may be properly classified. very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28131

CERTIFICATE OF DEATH.

E 28131

1-PLACE OF DEATH Dispensery of

CITY OF BALTIMORE (No. Union Memorial Hospital) WARD 21-53

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rev Dr Murray Dewart.

(Residence in Baltimore: No. 503 Club Road Roland Park St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (*Write* the word.) Married

6-DATE OF BIRTH, February 14th (Month) (Day), 1874 (Year)

7-AGE, 53 yrs. 9 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Clergyman
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Minnesota

PARENTS.

10-NAME OF FATHER, James A. Dewart

11-BIRTHPLACE OF FATHER (State or Country), Canada

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Donald Dewart

(Address) 503 Club Road R.P.

15-

DEC 6 - 1927 C. HAMPSON JONES, M. D.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 4th (Month) (Day), 1927 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) yrs. mos. 1/2 hr.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 1/2 hr.

Signed C. C. Jones (Coroner) M. D.

Dec 5th, 1927 (Address) 503 Club Road

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem

DATE OF BURIAL, ... 19....

20-UNDERTAKER Henry H. Jenkins Sons

ADDRESS Oakland & Eden Sts Govans

CAUSE OF DEATH to plain words, as important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

Juras.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28132

CERTIFICATE OF DEATH.

129 E 28132

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 148 S. Castle St. St. 7-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jan. Juras.

(a) RESIDENCE No. 148 S. Castle St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Maryanna Juras.

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
58				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER Martin Juras

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Maryanna Gwozdz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Mr. Jastremiez (Address) 148 S. Castle St.

DEC 6 - 1927 HAMILTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 5 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 8 1927, to Dec 5 1927, that I last saw him alive on Dec 3rd 1927, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Aortic & Mitral Regurg
Chronic Nephritis
Uremia
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis
Uremia
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam & Lab.

(Signed) A. F. Rios, M. D.

Dec. 6 1927 (Address) 24 E Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus Cem	Dec 7 1927
UNDERTAKER	ADDRESS
George A. Weber	2205 Eastern

INSTRUCTION is very important. See instructions on back of certificates.

Spec. July 26 '27 200 Bks.

E 28133

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

84 E 28133

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1728 St Paul St. 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth J. White

(a) RESIDENCE NO. 1728 St. Paul St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Divorced

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Samuel G. White

6 DATE OF BIRTH (month, day, and year): Mar 4 1882

7 AGE: Years 45 Months 9 Days 1 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER John Farrell

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Stanley White

(Address) 1728 St. Paul St.

15 HAMPSON JONES, M. D.

Registrar

DEC 6 - 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/5/ 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1927, to Dec 5th 1927.

that I last saw h[illegible] alive on Dec 3 1927.

and that death occurred, on the date stated above, at 8 30 A m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Leonard E. Beach M. D.

, 19 (Address) 2229 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem. Date of Burial: Dec 7 1927

20 UNDERTAKER: Margaret G. Flynn ADDRESS: 1420 Light St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 28134 HEALTH DEPARTMENT—CITY OF BALTIMORE E 28134

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 528 W. Hoffman St. 17 Ward) Registered No. C 7490

2-FULL NAME Michael J. O'Connor

(Residence in Baltimore: No. 528 W. Hoffman St

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; yrs. 45 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widow(er), Divorced (write the word.): Married

6-DATE OF BIRTH: about (Month) (Day) 1852. (Year)

7-AGE: 75 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession or particular kind of work: Retired Brewer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Ireland

PARENTS.

10-NAME OF FATHER: Joseph O'Connor

11-BIRTHPLACE OF FATHER, (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Mary Do not Know?

13-BIRTHPLACE OF MOTHER, (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): (Mrs) Nettie O'Connor

(Address) 528 W. Hoffman St.

15-

Filed DEC 6 - 1927 192

C. HAMPSON JONES, M. D. Registrar.

By

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: 12 (Month) 4 (Day) 1927 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) No history

(Duration) yrs. mos. ds.

(Signed) J. T. Hennessey (Coroner.) M. D.

Dec. 7, 1927 (Address) 25 72 Eutaw Street

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death 45 yrs. mos. ds. In the State 65 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery DATE OF BURIAL: 12-7 1927

UNDERTAKER: Martin Fahey Sons ADDRESS: 820 W. North Ave.

is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

28135

CERTIFICATE OF DEATH.

3 E 28135

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 574 Boker ST. 17-20 WARD)

2-FULL NAME Benj. Burnson

(a) RESIDENCE NO. 574 Baker ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not stated

6 DATE OF BIRTH (month, day, and year) 1869—

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housepainter

(b) General nature of industry, business, or establishment in which employed (or employer) Painter

(c) Name of employer Unk

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Edward A. Burnson (Address) 574 Baker St

15 Filed DEC 6 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 2 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 17th 1927 to Dec 2d 1927

that I last saw him alive on Dec 2d 1927

and that death occurred, on the date stated above, at 6 30 A.M.

The CAUSE OF DEATH* was as follows: Pneumonia Lobar

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Ellis, M. D.

12/5/27 (Address) 524 Mad. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carvalry Cemetery DATE OF BURIAL Dec 6 1927

20 UNDERTAKER J. W. M. Johnson ADDRESS 1234 Gettysburg

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 28136

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001. E 28136

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1337 Valley ST. 9-18 WARD)

2-FULL NAME Catherine D Ackerman

(a) RESIDENCE NO. 1337 Valley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julius Ackerman

6 DATE OF BIRTH (month, day, and year) Feby 10 - 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	9	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Adam Ramming

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Dreyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Miss Sadie Ackerman (Address) 1337 Valley St

15 Filed DEC 6 1927 19 HAMILTON JONES, M. D. Registrar

C 6 P.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 3 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 25 1927, to Dec. 3 1927, that I last saw h[er] alive on Dec 2 1927 and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows:

Septic infection of Leg. Ch. Varicose Ulcers

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Labor Pneumonia (duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Albert H. Levi M. D.

M. D. (Address) 800 E. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem	Dec 6 1927
20 UNDERTAKER John Merict	ADDRESS 2108 Eutaw St

Spec.–7-17-26–A Co.–200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 28137

REGISTERED NO. 31 E 28137

1-PLACE OF DEATH

City of BALTIMORE: (No. 2114 Walbrook Ave St. 15168 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis J. Rial

(a) RESIDENCE NO. 2114 Walbrook Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred lifetime yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Josephine Rial

6 DATE OF BIRTH (month, day, and year): Aug 6 – 1883

7 AGE: Years 44 Months 2 Days 19 IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Jos F. Rial

11 BIRTHPLACE OF FATHER (City or town) (State or country): Balto.

12 MAIDEN NAME OF MOTHER: Mary Riener

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Balto.

14 Informant (Address): Josephine Rial 2114 Walbrook Ave

15 Filed Dec 6 1927 C. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): December 14th 1927

17 I HEREBY CERTIFY, That I attended deceased from Jan 1925, to Dec 4 1927, that I last saw h alive on Dec 4 1927, and that death occurred, on the date stated above, at 7.0 m.

The CAUSE OF DEATH* was as follows: Tuberculosis Pulmonary

(duration) 2 yrs. mos. da.

CONTRIBUTORY (Secondary) coma

(duration) yrs. mos 1 da.

18 Where was disease contracted ✓

if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory —

(Signed) Dr [illegible], M. D.

Dec 6 1927 (Address) 836 Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — Date of Burial 12/7 1927

20 UNDERTAKER: Chas F. Maus & Son — ADDRESS 1811 Mt Royal Ave

EC 6

Fill in all blanks with typewriter or pen and ink. Be sure that every DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.--12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28138

CERTIFICATE OF DEATH.

90 E 28138

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 305-E-28 St. 17-50 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael F Murray

(a) RESIDENCE NO. 305-E-28 St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine D. Murray

6 DATE OF BIRTH (month, day, and year): Feb 3-1859

7 AGE: Years 68 Months 9 Days 1

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Michael F. Murray

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Bridget Flannigan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Catherine D. Murray 305 E. 28th St.

15 Filed 19 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 4 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. ds.

12/27 (Signed) G E Hale M. D.

19 (Address) 1473 E Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetary Date of Burial 12/7 19 27

20 UNDERTAKER: Chas F. Evans & Son ADDRESS 1118 W. Mt Royal Ave

OF DEATH in plain terms, so that it may be properly classified. very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28139

CERTIFICATE OF DEATH.

1827

REGISTERED NO. E 28139

1-PLACE OF DEATH

City of BALTIMORE: (No.) 4 Harbor Court of Falls St. 1-3 Ward)

2-FULL NAME Jacob Krysiak

(8) RESIDENCE NO. 579 S. Lakewood St. Ward

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

2 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): unknown 1891

7 AGE: Years 36 Months Days

IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Pipe fitter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: Joseph Krysiak

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Poland

12 MAIDEN NAME OF MOTHER: Walorzyniak

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Poland

14 Informant: Agness Krysiak

(Address) 579 Lakewood

15 [illegible] 1927 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 4 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning (Accidental)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Asphyxia

(Duration) yrs. mos. ds.

Dec 5/27 (Signed) J. C. Sadosky (Coroner) M. D.

(Address) 1436 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the state ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Date of Burial Dec 7 1927

UNDERTAKER: F. W. Gazewski ADDRESS 1930 Eastern Ave

OF DEATH in plain terms, so that it may be very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 28140

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28140

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1717 N. Washington St. 8-17 Ward)

2-FULL NAME Charles Grefe

(a) RESIDENCE NO. 1717 N. Washington St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Grefe

6 DATE OF BIRTH (month, day, and year) Feb 14/1857

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	70	9	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wood Finisher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Chas. M. Stieff

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Louis Grefe

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Dorothy Weber

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Wife

(Address) 1717 N. Washington St

Filed DEC 6 - 1927 C. HAMPSON JONES, M. D. Registrar

P. [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 4/27 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Valvular Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Carter M. D.

(Coroner)

12/5/27 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery Date of Burial 12/7/ 19 27

20 UNDERTAKER E. J. Fanning & Son ADDRESS 1936 Eutaw Pl.

OF DEATH in plain terms, so that it may be understood very important. See instructions on back of certificate.

Spec.—1-12-23—MAT—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28141

CERTIFICATE OF DEATH.

45 E 28141

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1519 Edmondson Ave ST. WARD)

2-FULL NAME Norman Leslie Stanton

(a) RESIDENCE No. 1519 Edmondson Ave ST. WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. 0 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Lizette B. Stanton

6 DATE OF BIRTH (month, day, and year) Dec. 2 1843

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	0	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Provisions
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Retired 3 mos.

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Elijah Stanton

11 BIRTHPLACE OF FATHER (city or town) Salisbury
(State or country) Conn

12 MAIDEN NAME OF MOTHER Rebecca Millikan

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant Mrs. R. H. Stanton
(Address) 816 Newington Ave.

15 Filed DEC 6 1927 19 J. M. E. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 5. 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1927 to Dec 5, 1927.

that I last saw him alive on Dec 4, 1927.

and that death occurred, on the date stated above, at 8.40 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 8 days

CONTRIBUTORY (Secondary) Carcinoma of Intestines

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

Signed Walter Boyson, M. D.

(Address) 1917 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL Dec 7 1927

20 UNDERTAKER Wm. J. Tickner Sons ADDRESS Norfolk

TION is very important. See instructions on back

Spec.—1-12-23—M&T—500 Blks.

E 28142

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28142

100-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 2637 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George W Dunn

(a) RESIDENCE NO. Balto. City Hosp. ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 ~~Single~~ Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Eleanor Dunn

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: 84 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: ?

11 BIRTHPLACE OF FATHER (city or town) (State or country): ?

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

14 Informant (Address): BALTIMORE CITY HOSPITALS

15 Filed DEC 6 1927 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-2- 1927

17 I HEREBY CERTIFY, That I attended deceased from 11-22 1927, to 12-2 1927, that I last saw him alive on 12-2 1927, and that death occurred, on the date stated above, at 6 30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys. Examination

(Signed) C. Holmes Jones M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

16 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Mount

DATE OF BURIAL: Dec 8 1927

19 UNDERTAKER: [illegible]

ADDRESS: [illegible]

TION is very important. See instructions on back of

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28143

CERTIFICATE OF DEATH.

40 E 28143

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. 1219 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Timothy J. Roddy

(a) RESIDENCE NO. 209 E. Lanvale St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. — mos. ds. How long in U. S., if of foreign birth? 55 yrs. -- mos. -- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna L. Leland

6 DATE OF BIRTH (month, day, and year): July 15, 1867

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	60	4	20	19

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Fuller Construction Co.

9 BIRTHPLACE (city or town):

(State or country): Ireland

PARENTS

10 NAME OF FATHER: Patrick Roddy

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: Bridget Cox

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Ireland

14 Informant: Miss Elizabeth Roddy

(Address): 102 E. Madison Street

DEC 6 1927

C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 4/27

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Chr Myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Walsh, M. D. (Coroner)

12/6/27 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery Date of Burial: Dec. 8, 1927

20 UNDERTAKER: Henry U. Mears & Son ADDRESS: 805 N. Calvert

OF DEATH in plain terms, so that it may be properly classified. very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28144

E 28144

161-001

CERTIFICATE OF DEATH.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital. ST. 7-9 WARD)

2-FULL NAME Baby Foster

(a) RESIDENCE NO. Box 132, North Point, St. Md. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Black | 5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 29, 1927

7 AGE Years Months Days — If LESS than 1 day, 12 hrs. or 30 min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Sankton Foster

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Clara Emrole

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant C. Hampson Jones M.D.
(Address) Johns Hopkins Hospital.

15 Filed DEC 6 1927 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 30 1927

17 I HEREBY CERTIFY, That I attended deceased from 11-29, 1927, to 11-30, 1927, that I last saw her alive on 11-30, 1927, and that death occurred, on the date stated above, at 1.10 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) C. H. Jones, M. D.

12-6-27 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL
Bureau of Vital Statistics
DEC 5 192

CAUSE OF DEATH in plain terms. See instructions on back of certificates. TION is very important.

Cor.—12-9-25—A Co.—200 Bks.

E 28145

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

154-09

E 28145

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1122 Olive St. St. 23-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elmer Fauntleroy.(C)

(a) RESIDENCE NO. 1122 Olive St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. 29 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) July 3, 1927

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	0	4	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Fauntleroy.(C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia.

12 MAIDEN NAME OF MOTHER Julia Thomas.(C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia.

14 Informant Julia Fauntleroy.(C) mother.

(Address) 1122 Olive St.

Filed C. HAMPSON JONES, M. D., Registrar

R056

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) December 2, 1927 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency.
Congenital.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D. (Coroner)

12/3 1927 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the state yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 19

20 UNDERTAKER ADDRESS

OF DEATH in plain terms, so that it may be properly coded. very important. See instructions on back of certificate.

JOHNS HOPKINS HOSPITAL DEC 5 1927

Per. Wm. S. HOBBS

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28146

CERTIFICATE OF DEATH.

90 E 28146

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2109 Druid Hill Ave. ST. 14-59 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James M. Mahoney

(a) RESIDENCE NO. 2109 Druid Hill Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Florance Mahoney.

6 DATE OF BIRTH (month, day, and year) Feb. 2nd 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	10	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter.

(b) General nature of industry, business, or establishment in which employed (or employer) Bagage Dept.

(c) Name of employer P.R.R.

9 BIRTHPLACE (city or town) WoodStock. (State or country) Md.

PARENTS

10 NAME OF FATHER Lenard Mahoney

11 BIRTHPLACE OF FATHER (city or town) West Moreland (State or country) Va.

12 MAIDEN NAME OF MOTHER Sarah Stewart.

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant Florance Mahoney (Wife)

(Address) 2109 Druid Hill

15 DATE RECEIVED 6-1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 5, 1927

17 I HEREBY CERTIFY, That I attended deceased from Sept 6, 1927, to Dec 4, 1927, that I last saw h[illegible] alive on Dec 4, 1927, and that death occurred, on the date stated above, at 7P m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac hypertrophy

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. McCoard M. D.

1/6 1927 (Address) 2005 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemt.

DATE OF BURIAL Dec. 7th, 27

20 UNDERTAKER Wm R. A. Elliott

ADDRESS 1725 Ashland Ave

Spec.—12-9-25—A Co.—200 Blks.

E 28147

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91-00-2-0

E 28147

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1101 Asquith St. 10-14 Ward)

2-FULL NAME Elizabeth E Coffey

(a) RESIDENCE NO. 1101 Asquith St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Coffey

6 DATE OF BIRTH (month, day, and year): March 13 1844

7 AGE — Years: 83 — Months: 8 — Days: 3 — IF LESS than 1 day ... hrs. ... or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): (State or country) County Clare Ireland

PARENTS

10 NAME OF FATHER: John Coghlan

11 BIRTHPLACE OF FATHER (city or town): (State or country) Ireland

12 MAIDEN NAME OF MOTHER: Bridget O'Brien

13 BIRTHPLACE OF MOTHER (city or town): (State or country) Ireland

14 Informant: Mrs Wade

(Address) 305 Burkwood Place.

6 - 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 4th 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 1 1927, to Dec 4, 1927, that I last saw h[illegible] alive on Dec 4, 1927, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Old age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Charles O'Donovan, M. D.

(Address) 5 E Read St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem. Date of Burial Dec 7 1927

20 UNDERTAKER: Mary M. Wedderburn ADDRESS 50 E 22

OF DEATH in plain terms, so that it may be properly classified. Items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20 are very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

E 28148

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 28148

1-PLACE OF DEATH

REGISTERED NO. 101-806

City of BALTIMORE: (No. 2909 Mt. Holly St. 15-45 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma P. Read

(a) RESIDENCE NO. 2909 Mt Holly St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan. 13, 1859.

7 AGE: Years 68 Months 10 Days 21 IF LESS than 1 day ...hrs. or ...min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: Samuel Sheeks

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Morton

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Baltimore

14 Informant J. Carey Read

(Address) 4709 Norwood Ave

15 Dec 6 1927 C. HAMPSON JONES, M. D.

By CHJ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1927 Dec. 4

17 I HEREBY CERTIFY, That I attended deceased from Nov 27, 1927, to Dec. 4, 1927, that I last saw h.er alive on Dec 4, 1927, and that death occurred, on the date stated above, at 4 30 P.M.

The CAUSE OF DEATH* was as follows:

(Acute) Lobar Pneumonia

(duration) ...yrs. mos. 8 da.

CONTRIBUTORY (Secondary) Toxemia & Cardiac Failure

(duration) ...yrs. mos. 8 da.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Carroll Louise M. D.

Dec 6, 1927 (Address) 4 Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn — Date of Burial: Dec 7 1927

20 UNDERTAKER: George Jr Smith — ADDRESS: Hollins 1532

OF DEATH in plain terms, so that it may be properly classified. Exact statement of very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

E 28149

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 28149

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 712 N. Hamburg. St. 6-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Britschwerdt.

(a) RESIDENCE NO. 2420 Orleans St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Britschwerdt

6 DATE OF BIRTH (month, day, and year): August 10th 1863

7 AGE: Years 64 Months 3 Days 24 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework.

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: at home

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: not known

11 BIRTHPLACE OF FATHER (City or town) (State or country): not known

12 MAIDEN NAME OF MOTHER: not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): not known

14 Informant: Mr George Britschwerdt

(Address) 2420 Orleans St

15 Filed DEC 9 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): December 4th 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 14 1927, to Dec 4 1927.

that I last saw h[illegible] alive on Dec 4 1927.

and that death occurred, on the date stated above, at 2.45 P m.

The CAUSE OF DEATH* was as follows:

Cardio-vascular dis - atheroma — senile

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary): senile

(duration) yrs. mos. 10 ds.

18 Where was disease contracted ✓

If not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no —

What test confirmed diagnosis? none —

(Signed) [illegible] M. D.

, 19 (Address) 125 Broadway —

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Country — Date of Burial 12-8th 1927

20 UNDERTAKER: Bernard C Nash — ADDRESS 1000 S Paca St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of very important. See instructions on back of certificates.

-9 030 -

Spec.—7-17-26—A Co.—200 Bks.

E 28150

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28150

CERTIFICATE OF DEATH

129

1-PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE: (No.) 1329 William St. (Ward) 14-33

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Brown.

(a) RESIDENCE NO. 1329 William St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: French

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Adam. Brown.

6 DATE OF BIRTH (month, day, and year): April 4 1855

7 AGE — Years: 72 Months: 8 Days: 0 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: John Keller

11 BIRTHPLACE OF FATHER (City or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Mrs Mame Armiger

(Address) 1329 William St

15 DEC 6 1927 C. HAMPSON JONES, M. D., Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): December 4 1927

17 I HEREBY CERTIFY, That I attended deceased from Sept 20, 1927, to Dec. 4, 1927, that I last saw h[illegible] alive on Dec 4 1927, and that death occurred, on the date stated above, at 8.45A m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary): Chronic Bright's Disease

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. Mitchell, M. D.

12/5, 1927 (Address) 1329 William St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross a a c. Date of Burial: 12-7 1927

20 UNDERTAKER: E & T C Nurle ADDRESS: 115 E Mt St

(OF DEATH in plain terms, so that it may be properly classified. Exact statement is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 28151

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28151

CERTIFICATE OF DEATH.

31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. (S. E.) WARD)

2-FULL NAME Dudley Walrond

(a) RESIDENCE NO. 1230 Jefferson st. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Separated

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1892

7 AGE — Years: 35 — Months: — Days: — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): West Indies

PARENTS

10 NAME OF FATHER: Mark Walrond

11 BIRTHPLACE OF FATHER (city or town) (State or country): Nova Scotia

12 MAIDEN NAME OF MOTHER: Ida ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant (Address): Hospital Records

15 Filed 6-1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 4, 1927

17 I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1927, to Dec. 4, 1927, that I last saw h[illegible] alive on Dec. 4, 1927 and that death occurred, on the date stated above, at 5.10 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy Clinical Sym.

(Signed) E. E. Madden M. D.

12-5-27, 19 (Address) Baltimore City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart — DATE OF BURIAL: 12/6 1927

20 UNDERTAKER: J. J. Fahey Sons — ADDRESS: 1318 Light St

TION is very important See instructions on back of certificate

Spec.—7-17-26—A Co.—200 Bks.

E 28152

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31

E 28152

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2514 Wilkens Ave., St. 20-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie A. Banahan

(a) RESIDENCE NO. 2514 Wilkens Ave., St. Ward

(Usual place of abode) Life

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Leo B. Banahan

6 DATE OF BIRTH (month, day, and year): Oct. 12, 1895

7 AGE: Years 32 Months 1 Days 22

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER: Richard L. Morrison, Sr.

11 BIRTHPLACE OF FATHER (City or town)

(State or country) W. Va.,

12 MAIDEN NAME OF MOTHER: Augate Lichtenberger

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant: Leo B. Banahan

(Address) 2514 Wilkens ave.

15 Filed DEC 6 - 1927

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1927

Dec 4

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1927, to Dec 4, 1927, that I last saw h[illegible] alive on Dec 4, 1927, and that death occurred, on the date stated above, at 5 50 m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis.

(duration) 1 yrs. mos. da.

CONTRIBUTORY (Secondary) Pulmonary Oedema

Endocarditis (duration) yrs. mos. 3 da.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frank E. Hatt, M. D.

(Address) 2507 Nelson Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — Date of Burial: Dec. 7 1927

20 UNDERTAKER: Henry N. Hatzke — ADDRESS: 456 Monument St

OF DEATH in plain terms, so that it may be properly classified. Every statement is very important. See instructions on back of certificates.

Spec. 7-17-26—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28153

CERTIFICATE OF DEATH

E 28153

REGISTERED NO.

1-PLACE OF DEATH St. Joseph's Hosp.

City of BALTIMORE: (No.) St. 18-29 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James A Farrell

(a) RESIDENCE NO. 943 Hollins St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1870.

7 AGE: Years 57 Months Days IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) N. J.

(State or country)

PARENTS

10 NAME OF FATHER Michael Farrell

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Anne Burke

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Katee Farrell

(Address) 943 Hollins St

15 [illegible] 6-1927 C. HAMPSON JONES [illegible] M. D.

Pa [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 13 1927, to Dec 6 1927,

that I last saw h[illegible] alive on Dec 6 1927,

and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

[illegible] (duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? [illegible]

Did an operation precede death? [illegible] Date of

Was there an autopsy? Yes

What test confirmed diagnosis? [illegible]

(Signed) H Lawrence Gibbons, M. D.

, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. Date of Burial 12/8 1927

20 UNDERTAKER: Wilbur N Adrion ADDRESS [illegible]

OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

E 28154

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 28154

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1300 Division St. 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella R. Hopkins

(a) RESIDENCE NO. 1300 Division St. St. Ward 17 Md

(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. mos. da. (If non-resident give city or town and State)

How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: col

5 Single, Married, Widowed, or Divorced (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1885

7 AGE: Years 42 Months — Days — IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore md.

PARENTS

10 NAME OF FATHER: Wm. T. Hopkins

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mrs Josephine Butler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs Ella R Hopkins (Address) 1300 Division St

15 Filed DEC 7 1927

16 Registrar: C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-5-1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 2 1927 to Dec 5 1927, that I last saw her alive on Dec 4 1927, and that death occurred, on the date stated above, at 1.45 a m.

The CAUSE OF DEATH* was as follows: Acute Cardiac Vascular Renal Disease

(duration) 2 yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. Hunskamp M. D.

. 19 (Address) 1202 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem. Date of Burial: Dec 6 1927

20 UNDERTAKER: Daniel Carter & Co ADDRESS 711

OF DEATH in plain terms, so that it may be properly classified. Exact statements very important. See instructions on back of certificates.

67

Cor.—12-9-25—A Co.—200 Bks.

E 28155

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E 28155

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 890 Boyd St. (Ward) 16-29

2-FULL NAME Jessie Washington

(a) RESIDENCE NO. 890 Boyd St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day and year): Oct 1927

7 AGE: Years — Months: 2 — Days — IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Co Md

10 NAME OF FATHER: Lee Washington

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Reed

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mary Washington

(Address): 890 Boyd St

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Nov 4 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intestinal Hemorrhage

CONTRIBUTORY (Secondary) Exhaustion (duration) yrs. mos. 7 ds.

Nov 3 1927 Signed: J E Grady M. D.

(Address): 1736 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 BURIAL PERMIT

20 UNDERTAKER: Hamilton Forbes

Date of Burial: Dec 6 1927

ADDRESS 916 Eutaw

OF DEATH In plain terms, so that it may be very important. See instructions on back of certificate.

6 Jan 1927

H. HAMPSON JONES, M. D.

Spec.—1-12-23—M&T—500 Blks.

E 28156

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28156

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 227 S. Duncan St. ST. 1-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph A. Dum

(a) RESIDENCE NO. 227 S. Duncan St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): M.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 6 1927

7 AGE: Years | Months | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Joseph A. Dum

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Mollie Katz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant (Address) Mrs. Dum 227 S. Duncan St.

15 Filed 6-1927, 19 C. HAMPSON JONES, M. D. Registrar

CAUSE OF DEATH. See instructions on back of certificates. TION is very important

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 6 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1927, to Dec. 6, 1927, that I last saw him alive on Dec 6, 1927, and that death occurred, on the date stated above, at 10-40 A. m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Indigestion.

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? residence

Did an operation precede death? No Date of No

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Israel Ziegler M. D.

12/6, 1927 (Address) 1007 E. Fait St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Patrick

DATE OF BURIAL: Dec 8 1927

20 UNDERTAKER: John M Weber

ADDRESS: 1803 Bank

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28157 E 28157

CERTIFICATE OF DEATH.

124

REGISTERED NO. 13-52

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 3304 Cedar Ave ST.; 2 WARD)

2-FULL NAME James D. Hackley

(a) RESIDENCE NO. 3304 Cedar Ave ST.; WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE Late Martha Hackley

6 DATE OF BIRTH (month, day, and year) April 8, 1843

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	84	7	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant James C Hackley (Address) 3304 Cedar Ave

15 12-6-1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1927, to December 6, 1927, that I last saw h alive on December 5, 1927, and that death occurred, on the date stated above, at 9.5 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) A. J. Davis, M. D.

12-6-1927 (Address) 800 W 33rd Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Hampden — DATE OF BURIAL Dec 9 1927

20 UNDERTAKER Chenowith & Son ADDRESS 3617 Chestnut Ave

TION is very important See instructions on back of certificate

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28158

CERTIFICATE OF DEATH.

129 E 28158

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 701 N Caren St., 16-23 Ward)

2-FULL NAME Florence Clark

(a) RESIDENCE NO. 701 N Caren St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1885

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	42	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) O

(c) Name of employer

9 BIRTHPLACE (city or town) Calvert Co. Md

(State or country)

PARENTS

10 NAME OF FATHER Hutchen Dixon

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Calvert Co. Md

12 MAIDEN NAME OF MOTHER Anne Lewis

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Calvert Co. Md

14 Informant Annie Lewis

(Address) 722 Harmon St

15 Filed ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 5 1927

17 I HEREBY CERTIFY, That I attended deceased from Sept 19, 1927, to Dec 5, 1927, that I last saw h.. alive on Dec 4, 1927, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Urinalysis

(Signed) J S McCard, M. D.

12/6, 1927 (Address) 2005 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Ferncliff Cem. Calvert Co. Md 12-8 1927

20 UNDERTAKER ADDRESS

John H. Toadvine Ferncliff Md

OF DEATH in plain terms, so that it may be properly understood. very important. See instructions on back of certificates.

DEC 7 - 1927

P.S.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28159

CERTIFICATE OF DEATH.

E 28159

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1702 N. Payson ST.; WARD)

2-FULL NAME not named Infant Toor.

(a) RESIDENCE. No. 1702 N. Payson ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs mos ds

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 2d 1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore City

PARENTS

10 NAME OF FATHER Irwin R. Toor

11 BIRTHPLACE OF FATHER (city or ~~town~~) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Anna Belle Goldberg

13 BIRTHPLACE OF MOTHER (city or ~~town~~) Baltimore (State or country)

11 Informant I. R. Toor (Address) 1702 N. Payson St

15 Filed DEC 7 - 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 6 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 2 1927, to Dec 6 1927, that I last saw h— alive on Dec 6 1927, and that death occurred, on the date stated above, at 5 45 a.m.

The CAUSE OF DEATH* was as follows:

very small young child
Premature Birth, Low birth Vitality
Inability to take nourishment.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Natural

(Signed) Howard L. Silver, M. D.

19 (Address) 3906 Liberty Heights Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Cemetery DATE OF BURIAL 12/7 19 27

20 UNDERTAKER Jacob Lewis 1439 E Baltimore ADDRESS

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 28160 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28160

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2617 E Preston St. 8 Ward)

Registered No. 8127

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mary Frances Keefer

(a) Residence No. 2617 E Preston St. 8 Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of John W Keefer

6-DATE OF BIRTH (month, day and year) Jan 9 1857

7-AGE. 76 yrs. 10 mos. 26 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. Henry Stubbard

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER. Elizabeth Anderson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto

14- (Informant) Hedwig J Keys

(Address) 2617 E Preston

15- Filed DEC 7 - 1927 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 4 1927

17- I HEREBY CERTIFY, That I attended deceased from Sept 13, 1927 to Dec 4, 1927

that I last saw h.er alive on Dec 4, 1927

and that death occurred, on the date stated above, at 6.45 P.M.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. 2 mos. 22 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. T. Kerr M. D.

Dec 7, 1927 (Address) 1305 N Patterson Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL. Western Cemetery

DATE OF BURIAL. 12/7 1927

UNDERTAKER. William Corle

ADDRESS 502 E North Ave

Instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 28161

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28161

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 200 Fawn Road ST. Belmont

2-FULL NAME Edward Virginia Hutts

(a) RESIDENCE NO. 200 Fawn Road ST. Belmont WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 6-1873

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
54	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Edward Hutts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Gudmundsen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant James L. Hutts

(Address) 200 Fawn Road

15 Filed DEC 7 1927 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6 1927

17 I HEREBY CERTIFY, That I attended deceased from March 13 1927, to December 6 1927, that I last saw h alive on December 5 1927 and that death occurred, on the date stated above, at 2 4 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

CONTRIBUTORY (Secondary) (duration) yrs. 9 mos ds. Cerebral Hemorrhage

18 Where was disease contracted if not at place of death? (duration) yrs. mos. 3 ds. at Home of Deceased

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic Analysis Plugged Examination

(Signed) P. C. Jelly M. D.

Dec 7 1927 (Address) 521 E. Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge DATE OF BURIAL Dec. 8 1927

20 UNDERTAKER Wm Cole ADDRESS 522 E. Fort Ave

IMPORTANT is very important. See instructions

Cor.—12-9-26—A Co.—200 Bks.

E 28162

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44

E 28162

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1518 N. Gilmor St., 15-21 Ward)

2-FULL NAME Jolena Fairfax

(a) RESIDENCE NO. 1518 N. Gilmor St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas. H. Fairfax

6 DATE OF BIRTH (month, day, and year): Oct. 10, 1887

7 AGE: Years 40 Months 1 Days 25 IF LESS than 1 day.....hrs, or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Cuba.

PARENTS'

10 NAME OF FATHER: ? Murray

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country):

14 Informant: Chas. H. Fairfax

(Address): 1518 N. Gilmor St.

15 Filed: DEC 7 - 1927 16 C. HAMPSON JONES, M. D. Registrar

OF DEATH in plain terms, so that it may be understood; very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Dec 5, 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. M. Hennessy, M. D. (Coroner)

Dec. 8, 1927 (Address) 2572 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem Date of Burial Dec 7 1927

20 UNDERTAKER: Theodore G. Koch ADDRESS 1820 Harford

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 28163

47 E 28163

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 903 N. Pat. Pk. Ave. St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henriette C. Worick

(a) RESIDENCE NO. 903 N. Pat. Pk. Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: late Harry M. Worick

6 DATE OF BIRTH (month, day, and year): Feb 7 71

7 AGE: Years 56 Months 9 Days 17 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): City

(State or country)

PARENTS

10 NAME OF FATHER: John L. Brandt

11 BIRTHPLACE OF FATHER (City or town): Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Sophia Thiemyer

13 BIRTHPLACE OF MOTHER (city or town): Md.

(State or country)

14 Informant: Mrs Norris

(Address) 903 N. Pat. Pk. Ave

15 Filed DEC 7 - 1927 C. HAMPTON JONES Registrar

By R.L.G.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 4 19 27

17 I HEREBY CERTIFY, That I attended deceased from Nov 5, 1927, to Dec 4, 1927, that I last saw h alive on Dec 4, 1927, and that death occurred, on the date stated above, at 1:30 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(Originally Breast)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Obstruction of Bowels

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of ?

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas Brown M. D.

(Address) 420 Harlem Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel — Date of Burial 12/7 1927

20 UNDERTAKER: B. Philip Henrig — ADDRESS 2016 Orleans

OF DEATH in plain terms, so that it may be properly classified. Answer every question. Be very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

F28164 · HEALTH DEPARTMENT—CITY OF BALTIMORE F28164

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Balto City Hospl REGISTERED NO. 31

CITY OF BALTIMORE: (No.) Balto Md (St.) 26-37 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fred Richardson

(a) RESIDENCE NO. Unknown ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1882?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Balto City Hospl

(Address) Balto Md

15 Filed DEC 7 - 1927. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12 - 2 - 1927

17 I HEREBY CERTIFY, That I attended deceased from 11-16- , 1927, to 12-2- , 1927

that I last saw h[illegible] live on 12-2- , 1927

and that death occurred, on the date stated above, at 9 32 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tbc

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Psychosis w/ Pulmonary Tbc.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Henry Goldsmith M. D.

, 1927 (Address) 13 Belmont City Nursing

*State the Disease Causing Death, or in deaths from violent causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cem DATE OF BURIAL 12/8 1927

20 UNDERTAKER Byrom & Knight ADDRESS 1218 Mc Elderry St

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28165

CERTIFICATE OF DEATH

129

E 28165

REGISTERED NO. 27-44

1-PLACE OF DEATH Edgewood Sanitarium

City of BALTIMORE: (No. 3105 Keaver ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leslie Howard Ingham

(a) RESIDENCE NO. 3105 Keaver ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 19 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mabel F Ingham

6 DATE OF BIRTH (month, day, and year): June 7, 67

7 AGE: Years 60 Months 5 Days 27 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Professor

(b) General nature of industry, business, or establishment in which employed (or employer): Teacher City College

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ohio

PARENTS

10 NAME OF FATHER: Rev H M Ingham

11 BIRTHPLACE OF FATHER (City or town) (State or country): Ohio

12 MAIDEN NAME OF MOTHER: Sarah W Woodward

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N Hampshire

14 Informant: Mrs Mabel Ingham

(Address): 3105 Keaver Av

15 Filed DEC 7 1927 19 C. HARRISON JONES, Registrar, M. D.

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 4 1927

17 I HEREBY CERTIFY, That I attended deceased from Aug 16th, 1927, to Dec 4th, 1927, that I last saw him alive on Dec 3rd, 1927 and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) 6 yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) K. K. Cody M. D.

12-6. 1927 (Address) 4218 Belford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem

Date of Burial: Dec 8 1927

20 UNDERTAKER: W M Poulson

ADDRESS: 2238 N Mon Ave

OF DEATH in plain terms, so that it may be properly classified. Last statement of physician very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28166

CERTIFICATE OF DEATH.

46 E 28166

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals) (WARD) 4

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Fleisher

(a) RESIDENCE NO. 24 S Spring ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced. (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elwood Steward

6 DATE OF BIRTH (month, day, and year): 1903

7 AGE: Years 24 Months Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: John Palmer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Annie Johns

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Elwood Steward (Address) 24 So. Spring St

15 Filed DEC 7 - 1927 HARRISON JONES, Registrar M. D.

MEDICAL CERTIFICATE

16 DATE OF DEATH (month, day, and year): ~~DEC~~ 12-3- 1927

17 I HEREBY CERTIFY, That I attended deceased from 11-7- 1927 to 12-3- 1927

that I last saw h~~e~~r alive on 12-3- 1927

and that death occurred, on the date stated above, at 1:30 P.M.

The CAUSE OF DEATH* was as follows: Carcinoma of Cervix.

Pneumonia ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical Signs

(Signed) [illegible] M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cem.

DATE OF BURIAL: 12/7 1927

20 UNDERTAKER: Byron & Wright

ADDRESS 1218 Madison St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28167

CERTIFICATE OF DEATH.

REGISTERED NO. E 28167

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2228 Preston Place ST.; 8-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emilie Prochazka

(Residence in Baltimore: No. 2228 Preston Place St.; 13 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. December 20, 1904 (Month) (Day) (Year)

7-AGE. 22 yrs. 11 mos. 15 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country) Bohemia-Europe

PARENTS.

10-NAME OF FATHER. Charles

11-BIRTHPLACE OF FATHER (State or Country). Bohemia-Europe

12-MAIDEN NAME OF MOTHER Emilie Slavik

13-BIRTHPLACE OF MOTHER (State or Country). Bohemia-Europe

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. F. Prochazka

(Address) 2228 Preston Place

15- (Date) DEC 7 - 1927. C. HAMPSON JONES, M. D. (Address) Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. 12-5-27 (Month) (Day) (Year) 191...

17- I HEREBY CERTIFY, That I attended deceased from 12-4-27 191... to 12-5-27 191..., that I saw h[illegible] alive on 12-5-27 191..., and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Rheumatic endocarditis

(Duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(Duration) last attack yrs. ... mos. 3 ds.

(Signed) J. Hulla MD M. D.

12-5 1927 (Address) 1214 E Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Oak Hill Cemetery

DATE OF BURIAL. Dec. 8, 1927

20-UNDERTAKER George W. Zinkler

ADDRESS 1737 E. Eager St.

Cor.—12-9-25—A Co.—200 Bks.

Clarence

HEALTH DEPARTMENT—CITY OF BALTIMORE

66

E 28168

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 28168

REGISTERED NO.

City of BALTIMORE: (No.) # 322 S. Dallas St. (Ward)

2-FULL NAME Clarence Walter Quinn

(a) RESIDENCE NO. 322 S. Dallas St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Length of residence in city or town where death occurred 2 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Married

6 DATE OF BIRTH (month, day, and year): July 4. 1888.

7 AGE — Years: 39. Months: 4. Days: IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Private

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Annam Co Tonk

PARENTS

10 NAME OF FATHER: Ind. Quinn

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Prince George Co Md

12 MAIDEN NAME OF MOTHER: Julia Barbara

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Kent County Md.

14 Informant: Julia Quinn

(Address): 322 S. Dallas St.

15 FILED: DEC 7 1927 — C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 4 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Alcoholism

(Duration) yrs. 6 mos. 1 ds.

CONTRIBUTORY (Secondary)

Not (Duration) yrs. mos. ds.

(Signed) Geo Clinton Wolfe M. D.

(Corner)

12/7 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cem. — Date of Burial: Dec 7 1927.

20 UNDERTAKER: Kendall Lapp — ADDRESS: 311 S Eden St

C 7 1927

OF DEATH is particularly requested, as very important. See instructions on back of certificate.

Spec.—1-12-25—M&T—500 Bks. See Letter in file from Geo W. DeHoff MD. dated Dec 10-1927

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28169

E 28169

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. No. 414 W. Mulberry ST. 17-25 (WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mamie A. Redgrave

(a) RESIDENCE No. 414 W. Mulberry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? 9 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George D. Redgrave

6 DATE OF BIRTH (month, day, and year) Sept 28-1877 Sept 28-1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47 50	2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Johnstown Pa.

PARENTS

10 NAME OF FATHER Elisha Poorebaugh

11 BIRTHPLACE OF FATHER (city or town) (State or country): Johnstown Pa.

12 MAIDEN NAME OF MOTHER Louisa Weigle

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Johnstown Pa.

14 Informant: George D. Redgrave

(Address) 414 W. Mulberry St

15 Filed DEC 7 - 1927 C. HAMPTON [illegible], Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/6 1927

17 I HEREBY CERTIFY, That I attended deceased from 11/30, 1927, to 12/6, 1927,

that I last saw h er alive on 12/6, 1927,

and that death occurred, on the date stated above, at 6 30 P. m.

The CAUSE OF DEATH* was as follows:

Ch. Valvular Heart Disease

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) acute Salitation

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Geo DeHoff M. D.

12/7 1927 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Grand View Cemetery

DATE OF BURIAL: Dec 8 1927

20 UNDERTAKER: Geo C. Miller & Son

ADDRESS: 2354 Jefferson

TION is very important. See instructions on back

Spec.—1-12-23—M&T—500 Blks.

E 28170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

REGISTERED NO. E 28170

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2220 McElderry ST. 7-10 WARD)

2-FULL NAME Isabelle Joynes

(a) RESIDENCE NO. 2220 McElderry ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write this word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: the late Frederick Joynes

6 DATE OF BIRTH (month, day, and year): June 27, 1861

7 AGE: Years 66 | Months 5 | Days 8 | If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John Everist

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Sarah Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant: Mary E. Johnson

(Address) 1444 N. Eutaw St

15 Filed 1927, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-6-27

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1927 to Dec 6, 1927

that I last saw him alive on Dec 6, 1927

and that death occurred, on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Arteriosclerosis

Paralysis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Senility, Cardiac Palpitations

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Findings

(Signed) Ted Durrett M. D.

(Address) 800 N. Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Dec 9 1927

UNDERTAKER: James E. Miller & Son — ADDRESS: 1334 Pitcher

TION is very important. See instructions on the reverse side.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28171

E 28171

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) ..... ST. 41 (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Gallagher

(a) RESIDENCE NO. 314 St Paul ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	85			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Edw. Bowen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Eagan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant .....

(Address) .....

15 Filed 7-1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-6 1927

17 I HEREBY CERTIFY, That I attended deceased from 11-5, 1927, to 12-6, 1927

that I last saw her alive on 12-6, 1927

and that death occurred, on the date stated above, at 3 20 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(duration) Senility yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) C. Jones M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery	12-7 1927
20 UNDERTAKER	ADDRESS
Robert Burkeman	Baltimore

THIS IS very important

Spec.—1-10-21—M&T—1500 Bks.

E 28172

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28172

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 520 N. Fulton Ave. (St.) 18-16 (WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Anna Schwartz

(a) RESIDENCE NO. 520 N. Fulton Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. 6 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 ~~SEX~~ Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John G. Schwartz

6 DATE OF BIRTH (month, day, and year) May 24 1858

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
69	6	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer at home

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Phillip Seuley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Annie Luetzen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Greg & Schwartz (Address) 520 N Fulton Ave

15 12-7-1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 6 1927 to Dec 6 1927 that I last saw h-e alive on Dec 6 1927 and that death occurred, on the date stated above, at 7.15 a m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John A Crain, M. D.

19 (Address) 612 W 40th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Pauls Cockeysville DATE OF BURIAL 12-9 1927

UNDERTAKER Mrs Chas A G Rohde ADDRESS 2327 Edmondson Ave

IMPORTANT. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 28173 HEALTH DEPARTMENT—CITY OF BALTIMORE 28173

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1216 Battery Ave ST. WARD 24-33

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Rita Furst

(a) RESIDENCE NO. 1216 Battery Ave ST. WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Oct 30 1926

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
1	1	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Frank A Furst

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary Slemdack

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Frank A Furst
(Address) 1216 Battery Ave

15 Filed 1-7-1927 G. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-6 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1927, to Dec 6, 1927, that I last saw h alive on Dec 6, 1927 and that death occurred, on the date stated above, at 8.15 a m.

The CAUSE OF DEATH* was as follows:

Pneumoccal Meningitis

La Grippe (duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) La Grippe (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Type of Meningitis

(Signed) Walter C Bacon, M. D.

12/6 1927 (Address) 100 E 20th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross a a Co DATE OF BURIAL 12-8 1927

20 UNDERTAKER E & B Earle ADDRESS 115 E Mt St

CAUSE OF DEATH must be given in plain terms. See instructions on back of certificates. TION is very important.

Cor.—12-9-25—A Co.—200 Hks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28174

CERTIFICATE OF DEATH.

E 28174

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1036 Valley St St. 10-14 Ward)

2-FULL NAME Thomas J. Cunningham

(a) RESIDENCE NO. 1036 Valley St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine M (Fisher)

6 DATE OF BIRTH (month, day, and year) April 2/1892

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	35	8	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Yard Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Balto. City

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Thos. Cunningham

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Dugan

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Wife

(Address) 1036 Valley St

15 Filed 1927 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6/27

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intestinal Toxemia (Acute)

Probably Ptomaines (Cause)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Howard Pue M. D.

(Coroner)

12/7/27 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

New Cathedral Cemetery Dec 9, 1927

20 UNDERTAKER ADDRESS

Elmer W. Conklin, 924 E Eager

OF DEATH in plain terms, so that it may be understood. very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

E 28175

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 28175

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) St Agnes Hospital (Ward) 27-55

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Francis McCarthy

(a) RESIDENCE NO. 5215 Park Heights Ave Ward

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John T. McCarthy

6 DATE OF BIRTH (month, day, and year): aug - 15 - 1863

7 AGE: Years 64 | Months 3 | Days 20 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Do not know

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Do not know

12 MAIDEN NAME OF MOTHER: Do not know

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Do not know

14 Informant: Helen McCarthy

(Address): 5215 Park Heights Ave

15 12-7-1927 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: 12-5-27

17 I HEREBY CERTIFY, That I attended deceased from 12-2, 1927, to 12-5, 1927, that I last saw h[er] alive on 12-5, 1927, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Hemiplegia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Francis L. Dudopliacco M. D.

, 19 (Address) St Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — Date of Burial: Dec-8th 1927

20 UNDERTAKER: H. S. Brannigan Sons — ADDRESS 511 Poplar Grove St

OF DEATH in plain language, giving street and number where death occurred, etc. Fill all blanks with the information required. Do not use abbreviations. If unknown, supply information as nearly as possible. Physician or midwife must sign certificate and state cause of death. Coroner must investigate deaths from violence and deaths occurring suddenly when deceased was not under medical care. Every death must be reported to the Health Department before a burial permit can be issued. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28176

CERTIFICATE OF DEATH

40 E 28176

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Sydenham Hospital St., 18-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Franklin Wood

(a) RESIDENCE NO. 913 W Lexington St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 26, 1927

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min..
	—	—	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town) Unknown

(State or country)

12 MAIDEN NAME OF MOTHER Mary Wood

13 BIRTHPLACE OF MOTHER (city or town) Va.

(State or country)

14 Informant Mary Wood

(Address) 913 W Lexington St.

15 Filed 1927 C. H. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1927, to Dec 3, 1927, that I last saw him alive on Dec 3, 1927, and that death occurred, on the date stated above, at 12 35 a m.

The CAUSE OF DEATH* was as follows:

Gonorrheal Ophthalmia

(duration) yrs. mos 5 da.

CONTRIBUTORY (Secondary) Prematurity

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Myron G. Tull, M. D.

12/7, 1927 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL

Commissioner of Health.

IMPORTANT. Fill out this certificate in plain terms, so that it may be properly classified. Every item is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 28177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 28177

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 431 N High St., 5 Ward)

2-FULL NAME Elliott Ray

(a) RESIDENCE NO. Unknown St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
50	about			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

15 1927 C. HAMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Intoxication

Cardiac Arrest

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____

(duration) _____ yrs. _____ mos. _____ ds.

(Signed) W. C. Ulrich, M. D.

(Coroner)

Dec 7, 1927 (Address) 1634 Bank

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.,.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial _____ 19

20 UNDERTAKER ADDRESS

OF DEATH in plain terms, ... very important. See instructions on back of certificate.

UNIVERSITY OF MARYLAND DEC 7 1927

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28178

CERTIFICATE OF DEATH.

X 199 E 28178

1-PLACE OF DEATH

City of BALTIMORE: (No. West Baltimore General St. 16-68 Ward)

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Merle Katherine Mullineaux

(a) RESIDENCE NO. Dorwood Rd., Woodlawn St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Walter P. Mullineaux

6 DATE OF BIRTH (month, day, and year) January 21, 1900

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	27	10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER William Borgmann

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Lena Bertling

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Walter P. Mullineaux

(Address) Dorwood Rd. & Woodlawn

15 DEC 7 1927 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 4, 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Abortion. (Coroner)

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) General Peritonitis

septicaemia (duration) yrs. mos. ds.

(Signed) J. J. Hennessy M. D. (Coroner)

DEC 6, 1927 (Address) 2572 Edmondson Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Park Cem. Date of Burial 12/5/27 19

20 UNDERTAKER Peter F. Cook ADDRESS 1007 W. Baltimore

OF DEATH is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

1927

E 28179

HEALTH DEPARTMENT—CITY OF BALTIMORE E 28179

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 6-10 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Williams

(a) RESIDENCE No. 212 W. Fairmount Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 7 mos. 8 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word)
Male	White	Baby

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 9-27-26

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	1	2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER Thomas Williams

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Pa.

12 MAIDEN NAME OF MOTHER Addie Dicus

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 DEC 7 - 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 3 1927 to Dec 5 1927.

that I last saw h[illegible] alive on Dec 5 1927

and that death occurred, on the date stated above, at 8 10 m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) 1 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-ray

(Signed) J. T. Bennett, M. D.

12/6, 1927 (Address) John Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Dec. 8 1927

20 UNDERTAKER George L. Schwab. ADDRESS 2101 Park Ave.

Spec.—1-12-23—M&T—500 Blks.

E 28180 HEALTH DEPARTMENT—CITY OF BALTIMORE E 28180

CERTIFICATE OF DEATH.

REGISTERED NO. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) I700 Belt Ave. ST. 24-34 WARD)

2-FULL NAME Nora E. Mullinix.

(a) RESIDENCE NO.... I700 Belt Ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. 1 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct, I6, 1910.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17,	1,	20.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student, Eastern High School.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Albert Mullinix.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Annie E. Cain.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Annie E. Mullinix, (Mother). (Address) I700 Belt Ave

15. 1927 C. HAMPSON JONES, M. D. 19 Register

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6 1927

17 I HEREBY CERTIFY, That I attended deceased from Feb 20 , 19 27. to Dec 6 , 19 27.

that I last saw h alive on Dec 6 , 19 27

and that death occurred, on the date stated above, at 4.25 P. M.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 10 mos ds.

CONTRIBUTORY (Secondary) Same

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Sur

(Signed) Wm. E. Lightner, M. D.

12/7, 19 27 (Address) 1817 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Prospect Cem. Mt. Olivet

DATE OF BURIAL Dec 8 19 27

20 UNDERTAKER C. Howard Evans

ADDRESS 38 E. Fort Ave

Spec.–7-17-26—A Co.—200 Bks.

E 28181

Rossa

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

88 E 28181

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. St. Joseph Hospital St 1124 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pietro La Rossa

(a) RESIDENCE NO. 832 Hamilton Terrace St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): autumn

7 AGE: Years 47 Months Days IF LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Store keeper

(b) General nature of industry, business, or establishment in which employed (or employer): Fruits do

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Rossa

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Palo Rosito

12 MAIDEN NAME OF MOTHER: Don't know

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Rossa

14 Informant: 832 Hamilton Ter

(Address): Ms Louisa

15 DEC 8 1927 16 H. HAMPSON JONES, M. D. Registrar

Pd

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: 12/6/27

17 I HEREBY CERTIFY, That I attended deceased from 11/30/27, 19 to 12/6/27, 19

that I last saw h alive on 12/6/27, 19

and that death occurred, on the date stated above, at 12:35 P M.

The CAUSE OF DEATH* was as follows:

malignant endocarditis

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary): arterial sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Mastagna, M. D.

19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem. Date of Burial: 12/9/27

20 UNDERTAKER: J Ahrens & Co ADDRESS 2422 Pennsylvania

(If DEATH in plain terms, so that it may be properly classified. very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28182

CERTIFICATE OF DEATH.

E 28182

REGISTERED NO.

1-PLACE OF DEATH Shelter for the Aged.

CITY OF BALTIMORE: No. 517 W Biddle ST. 17-24 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura Wilson

(a) RESIDENCE NO. 517 W. Biddle ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1849

7 AGE: Years 78 — Months — Days — If LESS than 1 day, hrs. or min. —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer): Sewing

(c) Name of employer: Uncertain

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER Comfort Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mrs. Marceline Godard

(Address) 609 N Eden St

15 Filed 8-1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6th 1927

17 I HEREBY CERTIFY, That I attended deceased from Sept 15 — 1927 to Dec 6 — 1927.

that I last saw her alive on Dec 5 — 1927.

and that death occurred, on the date stated above, at 2:30 P m.

The CAUSE OF DEATH* was as follows:

Senile Spastic Paralysis

about (duration) yrs 6 mos ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

not known (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis Clinical

(Signed) Samuel A Bain M. D.

19 (Address) 987 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Leanna Cemetery — DATE OF BURIAL: 12-8-1927

20 UNDERTAKER: Mrs Chas L Bailey — ADDRESS: 1421 Jefferson St

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 28183

CERTIFICATE OF DEATH.

E 28183

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) ST. 5-8 (WARD)

2-FULL NAME Louise Jenkins

(a) RESIDENCE No. Lovering House 1305 ST. H. Alley WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 8-87

7 AGE: 40 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Nurse maid

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

070

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER John Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Mary Dandy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant

(Address)

15 DEC 8 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-6 1927

17 I HEREBY CERTIFY, That I attended deceased from 11-28 1927, to 12-6 1927, that I last saw her alive on 12-6 1927, and that death occurred, on the date stated above, at 2.45 P. m.

The CAUSE OF DEATH* was as follows:

Broncho - Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Emphysema

(duration) yrs. mos. ds. ?

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes autopsy

What test confirmed diagnosis?

(Signed) C. Holmes Siegel, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery — DATE OF BURIAL: Dec 8 1927

UNDERTAKER: Edward Bryan — ADDRESS 1631 Druid Hill Ave

Spec.—1-12-23—M&T—500 Blks.

E 28184

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

REGISTERED NO. E 28184

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1628 Jefferson St. (Ward) 6-9

2-FULL NAME Stephen Sandebeck

(a) RESIDENCE NO. 1628 Jefferson St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Anna E Sandebeck

6 DATE OF BIRTH (month, day, and year) Feb 23 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
	69	9	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Produce Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Emnch Sandebeck

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Cathrine Thoson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Anna E Sandebeck 1628 Jefferson St

15 Filed DEC 8 - 1927 H. HAMPSON JONES, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 5 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 30, 1927, to Dec 5, 1927, that I last saw h[illegible] alive on Dec 5, 1927, and that death occurred, on the date stated above, at 6.55 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Hemiplegia)

(duration) yrs mos 6 ds

CONTRIBUTORY (Secondary) Acute Congestion of Lungs

(duration) yrs mos. 1 ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) W. L Burke, M. D.

, 19 (Address) 3042 Hamilton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel

DATE OF BURIAL Dec 8 1927

UNDERTAKER Kendall Dypplade

ADDRESS 87 Lombard

Spec.—1-12-23—M&T—500 Blks.

2690 33 E 28185 HEALTH DEPARTMENT—CITY OF BALTIMORE 90 E 28185

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (INS. HOPKINS HOSPITAL) ST 13-59 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bailey Captan

(a) RESIDENCE NO. 2831 Parkwood Ave ST. WARD City
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) (State or country) —

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant Records — (Address) JOHNS HOPKINS HOSPITAL

15 (Filed) DEC 8 - 1927 SAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7 1927

17

I HEREBY CERTIFY, That I attended deceased from Dec - 3, 1927, to Dec - 7, 1927,

that I last saw her alive on Dec 7, 1927,

and that death occurred, on the date stated above, at 10 05 A. m.

The CAUSE OF DEATH* was as follows:

Erysipelas of face
acute Tonsilitis
Pyelitis

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2831 Parkwood ave.

Did an operation precede death? No Date of

Was there an autopsy? Ks

What test confirmed diagnosis? —

(Signed) Lyman Wells, M. D.

12-7, 1927 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Friendship	12/9 1927
20 UNDERTAKER	ADDRESS
Jack Levin	1439 Eutaw

Spec.—7-17-26—A Co.—200 Bks.

E 28186

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 71-001 E 28186

1-PLACE OF DEATH Md. Gen. Hosp. REGISTERED NO.

City of BALTIMORE: (No. St. 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Wiseman

(a) RESIDENCE NO. Luke, Md. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 4 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Single

5a If married, widowed, or divoreed HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 20, 1914.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
13	yrs	3	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Ridgeley

(State or country) W. Va

PARENTS

10 NAME OF FATHER Frederick Wiseman

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Elk Garden, W. Va

12 MAIDEN NAME OF MOTHER Anna Sayers

13 BIRTHPLACE OF MOTHER (city or town) Junction

(State or country) W. Va

14 Informant Hosp. Record

(Address)

15 Filed DEC 8 - 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Dec. 7, 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1927, to Dec 7, 1927,

that I last saw him alive on Dec 7, 1927,

and that death occurred, on the date stated above, at 2 m.

The CAUSE OF DEATH* was as follows:

Brain Abscess, Mumps

Edema of Lung

(duration) 3 mos ds.

CONTRIBUTORY (Secondary) Edema of Lung. 3 hrs

(duration) yrs. mos. ds.

18 Where was disease contracted Home

if not at place of death?

Did an operation precede death? Yes Date of Dec 2 '27

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Evidence

(Signed) Frederick Wiseman, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from violent causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Elkgarden W. Va — Date of Burial Dec 11 1927

20 UNDERTAKER Harry H Amicock — ADDRESS 4 Post Ridgeley W Va

OF DEATH in plain terms, so that it may be properly classified. very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 28187 HEALTH DEPARTMENT—CITY OF BALTIMORE

12 E 28187

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 3004 Hilton St. ST. 15-61 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Esther Sachs

(a) RESIDENCE No. 3004 Hilton Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Julius F. Sachs

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE — Years: 76 — Months: — — Days: — — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Simon Levinson

(Address): 3004 Hilton St

15 Filed DEC 8 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 7 1927

17 I HEREBY CERTIFY, That I attended deceased from 12/1 1927 to 12/7 1927,

that I last saw her alive on 12/7 1927,

and that death occurred, on the date stated above, at 11:30 A m.

The CAUSE OF DEATH* was as follows:

Intestinal Nephritis

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary): Uraemia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs & Symptoms

(Signed) C. Hampson Jones, M. D.

, 19 (Address) 817 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rehrersburg Cemetery

DATE OF BURIAL: 12/8 1927

20 UNDERTAKER: Jack Levin

ADDRESS: 1439 Hilton St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28188

CERTIFICATE OF DEATH.

47 E 28188

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto General Hospital ST. 6+11 WARD).

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. John P. Kidd (John P. Kidd)

(a) RESIDENCE NO. Fremont Ave & Trumpington Rd ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 1 mos. — ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs J Kidd

6 DATE OF BIRTH (month, day, and year) July 5th 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	5	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Pikesville

(State or country) Md

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) Not known

(State or country)

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) Not known

(State or country)

14 Informant Mr. Calliope J. Kidd.

(Address) Raspeburg, Md.

15 Filed DEC 8 - 1927 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 6th 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 5 , 19 27 , to Dec 6 , 19 27 , that I last saw h[illegible] alive on Dec 6 , 19 27 , and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

(duration) 12 yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary embolism

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) L. C. Feldman M. D.

12/7, 1927 (Address) W. B. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL Dec 9 1927

UNDERTAKER Henry Storck Son

ADDRESS 1201 E Eager St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28189

E 28189

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 679 Washington Blvd Sec. 72-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Stephens

(a) RESIDENCE NO. 679 Washington Blvd St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. — mos. — ds. How long in U. S., if of foreign birth? 62 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Stephan

6 DATE OF BIRTH (month, day, and year): January 3 1845

7 AGE: Years 82 Months 11 Days 3 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Germany

PARENTS

10 NAME OF FATHER: Henry Schmidt

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Catherine Merfelder

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: Minnie L. Hessemer

(Address) 314 N. Monroe St

15 Filed DEC 8 - 1927

C. HAMPSON JONES M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 6 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(Duration) — yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. 1 mos. ds.

(Signed) Geo. Clinton Yates M. D.

(Coroner)

12/7 19 (Address) 143 W. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park cemetery Date of Burial: Dec 9 1927

20 UNDERTAKER: Chas. G. Black ADDRESS 742 W. North ave

OF DEATH in plain English. very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28190

CERTIFICATE OF DEATH.

90 E 28190

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 18-20 ST. WARD)

2-FULL NAME Elizabeth Birthistle

(a) RESIDENCE NO. 1905 Hollow Alley ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm Birthistle

6 DATE OF BIRTH (month, day, and year): April 5th 1872

7 AGE: 55 Years | Months: 7 | Days: 18 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Frances Gallagher

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Catherine

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address)

15 Filed DEC 8 - 1927 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-7 1927

17 I HEREBY CERTIFY, That I attended deceased from 8-30 1927 to 12-7 1927

that I last saw her alive on 12-7 1927

and that death occurred, on the date stated above, at 4.45 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic and acute

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio - Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. Holmes Gwynn M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Dec 9 1927

20 UNDERTAKER: [illegible] Fields — ADDRESS: 720 W Lombard St

TION is very important See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28191

100-001

E 28191

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1345 N. Stockton St. Ward 15-23)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Ford

(a) RESIDENCE NO. 1345 N. Stockton St. Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. 28 ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male | 4 Color or Race: colored | 5 Single, Married, Widowed, or Divorced, (write the word): single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 9, 1922.

7 AGE: Years 6 Months____ Days 28 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in: which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Md.

PARENTS

10 NAME OF FATHER Alexander Clark

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Gladys Ford

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Va.

14 Informant Gladys Ford

(Address) 1345 N. Stockton St.

15 Filed DEC 8 - 1927 C. HAMPSON JONES, Registrar D.

P.M. RHK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and hour) Dec. 6, 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the date stated above.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) no other history of any disease (duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.

(Coroner)

Dec 7, 1927 (Address) 2577 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?_____

Former or usual residence_____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Calvary Date of Burial 12-8 1927

20 UNDERTAKER Joseph A. Bailey ADDRESS 409 W. Mulberry

OF DEATH is particularly very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

Charles E Costes

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28192 — 90 — E 28192

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1715 Laurens St. 16-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles E Costes

(a) RESIDENCE NO. 1715 Laurens St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	colored	widowed

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of mrs Charles costes

6 DATE OF BIRTH (month, day, and year) Dec 4, 1880

7 AGE	Years	Months	Days
	47	1	1

IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) .....

(State or country) North Hampton Va

PARENTS

10 NAME OF FATHER Charles costes

11 BIRTHPLACE OF FATHER (City or town) .....

(State or country) Va

12 MAIDEN NAME OF MOTHER Annie church

13 BIRTHPLACE OF MOTHER (city or town) .....

(State or country) Va

14 Informant mrs Alice Hall

(Address) 1715 Laurens St

15 Filed DEC 8 - 1927 C. HARRISON JONES, M. D. Registrar

D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 5 19 27

17 I HEREBY CERTIFY, That I attended deceased from Dec 4 19 27 to Dec 5 19 27

that I last saw h.. alive on Dec 5 19 27

and that death occurred, on the date stated above, at 1A m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) ..... yrs mos 1 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. mos ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) J Waterhouse M. D.

12/5 19 27 (Address) 1715 Laurens St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — Date of Burial Dec 8 1927

20 UNDERTAKER Thomas E Kelson — ADDRESS 303 Pulaski

OF DEATH in plain terms, so that very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28193

CERTIFICATE OF DEATH.

11-001

E 28193
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1300 S. Carey ST. 21-39 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruth E. Dodney

(a) RESIDENCE NO. 1300 S Carey ST. WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) apr 6. 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	4.	8	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John E. Downey.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Lottie A. Knight

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant John E. Downey
(Address) 1300 S. Carey St'd

EC 8 - 1927

HAMILTON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6. 1927

17 I HEREBY CERTIFY, That I attended deceased from 12-6, 1927, to 12-6-, 1927.

that I last saw h alive on alive 12-6, 1927

and that death occurred, on the date stated above, at 11-5 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Grippe

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Hubert Dean, M. D.

, 19 (Address) 427 Mosher

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet

DATE OF BURIAL Dec. 9 1927.

UNDERTAKER Mrs Nus John H. Tenfelbon

ADDRESS 861 N Fayette

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28194

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

51

REGISTERED No. E 28194

City of BALTIMORE: (No. 214 N. Belnord Ave. St., 6-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dulcina Marie Niebuerding

(a) RESIDENCE NO. 214 N. Belnord Ave. 6 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. 1 mos. ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Nov 5 1918

7 AGE — Years: 9 — Months: 1 — Days: — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Girl

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Balto

PARENTS

10 NAME OF FATHER: Herman A Niebuerding

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Balto

12 MAIDEN NAME OF MOTHER: Bertha M Roberts

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Balto

14 Informant (Address): Herman A Niebuerding 214 N Belnord Ave

Filed DEC 8 - 1927 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 6 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 8 1927, to Dec 5 1927, that I last saw h[illegible] alive on Dec 5 1927 and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Rheumatism

CONTRIBUTORY (Secondary) (duration) yrs. 4 mos. ds. Endocarditis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J Cook, M. D.

12/5 1927 (Address) 413 N Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — Date of Burial: Dec 9 1927

20 UNDERTAKER: Lilly & Zeller — ADDRESS: 403 S Mo[illegible] St

Very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 28195

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

E 28195

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 712 S. Second ST., 26-1 WARD)

2-FULL NAME Caspar Joseph Riehl.

(a) RESIDENCE No. 712 S Second ST., 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? 77 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Eliz. Riehl

6 DATE OF BIRTH (month, day, and year) Dec. 17th 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	11	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Joseph Riehl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Maria E. Tinke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mary Eliz. Riehl. Wife

(Address) 712 S. Second St.

15 Filed DEC 8 - 1927 HAMILTON JONES, M. D. Registrar

P.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 7th 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1927 to Dec. 7, 1927.

that I last saw him alive on Dec. 7, 1927.

and that death occurred, on the date stated above, at 10 40 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis chronica

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Ernst Pochhacker, M. D.

, 19 (Address) 826 S. 3rd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem.

DATE OF BURIAL Dec 12th 1927

20 UNDERTAKER Lilly & Zeien

ADDRESS 404 S. Wolfe St.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

28196

CERTIFICATE OF DEATH

REGISTERED NO. E 28196

1-PLACE OF DEATH

City of BALTIMORE: (No. 2[illegible] St. 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth McGinnis

(a) RESIDENCE NO. [illegible] St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 da. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of [illegible] McGinnis

6 DATE OF BIRTH (month, day, and year) Nov 1, 1903

7 AGE Years: 24 Months: 1 Days: 17 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) New York

(State or country)

PARENTS

10 NAME OF FATHER [illegible] Mooney

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Portland Co. Md

12 MAIDEN NAME OF MOTHER [illegible] Hughes

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Portland Co. Md

14 Informant [illegible] Hospital records

(Address)

15 Filed DEC 8 - 1927 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-2-27 19

17 I HEREBY CERTIFY, That I attended deceased from [illegible] 19 to 12-2-27 19

that I last saw h[illegible] alive on 12-2-27 19

and that death occurred, on the date stated above, at [illegible]

The CAUSE OF DEATH* was as follows:

[illegible]

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Physical

(Signed) [illegible] M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible] Park Date of Burial Dec 1 1927

20 UNDERTAKER [illegible] ADDRESS [illegible]

OF DEATH in plain terms, very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28197

CERTIFICATE OF DEATH.

001

+65E 28197

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) JOHNS HOPKINS HOSPITAL (St.) 7-9 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William E. Kibbe

(a) RESIDENCE NO. Palm Beach, Fla. (St.) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Kibbe

6 DATE OF BIRTH (month, day, and year) April 15, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	7	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Hotel Business

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Conn.

PARENTS

10 NAME OF FATHER Gordon Kibbe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mass.

12 MAIDEN NAME OF MOTHER Angeline

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Conn.

14 Informant Ida M. Kibbe (Address) Hartford Conn.

15 Filed Dec 8 1927, 19 C. HAMPSON JONES, M. D. Registrar

P.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8 19 27

17

I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1927, to Dec. 8, 1927, that I last saw him alive on Dec 8, 1927 and that death occurred, on the date stated above, at 2:25 p.m.

The CAUSE OF DEATH* was as follows:

Chronic lymphatic leukemia

Chronic Myocarditis

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Ulcerative Colitis – 4 mos.

Myocardial failure (duration) yrs. mos. 3 wks.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller. M. D.

12/8 1927 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Hartford Conn. | DATE OF BURIAL Dec 8 1927

UNDERTAKER John C. Mitchell Sons | ADDRESS Eager Ed. Line

Spec.—1-10-21—M&T—1500 Bks.

E 28198 HEALTH DEPARTMENT—CITY OF BALTIMORE E 28198

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST., 7-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Barrand

(a) RESIDENCE No. 2500 Madison St. Ave, WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Black

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 1, 1927

7 AGE Years Months Days If LESS than 1 day, 6 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Barrand

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Louise Bowen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant C. H. Peckham M. D.

(Address) Johns Hopkins Hospital

15 DEC 8 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 1 1927

17 I HEREBY CERTIFY, That I attended deceased from 12-1, 1927, to 12-1, 1927, that I last saw him alive on 12-1, 1927 and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) C. H. Peckham, M. D.

12-5-27 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JOHNS HOPKINS HOSPITAL

DEC 8 1927

TION is very important. See instructions on back of

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

28199 ×38 28199

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital ST. 26-37 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Williams

(a) RESIDENCE NO. Back River. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 36 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Georgia

PARENTS

10 NAME OF FATHER: Joe Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country): Georgia

12 MAIDEN NAME OF MOTHER: Dora

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Georgia

14 Informant (Address)

15 Filed 8-1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-7 1927

17 I HEREBY CERTIFY, That I attended deceased from 10-27, 1927 to 12-7-, 1927

that I last saw him alive on 12-7, 1927

and that death occurred, on the date stated above, at 2:00 a.m.

The CAUSE OF DEATH* was as follows: Tuberculosis of left wrist

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis meningitis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 12-10-27

Was there an autopsy? no

What test confirmed diagnosis? X Ray & Lab findings

(Signed) Blue M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28200

CERTIFICATE OF DEATH.

3 1 E 28200

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Brodie

(a) RESIDENCE No. 21 S. Regester ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Alabama.

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Eliz. Berrele

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Alabama

14 Informant (Address) Relative.

15 Filed 8-1927, 19 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/5 1927

17

I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1927, to Dec 5, 1927

that I last saw her alive on Dec. 5, 1927

and that death occurred, on the date stated above, at 4:30A m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis.

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum & Scale

(Signed) C. Holmes Boyd, M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

ATION is very important. Be sure to answer all questions.

BALTIMORE CITY HOSPITALS

UNIVERSITY OF MARYLAND DEC 5 1927

Commissioner of Health

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28201

CERTIFICATE OF DEATH.

90

E 28201

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1306 Walden Circle St. 13-51 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E Donaldson

(a) RESIDENCE NO. 1306 Walden Circle St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Randolph Donaldson

6 DATE OF BIRTH (month, day, and year) June 8, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER William Clements

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Casonda Gassock

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Randolph Donaldson

(Address) 2938 Huntington Ave

File 8-1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH.

16 DATE OF DEATH (month, day, and year) Dec 8 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1927, to Nov. 5, 1927, that I last saw her alive on Nov. 7, 1927, and that death occurred, on the date stated above, at 12:01 A m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Myocarditis, Arteriosclerosis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) H H Wash, M. D.

, 19 (Address) 4037 Falls Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Vella Cemetery	12/9 1927
20 UNDERTAKER William Cook	ADDRESS 502 E Nash

Spec—12-23-21—E.B.R.S.—400 Bks.

E 28202 HEALTH DEPARTMENT—CITY OF BALTIMORE E 28202

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. .....

City of BALTIMORE: (No. 414 Eastern Ave St., 7-6-37 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gottlieb Retner

(a) Residence No. 414 Eastern Ave St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
M	W	Wid

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Gottlieb Retner

6-DATE OF BIRTH (month, day and year) May 15 1855

7-AGE. 72 yrs. 3 mos. 23 ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Contractor
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer —

9-BIRTHPLACE (city or town) ..... (State or Country) Germany

PARENTS.
10-NAME OF FATHER, Unknown
11-BIRTHPLACE OF FATHER (city or town) ..... (State or Country) Germany
12-MAIDEN NAME OF MOTHER, Unknown
13-BIRTHPLACE OF MOTHER (city or town) ..... (State or Country) Germany

14- (Informant) Elizabeth Retner
(Address) 414 Eastern Ave

15- Filed ..... 19.. C. HAMPSON JONES, M. D. Registrar.

8-1927 Reg.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 7 1927

17- I HEREBY CERTIFY, That I attended deceased from Aug 1 19 27 to Dec 7 19 27
that I last saw him alive on Dec 7 19 27
and that death occurred, on the date stated above, at ... m.
The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Gradual
(Duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (Secondary) Chronic Nephritis
Gradual
(Duration) ... yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Hance M Litsinger M. D.
12/8, 19 27 (Address) 351 S. Highlandtown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL, ... 19..
20-UNDERTAKER,	ADDRESS

Instructions on back of certificate.

Spec.—1-22 23—M&T—500 Blks.

E 28203

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

43

E 28203

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 663 West Lexington ST., 4-23 WARD)

2-FULL NAME Carrie E. Knight

(a) RESIDENCE No. 663 West Lexington ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Charles A. Knight

6 DATE OF BIRTH (month, day, and year): Oct 3 18[illegible]

7 AGE: Years 59; Months 2; Days 4; If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: John Repsp

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Louisa Schaffer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Charles A Knight

(Address) 663 W. Lexington

15 DEC 8 1927 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/7 1927

17 I HEREBY CERTIFY, That I attended deceased from Apr. 1927, to Dec 3, 1927, that I last saw her alive on Dec. 3, 1927, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of tongue - Adeno Carcinoma of Cervical glands of neck.

Known (duration) 3 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Metastasis - Myocarditis

Not known (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) William A. Linton, M.D.

, 19 (Address) 2742 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Dec 9 1927

20 UNDERTAKER: Williams Cook — ADDRESS: 502 E North

Spec.—I-12 23—M&T—500 Bks.

E 28204

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 28204
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2422 W. Lanvale St. (ST.) 16-6 (WARD)

2-FULL NAME Fannie J. Forrest

(a) RESIDENCE NO. 2422 W. Lanvale St ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of E. Cole Forrest

6 DATE OF BIRTH (month, day, and year) May 11 1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	6	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Edward E Coleman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore - md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore md

14 Informant J. C. Forrest
(Address) 2422 W Lanvale St

15 Filed 1927 . 19 . G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 25, 1927, to Dec 7, 1927, that I last saw h[illegible] alive on Dec 6, 1927 and that death occurred, on the date stated above, at 11:50 A m.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

12 (Signed) Felix J Kinzey M. D.
7, 1927 (Address) 2700 Harford Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL 12, 10 1927

20 UNDERTAKER Wm Cook — ADDRESS 502 E. North Av

Spec.—1-12-23—M&T—500 Bks.

28205

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28205

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4509 (Street) Belair Rd (Ward) 36-41

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Sollers

(a) RESIDENCE (No.) 4509 Belair Rd ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. 11 mos. 11 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day and year) Feb 26th 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	11	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Retired

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Sollers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Accts. Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John Sollers (Address) 4509 Belair Rd

15 Filed 8-1927 C. HAMPSON JONES, M. D. Registrar

Per RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7th 1927

17 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1927, to Dec 7, 1927,

that I last saw h alive on 30

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cylinder disease of heart

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. D. Cosse, M. D.

19 (Address) Cosse Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL Dec 9th 1927

20 UNDERTAKER H. B. Wagner

ADDRESS 150 W. Baltimore

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28206

CERTIFICATE OF DEATH.

E 28206

1-PLACE OF DEATH St. Agnes Hospital

City of BALTIMORE: (No.) 25-7 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Elizabeth Keene

(a) RESIDENCE NO. Bloomingdale Apt Catons St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Keene

6 DATE OF BIRTH (month, day, and year) Dec 3rd 1877

7 AGE	Years	Months	Days	If less than 1 day ..... hrs. or ..... min.
	50	—	—	7

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va.

PARENTS

10 NAME OF FATHER Patrick Flannel

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Farrin

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant (daughter) Mrs L J Garvey

(Address) Catonsville Md

Dec 8 1927 C. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-5 — 1927

17

I HEREBY CERTIFY, That I attended deceased from 9-18, 1927, to 12-5, 1927, that I last saw her alive on 12-5, 1927, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

General Carcinomatosis

(duration) yrs. mos. ds.

CONTRIBUTORY (secondary) Myocarditis

(duration) yrs. mos. ds.

Hypertension

Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Francis L. Dalaglacca, M. D.

, 19 (Address) St. Agnes' Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial Dec 9th 1927

UNDERTAKER H. C. Wagner ADDRESS 1850 N. Eutaw St

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 28207

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 28207

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 7 South Hare St. (ST.) 1-7 (WARD)

2-FULL NAME Joseph Himmer

(a) RESIDENCE NO. 7 S. Hare St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced (HUSBAND of or) WIFE of: Annie Himmer

6 DATE OF BIRTH (month, day, and year): Dec 15, 1859

7 AGE: 68 Years | 11 Months | 20 Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Tobacco Farmer

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Balto. City

PARENTS

10 NAME OF FATHER: John Himmer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaret Krause

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Margaret Herr

(Address) 7 S. Hare st.

15 [illegible] C. HAMPSON JONES M. D. (Registrar),

8-1927 P.O. [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/4 1927.

17

I HEREBY CERTIFY, That I attended deceased from Nov 29, 1927, to Dec 4, 1927,

that I last saw h[illegible] alive on Dec 4, 1927,

and that death occurred, on the date stated above, at 10 A.M. m.

The CAUSE OF DEATH* was as follows:

Fatty Dilatation Heart.

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Valvular Heart Disease (duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. H. Hampson Jones, M. D.

12/5, 1927 (Address) 1520 E. 33rd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New. Cathedral

DATE OF BURIAL: Dec. 9, 1927

20 UNDERTAKER: John J. Mran

ADDRESS: 3000 E. Balto St.

Spec.—1-12-23—M&T—500 Blks.

E 28208 HEALTH DEPARTMENT—CITY OF BALTIMORE E 28208

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 617 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophie Hemsing

(a) RESIDENCE NO. 1606 N. Broadway ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE: About 63 Years — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Cuba

PARENTS

10 NAME OF FATHER: John H. Wemsing

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ger.

12 MAIDEN NAME OF MOTHER: Carrie K.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ger.

14 Informant: Philip Hemsing (Address) 2016 Orleans St.

15 Filed DEC 8 1927 16 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-6-27

17 I HEREBY CERTIFY, That I attended deceased from 11-4-27, 19 to 12-6-27, 19

that I last saw h[illegible] alive on 12-6-27, 19

and that death occurred, on the date stated above, at 11:45 p.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic cardiovascular disease, Chronic nephritis, Auricular fibrillation

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys. findings

(Signed) Emil Kohnstam M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem. DATE OF BURIAL: Dec. 9 1927

20 UNDERTAKER: Philip Herwig ADDRESS 2016 Orleans

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28209

CERTIFICATE OF DEATH

E 28209

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 7 Ridgecroft Rd. St. 27-1st Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Chas. H. Koeneke Jr

(a) RESIDENCE NO. 7 Ridgecroft Rd St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Selma K. Koeneke

6 DATE OF BIRTH (month, day, and year): Jan 16/93

7 AGE: Years 34 Months 11 Days 20 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Conductor

(b) General nature of industry, business, or establishment in which employed (or employer): Un. Ry. Elc.

(c) Name of employer

9 BIRTHPLACE (city or town): City

(State or country)

PARENTS

10 NAME OF FATHER: Chas H. Koeneke Sr

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Selma K. Koeneke 7 Ridgecroft Rd.

15 Filed 8-1927 19 C. HARRISON JONES, Registrar RKA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 6/27 19

17 I HEREBY CERTIFY, That I attended deceased from Oct 2nd 19 to Dec 6th 19 27.

that I last saw h[illegible] alive on Dec 5th 19 27.

and that death occurred, on the date stated above, at 1.40 P m.

The CAUSE OF DEATH* was as follows:

(a) Bronchial asthma and Hypostatic pneumonia 2 weeks

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted —

If not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. F. Riley M. D.

(Address) No. 12-7-27 1639 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Cem

Date of Burial: Dec 9 1927

20 UNDERTAKER: Philip Herwig

ADDRESS 2016 Orleans St

very important. See instructions on back of certificates.

E 28210

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 E 28210

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Balto Md ST. 76-37 WARD)

2-FULL NAME Minnie Seiling

(a) RESIDENCE NO. 1008 Eastern Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 10 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	11	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Housework 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City Unknown

PARENTS

10 NAME OF FATHER Henry Housemann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Balto City Hospitals (Address) Balto Md

15 Filed 8-1927, 19 E. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-7-1927

17 I HEREBY CERTIFY, That I attended deceased from 9-8-, 1927, to 12-7-, 1927 that I last saw her alive on 12-6-, 1927 and that death occurred, on the date stated above, at 8.20 A. m.

The CAUSE OF DEATH* was as follows:

General Paralysis of Insane

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cystic Infection

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical & Serological

(Signed) Nora F. Dorrell M. D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Schwartz's Cem.

DATE OF BURIAL Dec 10 1927

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 28211

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28211

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 3902 Taylor Ave. (St.) Parkville (Ward) 44

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Julius Deckert

(a) Residence No. 3902 Taylor Ave. (St.) Parkville (Ward) .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 70 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary M. Deckert

6-DATE OF BIRTH (month, day and year): Sept. 28 1846

7-AGE: 81 yrs. 2 mos. 8 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farmer do

(b) General nature of Industry, business, or establishment in which employed (or employer): Truck Farm

(c) Name of employer: .....

9-BIRTHPLACE (city or town) (State or Country): Unknown Germany

PARENTS

10-NAME OF FATHER: Samuel F. Deckert

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Unknown Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Unknown Unknown

14- (Informant) Mary M. Deckert (Address) 3902 Taylor Ave. Parkville

15- Filed 8-1927 C. HAMPSON JONES, M. D. Registrar. By .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Dec. 6th 1927

17- I HEREBY CERTIFY, That I attended deceased from Nov 24 1927 to Dec 6 1927 that I last saw h[illegible] alive on Dec 5 1927 and that death occurred, on the date stated above, at 7:45 a m

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) — yrs. — mos. 12 ds.

CONTRIBUTORY (Secondary) arterio Sclerosis Senility

(Duration) many months

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Morris B. Greene M. D.

12/8 1927 (Address) Hamilton Baltimore Maryland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: St. Johns Cemetery

DATE OF BURIAL: Dec. 9th 1927

20-UNDERTAKER: Frederick Grossmon Son

ADDRESS: Edgerton Md

INSTRUCTIONS FOR FILLING OUT CERTIFICATE

Cor.—1-12-28—M&T—100 Bks.

E 28212

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28212

66

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) Sinai Hospital ST. 13-52 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Elizabeth Murphy

(a) RESIDENCE NO. 4129 Roland Avenue ST., WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ? ds. How long in U. S., if of foreign birth? 35 yrs. 11 mos. 30 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edmund H. Murphy

6 DATE OF BIRTH (month, day, and year) January 7 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	11	30	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer None

9 BIRTHPLACE (city or town) Chicago
(State or country) Ill.

PARENTS

10 NAME OF FATHER John Findlay

11 BIRTHPLACE OF FATHER (city or town) Arbroath
(State or country) Scotland

12 MAIDEN NAME OF MOTHER Margaret Wright

13 BIRTHPLACE OF MOTHER (city or town) Glenary
(State or country) Canada

14 Informant Miss. Maxine Findlay (sister)
(Address) Chicago, Ill.

15 Filed 8-1927, 192 C. HAMPSON JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6/27 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. ds.

(Signed) J. H. Murphy, M. D.
(Coroner.)

Dec 7/27 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death — yrs., — mos., 1 ds. In the State 2 yrs., 6 mos., ? ds.

Where was disease contracted, if not at place of death?
4129 Roland Avenue

Former or usual residence 4129 Roland Avenue.

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Chicago, Ill.	Dec-9-27 192

20 UNDERTAKER MOWEN COMPANY
(WILLIAM F. MOWEN, Successor)

ADDRESS 108 W. NORTH AVE.

Spec.—1-12-23—3|&T—500 Blks.

E 28213

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 28213

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore General Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilbur S. Vincent Jr.

(a) RESIDENCE No. 116 Patapsco Ave. St. Dundalk, Md.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 1 ds. How long in U. S., if of foreign birth? 0 yrs. 7 mos. 3 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) May 4-1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	0	7	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Wilbur S. Vincent

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Edith Ross

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant (Address) Mrs Edith R. Vincent (mother) Dundalk-md.

15 Filed 8-1927, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-7 1927

17 I HEREBY CERTIFY, That I attended deceased from 12-6, 1927, to 12-7, 1927

that I last saw him alive on 12-7, 1927

and that death occurred, on the date stated above, at 5.15 A.M.

The CAUSE OF DEATH* was as follows:

Purulent Meningitis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Otitis Media (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Surgical Puncture

(Signed) Louis W. Lavy M. D.

12/7, 1927 (Address) W. Balto & Hop

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL Dec 9 1927.

20 UNDERTAKER Stewart & Co — ADDRESS 108 N. Howard St.

Spec.—1-10-21—M&T—1500 Bks.

E 28214

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28214

REGISTERED NO. 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1501 Bell St. (ST.) 44-34 (WARD)

2-FULL NAME Catherine C. Jenkins

(a) RESIDENCE No. 1501 Bell St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. — mos. — ds. How long in U. S., if of foreign birth? 42 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Jenkins

6 DATE OF BIRTH (month, day, and year) July 26 1881.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	4	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Bartley Dailey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. John Jenkins (Address) 1501 Bell St.

15 C. HAMPSON JONES, M. D. Registrar

8 - 1927 P

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 5. 1927

17 I HEREBY CERTIFY, That I attended deceased from Sept 1 1927 to Dec 5 1927

that I last saw h alive on Dec 4 1927

and that death occurred, on the date stated above, at 4 30 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

Indefinite

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. E. Campbell M. D.

Dec 6, 1927 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross. M. C.

DATE OF BURIAL Dec 9 1927

20 UNDERTAKER Chas. L. Burns

ADDRESS 1501 E. Fort Ave

TION is very important. See instructions on reverse side.

Spec.—1-12-23—M&T—500 Bks.

Henry C. Rau ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28215 — E 28215

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1941 W. Lexington St.) 70-69 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry C. Rau

(a) RESIDENCE NO. 1941 W. Lexington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anne K. Rau

6 DATE OF BIRTH (month, day, and year) June 2, 1834

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	93	6	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired feed & Commission merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Henry Rau, Jr.

(Address) Fredk Rd. & Stanley Drive Catonsville

15 [illegible]

8-1927 C. HAMPSON JONES, M. D. Registrar

P. RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 8 1927

17

I HEREBY CERTIFY, That I attended deceased from Dec 2 5, 1927, to Dec 8, 1927.

that I last saw h is alive on Dec 7th, 1927

and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

old age

Senility

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Heart failure Uraemia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Chas. H. Bubert, M. D.

, 19 (Address) 2406 Pennsylvania Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL 12/10 1927

20 UNDERTAKER Joseph L. Cook

ADDRESS 1003 W. Baltimore St.

Cor.—12-9-25—A Co.—200 Bks.

Gittings

HEALTH DEPARTMENT—CITY OF BALTIMORE

181-001

E 28216

CERTIFICATE OF DEATH.

E 28216

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Franklin Square Hospital St., 19-28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Thomas Gittings

(a) RESIDENCE NO. 2 S. Calhoun St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Addie V. Gittings

6 DATE OF BIRTH (month, day, and year) October 17, 1854

7 AGE	Years	Months	Days 21	IF LESS than 1 day ..... hrs. or ... min.
	73	1	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer) 806

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Richard T. Gittings

11 BIRTHPLACE OF FATHER (city or town) Montgomery Co., Md.

(State or country)

12 MAIDEN NAME OF MOTHER Mary A. Mills

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant Mrs. Laura V. Sweeton

(Address) 2 S. Calhoun St.

15 Filed ..... 19 C. HAMPSON JONES M. D. Registrar

8 - 1927

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 8, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably, Monoxide Gas Poisoning

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

Dec 8 1928 (Signed) Thos. B. Norton (Coroner) (Address) 1127 Cedar & Curtis Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the state ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery Date of Burial 12/9/28 19

20 UNDERTAKER Joseph Cook ADDRESS 1005 Pennsylvania Ave.

Very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28217

CERTIFICATE OF DEATH. 113

E 28217

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2626 Florence St. 13-59 Ward)

2-FULL NAME James Henry Emory Fisher

(a) RESIDENCE NO. 2626 Florence St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 1926

7 AGE: Years 1 Months 8 Days IF LESS than 1 day....hrs. or....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: nn

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

10 NAME OF FATHER Wilson Fisher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Lillie Mack

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

PARENTS

14 Informant Lillie Mack (Address) 2626 Florence St

8 m 1927 C. HAMPSON JONES, M. D. Registrar

P. O. R.C.D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 6 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion (Duration) yrs. mos. 1 ds.

Aug 7/27 (Signed) G. H. C. Jones M. D. (Coroner)

19 (Address) 1430 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem Date of Burial Aug 9 1927

20 UNDERTAKER: Daniel Easton ADDRESS 915 Pennsylvania Ave

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 28218

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28218

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1504 Pentress ST. 15-21 WARD)

2-FULL NAME James Summers

(a) RESIDENCE NO. 1504 Pentress ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) G. A.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Lula Brighton, (Address) 1504 Pentress st

15 Filed DEC 8 1927, 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 7 1927

17 I HEREBY CERTIFY, That I attended deceased from 11-9-, 1927. to 12-6-, 1927.

that I last saw him alive on 12-6-, 1927

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Apoplexy

2 days (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr. W. Kennard, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Lawn — DATE OF BURIAL Dec 9 1927

20 UNDERTAKER Reuel Easton. — ADDRESS 916

Be me

AKA

Spec.-7-17-26—A Co.—200 Bks.

E 28219

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117

E 28219

1-PLACE OF DEATH St. Joseph's Hospital REGISTERED NO.

City of BALTIMORE: (No. 8-45 St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Ella Bosson

(a) RESIDENCE NO. 1638 Clifton Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE Years: 53 Months: Days: IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: James W Bosson

11 BIRTHPLACE OF FATHER (City or town) (State or country): Mass.

12 MAIDEN NAME OF MOTHER: Mary C. Brady

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Gertrude Bosson

(Address) 1638 Clifton Ave

15 Filed: DEC 9 1927

C. HAMPSON JONES, M. D. Registrar

By RRS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 28, 1927, to Dec 6, 1927, that I last saw h[illegible] alive on Dec 6, 1927, and that death occurred, on the date stated above, at 8:30 A m.

The CAUSE OF DEATH* was as follows:

Ruptured aneurism of Pulmonary Artery

(duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? Home

Did an operation precede death? Yes Date of Dec 5 1927

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical and Autopsy

(Signed) H Laurence Fahnestock, M. D.

, 19 (Address) St. Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — Date of Burial: Dec 9 1927

20 UNDERTAKER: Rita Wiedefeld — ADDRESS: 914 Fremont Ave

very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—206 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

66

E 28220

CERTIFICATE OF DEATH.

E 28220
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1511 6. Balto St. 20-71 Ward)

2-FULL NAME Samuel Escott

(a) RESIDENCE NO. 503 - Jayne. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mollie Escott

6 DATE OF BIRTH (month, day, and year): 1855

7 AGE: Years 72? Months Days IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Fish Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): " "

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Mrs Pearl [illegible]

15 Filed DEC 9 1927, 19 [illegible] JONES, Registrar.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 4 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Acute Alcoholism

CONTRIBUTORY (Secondary) (duration) Exhaustion yrs. 7 mos. ds.

17a (Signed) Geo Clinton Wells M. D.

(Address) 143 W Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the state yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem Date of Burial 12/11 1927

20 UNDERTAKER: J. A. Moran ADDRESS 340 E Baltimore

Very important. See instructions on back of certificate.

Spec.–7-17-26–A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28221 E 28221

CERTIFICATE OF DEATH

1-PLACE OF DEATH University Hospital 146

City of BALTIMORE: (No. Lombard & Greene Sts.) (Ward) 13 57 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Jane Harrison

(a) RESIDENCE NO. 3438 Seneca St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William McKinley Harrison

6 DATE OF BIRTH (month, day, and year): July 20 1908

7 AGE: Years 19 Months 3 4 Days 17

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: H. W.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore
(State or country): Md.

PARENTS

10 NAME OF FATHER: Vernon Barnes

11 BIRTHPLACE OF FATHER (City or town):
(State or country): Ma

12 MAIDEN NAME OF MOTHER: C. McCaley

13 BIRTHPLACE OF MOTHER (city or town):
(State or country): Md

14 Informant: Hospital Record.
(Address)

15 Filed DEC 9 - 1927 19 M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-7 1927

17 I HEREBY CERTIFY, That I attended deceased from 11-2 1927 to 12-7 1927
that I last saw h alive on 12-7 1927
and that death occurred, on the date stated above, at 4:55 P m.

The CAUSE OF DEATH* was as follows:

Puerperal Sepsis: Endometritis, Metritis.

(duration) yrs. 1 mos. 21 ds.

CONTRIBUTORY (Secondary) Peritonitis - intra-abdominal abscess

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 12-5-27

Was there an autopsy?

What test confirmed diagnosis? Clinical findings operation

(Signed) L. E. Crumpton M. D.

12/7/27 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's Hampden Date of Burial: Dec 9 1927

UNDERTAKER: Chenowith Son ADDRESS: 3617 Chestnut

Please fill out very important. See instructions on back of certificates.

E 28222

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 28222

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1 PLACE OF DEATH 806 Hanselman Ct

CITY OF BALTIMORE (No. 806 Hanselman St) (WARD)

2 FULL NAME Virginia Ann Hill

(Residence in Baltimore: No. 806 Hanselman St)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F | 4 COLOR OR RACE C | 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (If wife, the word) Widow

6 DATE OF BIRTH April 12 (Month) (Day), 1873 (Year)

7 AGE 54 yrs. 7 mos. 26 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Housework

9 BIRTHPLACE (State or country) Richmond Co. Va

PARENTS

10 NAME OF FATHER Thomas C. Barnes

11 BIRTHPLACE OF FATHER (State or country) Va

12 MAIDEN NAME OF MOTHER Virginia Barnes

13 BIRTHPLACE OF MOTHER (State or country) Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elizabeth Hill

(Address) 806 Hanselman St

15 Filed DEC 9 1927 C. HAMPSON JONES, M. D. REGISTRAR

D. 191

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 6 (Month) (Day), 1927 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 4, 1927, to Dec 6, 1927, that I saw h[illegible] alive on Dec 6, 1927, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

Contributory (SECONDARY) Arterial Sclerosis (Duration) yrs. mos. 1 ds

(Signed) Melvin Crawford (Duration) 2 yrs. mos. ds.

M. D.

191 (Address) 3049 N. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Carpenter Wks Pa. DATE OF BURIAL 29 1927

20 UNDERTAKER Wm. Jos. H. Holland ADDRESS 1681 Druid Hill Ave

THIS CERTIFICATE OF DEATH must be filled out in full and is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28223

CERTIFICATE OF DEATH.

91-002 E 28223

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2040 Druid Hill Ave St. 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida Diggs

(a) RESIDENCE NO. 2040 Druid Hill Ave Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Josiah Diggs

6 DATE OF BIRTH (month, day, and year): ? 1873

7 AGE: Years 54 | Months | Days | IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Md.

(State or country)

PARENTS

10 NAME OF FATHER: Thomas Brown

11 BIRTHPLACE OF FATHER (city or town): Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Elizabeth Brown

13 BIRTHPLACE OF MOTHER (city or town): Md.

(State or country)

14 Informant: Josiah Diggs

(Address) 2040 Druid Hill Ave

Filed DEC 9 - 1927 H. McCOY JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): December 5 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 24 1927, to Dec 5, 1927, that I last saw h Ev alive on Dec 5, 1927, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral degeneration

(duration) yrs. 4 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H S McEard M. D.

12/9, 1927 (Address) 2005 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — Date of Burial 12/9 1927

20 UNDERTAKER: Mgr. Geo. R. Holland — ADDRESS 1631 Druid Hill Ave

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28224

CERTIFICATE OF DEATH.

101-801 E 28224

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1717 Creastmare ST. 15-21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Woodland

(a) RESIDENCE NO. 1717 Creastmare ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Cecelia Woodland

6 DATE OF BIRTH (month, day, and year): April 1872

7 AGE: Years 55 Months 8 Days If LESS than day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Iron Collector

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): St Marys Co

PARENTS

10 NAME OF FATHER: Roddy Woodland

11 BIRTHPLACE OF FATHER (city or town) (State or country): St Marys Co

12 MAIDEN NAME OF MOTHER: Rebecca Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country): St Marys Co Md

14 Informant: Cecelia Woodland

(Address): 1717 Eastmount St

Filed DEC 9 - 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 7th 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 22, 1927, to Dec 7th, 1927, that I last saw him alive on Dec 7, 1927, and that death occurred, on the date stated above, at 6.00 P. m.

The CAUSE OF DEATH was as follows:

Acute Lobar Pneumonia

(duration) yrs. 1 mos. 16 ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. H. Lawrence M.D.

Dec 7, 1927 (Address) 2205 N. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters

DATE OF BURIAL: Dec 10 1927

UNDERTAKER: Thomas E Wagner

ADDRESS: Glen Burnie

TION is very important See instructions on back of certificate

Spec.—1-12-23—M&T—500 Blo.

E 28225 HEALTH DEPARTMENT—CITY OF BALTIMORE E 28225

CERTIFICATE OF DEATH.

REGISTERED NO. 37-01

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals ST. 22-31 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosa Gregory

(a) RESIDENCE NO. 827 Warner st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (Write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1915

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records (Address)

15 Filed Dec 7 1927 C. HAMPTON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 6, 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1927, to Dec. 6, 1927, that I last saw her alive on Dec. 6, 1927 and that death occurred, on the date stated above, at 1.50 a. m.

The CAUSE OF DEATH* was as follows:

Miliary tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy and clinical

(Signed) L. E. Madden M. D.

12-7-27, 19 (Address) Baltimore City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn DATE OF BURIAL 12-10 1927

20 UNDERTAKER Joe H. Trader ADDRESS 1027 Druid Hill

Spec.—1-12-23—M&T—500 Bks.

E 28226

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28226

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Aged men + Women's Home St. 20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Luther Murray

(a) RESIDENCE NO. 1622 Druid Hill Ave WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) [illegible] 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER Wm Murray

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Sarah Shuffard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Emma Bank

(Address) 536 Orchard St

15 Filed DEC 9 - 1927. Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1927, to Dec 7, 1927, that I last saw h[illegible] alive on Dec 7 - 1927 and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) ?

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edw. J. Sheehan M. D.

Dec 9, 1927 (Address) 1230 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 12-9 1927

20 UNDERTAKER John H. Toadvine — ADDRESS 1027 Druid Hill

Spec.—1-10-21—M&T—1500 Blks.

E 28227

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 28227.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2116 Jefferson St. 6-10 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma C Crist

(a) RESIDENCE NO. 2116 Jefferson ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. 1 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced (or) WIFE of: Charles F Crist

6 DATE OF BIRTH (month, day, and year): Nov 5th 1861

7 AGE: Years 66 Months 1 Days 3 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: August P. Bredenstein

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Rebecca Bissinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Dr August P. Crist

(Address) 2116 Jefferson st

15 Filed DEC 9- 1927 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-8-1927

17 I HEREBY CERTIFY, That I attended deceased from 12-7, 1927 to 12-8, 1927

that I last saw her alive on 12-8, 1927

and that death occurred, on the date stated above, at 6.20 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Hypertension — Myocarditis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Pending

(Signed) T. Wood Prigden M. D.

(Address) 800 N Paca St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery

DATE OF BURIAL: Dec 10 1927

20 UNDERTAKER: George Schilling & Sons

ADDRESS 1126 E Monument st

TION is very important. See instructions on

Cor.—12-9-25—A Co.—200 Bks.

See Letter re: Police affidavit from Mrs. Rose Schrago and Dr. Potter stated Aug 9th (Dec 30 1927)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28228

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 28228

REGISTERED NO.

City of BALTIMORE: (No. 1215 E. Madison Ave St. 14-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. Schrago

(a) RESIDENCE NO. 1309 Edmondson Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Schrago

6 DATE OF BIRTH (month, day, and year) ~~Unknown~~ July 22 1881

7 AGE	Years	Months	Days	IF LESS than 1 day....hrs. or....min.
46	~~53~~	4	12.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Confectionary Store

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Wife

(Address) 1309 Edmondson Ave

15 Filed 12/9 1927 Registrar

very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Probably Dec 4/27 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said his inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Strangulation-hung himself to joice in cellar at 1215 E. Madison Ave.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. S. Potter M. D.

(Coroner)

12/0/27 19 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Working Men's Circle Date of Burial 12/7 1927

20 UNDERTAKER Geo. Kirwan & Bro ADDRESS 111 E. Baltimore St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

28229

CERTIFICATE OF DEATH.

100-001

REGISTERED NO. E 28229

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2129 E Balto St. 1-3 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leo J Baranowski

(a) RESIDENCE NO. 2127 E Balto St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) October 29- 1924.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	0	1	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Frank Baranowski

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Mary Hobla.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md.

14 Informant Frank Baranowski.

(Address) 2129 E. Balto- St

15 Filed [illegible] 19 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8- 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) 1 yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) 3 yrs. mos. 1 ds.

Oct 9 1927 (Signed) [illegible] (Coroner) M. D.

(Address) 1438 E Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus, Date of Burial Oct 9 1927

20 UNDERTAKER M J. Sadowski. ADDRESS 705 S Ann St

very important. See instructions on BACK of certificate.

Spec—12-23-21—E.B.R.S.—400 Eks.

E 28230 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28230

Registered No. 1-2451

1-PLACE OF DEATH

City of BALTIMORE: (No. 1331 Argyle Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Pearl E. Adkins

(a) Residence No. 1331 Argyle Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 2 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Robert E Adkins

6-DATE OF BIRTH (month, day and year) Sept 14-1878

7-AGE, 49 yrs. 2 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer At home

9-BIRTHPLACE (city or town) (State or Country), Braddock Heights Maryland

PARENTS

10-NAME OF FATHER, Joseph Nichols

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Levinia Leakins

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14- (Informant) Robert Adkins (Address) 1331 Argyle Ave,

15- Filed DEC 9 - 1927. C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec. 7 1927

17- I HEREBY CERTIFY, That I attended deceased from Sept 28 1927 to Dec. 7 1927

that I last saw her alive on Dec. 7 1927

and that death occurred, on the date stated above, at 3.45 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes

(Duration) One yrs. 3 mos. ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? At Place of death

Did an operation precede death? Yes Date of April 15-27.

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) J Bennett Largo M. D.

19 (Address) 2937 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Frederick, Md DATE OF BURIAL Dec. 11, 1927

20-UNDERTAKER M. R. Etchison & Son ADDRESS Frederick Md

INSTRUCTIONS ON BACK OF CERTIFICATE

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28231

CERTIFICATE OF DEATH.

90 E 28231

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2203 Barclay St. (St.) 12-50 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Edward Fann

(a) RESIDENCE NO. 2203 Barclay St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. dy. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth

6 DATE OF BIRTH (month, day, and year): March 4 1851

7 AGE: Years 76; Months 8; Days 19; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Builder

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Brotherhood Coal Co.

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Isaac Fann

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Elizabeth Bamgrass

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Katherine Fann

(Address): 2203 Barclay St.

15 Filed 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 8 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 12th, 1927, to Dec 8th, 1927, that I last saw h[illegible] alive on Dec 6th, 1927, and that death occurred, on the date stated above, at 5.30 a. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) Geo W. Hemsworth III M. D.

(Address) 401 E 25th St 12/8/27

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dorsey Town Md. DATE OF BURIAL: Dec 10 1927

20 UNDERTAKER: H. M. Cole ADDRESS: 502 E. 25th St.

Cor.—12-9-25—A Co.—200 Bks.

28232

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E 28232

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 514 Dr Decker St. 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Letitia Portera

(a) RESIDENCE NO. 514 Decker St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
F	W.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 21, 1926

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
		11	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Tony Portera

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Italy

12 MAIDEN NAME OF MOTHER Henriette Krager

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Md

14 Informant Tony Portera

(Address) 514 Decker St

15 Filed DEC 9 - 1927 19 P. M.

C. HAMILTON JOWES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest

(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis 3

CONTRIBUTORY (Secondary) Exhaustion (Duration) 3 hrs. mos. ds.

Dec 7 1927 (Signed) C. E. Pollitt (Coroner) M. D.

18 (Address) 413 N. Howard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial 12/9 1927

20 UNDERTAKER J. M. Cole ADDRESS 502 E. North Ave.

very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

Dr Bressler, 1257 Bway

28233 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

H6 E 28233

1-PLACE OF DEATH

City of BALTIMORE (No. 162 N. Curley St. 6-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marguerite R Schmid

(a) Residence No. 162 N Curley St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX F

4-COLOR OR RACE, W

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE Charles A Schmid

6-DATE OF BIRTH (month, day and year) Oct 27. 1893

7-AGE. 34 yrs. 1 mos. 10 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Balto Md

PARENTS.

10-NAME OF FATHER John Ege

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Balto Md

12-MAIDEN NAME OF MOTHER Rosina Frankberger

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Balto Md

14- (Informant) Charles A Schmid

(Address) 162 N Curley St

15- Filed DEC 6 1927 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 7. 1927

17- I HEREBY CERTIFY, That I attended deceased from June — 1927 to Dec 7 — 1927

that I last saw h~~e~~ alive on Dec 6 1927

and that death occurred, on the date stated above, at 8:35 P m.

The CAUSE OF DEATH* was as follows:

Cancer Uteri + Gland Metastasis

(Duration) yrs. 8 mos. — ds.

CONTRIBUTORY (Secondary) Gland Extension —

(Duration) yrs. 1 mos. — ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? Yes Date of May-1927

Was there an autopsy? Yes

What test confirmed diagnosis? ✓

(Signed) Dr. H. C. Bressler M. D.

19 (Address) 1257 Broadway

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL 12/10 19 27

20-UNDERTAKER H. C. Cook — ADDRESS 507 E Madison

Spec.—7-17-26—A Co.—200 Bks.

E 28234

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 28234

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Md General St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Davis

(a) RESIDENCE NO. 678 Cookman Ave Ward New Jersey.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ~~7~~ yrs. mos. 20 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Ulysses Davis

6 DATE OF BIRTH (month, day, and year): Sept 2 1873

7 AGE: Years 54 Months 3 Days 5 6

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Tom Riggin

11 BIRTHPLACE OF FATHER (City or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Elizabeth Emmy

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Maryland

14 Informant: Hospital Record
(Address)

15 Filed DEC 3 - 1927 HAMPSON JONES, M. Registrar
By RMH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): December 8 1927

17 I HEREBY CERTIFY, That I attended deceased from 12-6-, 1927, to 12-8, 1927, that I last saw h[er] alive on 12-8, 1927, and that death occurred, on the date stated above, at 11:06 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of thyroid

? (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Intestinal obstruction

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 12 7 27

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno A Thompson M. D.

. 19 (Address) Md General Hospt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Allenhurst N. J.

Date of Burial: Dec 8 1927

20 UNDERTAKER: Harry A. Woltze

ADDRESS: 534 W. Lanvale

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 28235

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

22-31 31 E 28235

1-PLACE OF DEATH

CITY OF BALTIMORE (No. BALTIMORE CITY HOSPITALS ST., WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marion Elkins

(a) RESIDENCE NO. 825 Plum Alley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5-10-1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	6	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Henry Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Eliz. Parker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant (Address)

Filed 1927 C. HAMILTON JONES, M. D. Registrar

Per KMH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-5 1927

17

I HEREBY CERTIFY, That I attended deceased from 10-3 1927, to 12-5 1927, that I last saw h[er] alive on 12-5 1927, and that death occurred, on the date stated above, at 8 15 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
Tuberculous Peritonitis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? NO Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) C. Hamilton Jones M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary — DATE OF BURIAL Dec 9 1927

20 UNDERTAKER Mrs. A. A. Elliott — ADDRESS 1212 Ashland Ave.

pre.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28236

CERTIFICATE OF DEATH

100-001

E 28236

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore General Hospital (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Bergfeld (Birkefeld)

(a) RESIDENCE NO. 940 S. Bouldin ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4yr. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Bergfeld

6 DATE OF BIRTH (month, day, and year): March 30 1874

7 AGE: Years 53 Months 8 Days 9

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Barber

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Aug.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Wilhelmina Wenkel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. Dora Bockelman

(Address): 932 S. East ave

Filed DEC 6 - 1927

C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 8 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 30 1927 to Dec 8 1927

that I last saw him alive on Dec. 8 1927

and that death occurred, on the date stated above, at 1.55 P.M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 2 days

CONTRIBUTORY (Secondary): Chronic Alcoholism

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin. Exam.

(Signed) Louis T. Lavy, M. D.

(Address) W. Balto Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery

DATE OF BURIAL: Dec 12 1927

20 UNDERTAKER: George W. Zinkan

ADDRESS: 1737 E. Eager st

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

28237

CERTIFICATE OF DEATH.

E 28237
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3900 Aynsdale ave ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline N. Glazey

(a) RESIDENCE No. 3900 Aynsdale ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George N. Glazey

6 DATE OF BIRTH (month, day, and year) Sept. 24-1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	2	13	17

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Wm. Simmont

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md.

12 MAIDEN NAME OF MOTHER Betsy ann Stallings

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md.

14 Informant Michael A. Boosman
(Address) 3900 Aynsdale ave

15 Filed DEC 9 1927 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1927, to Dec 6th, 1927, that I last saw h~~e~~ alive on Dec. 5th, 1927, and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical findings

(Signed) W. L. Dempsey, M. D.

, 19 (Address) 1013 Poplar Grove

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Dec 9 1927

20 UNDERTAKER: George W. Zinkler — ADDRESS: 1737 E. Eager st

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28238 E 28238

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2927 E. Monument St., 7-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sidney E. Holland

(a) RESIDENCE NO. 2927 E. Monument St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Estella M. Holland

6 DATE OF BIRTH (month, day, and year) Sept 9/1852

7 AGE	Years	Months	Days	IF LESS than 1 day....hrs. or....min.
	75	3	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Blacksmith

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Somerset Co., Md.

PARENTS

10 NAME OF FATHER Thomas Holland

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Somerset Co., Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Spencer E. Holland

(Address) 2926 E. Monument St

Filed DEC 9 1927 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8/27

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency-Probably Valvular

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [illegible] M. D.

(Coroner)

12/9/27 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery Date of Burial 12/10 1927

20 UNDERTAKER George W Zurbler ADDRESS 1717 E Eager St

Spec—12-23-21—E.B.R.S.—400 Blks.

E 28239

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28239

101-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1626 Thames St St. 2-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H. Eckert

(a) Residence No. 1626 Thames St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian

6-DATE OF BIRTH (month, day and year) September — 1898

7-AGE. 99 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farming

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) New Jersey

PARENTS.

10-NAME OF FATHER Marshall Eckert

11-BIRTHPLACE OF FATHER (City or town) (State or Country) Germany

12-MAIDEN NAME OF MOTHER Rosiak

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Germany

14- Informant Relative

(Address) 1626 Thames St.

15- Filed DEC 9 - 1927 192 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 8-1927

17- I HEREBY CERTIFY, That I attended deceased from Dec. 5 1927 to Dec. 8 1927

that I last saw him alive on Dec. 8 1927

and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) [illegible] M. D.

12/8/1927 (Address) 7589 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary DATE OF BURIAL: Dec 10 1927

20-UNDERTAKER: D. M. Bogenrief ADDRESS: 1930 Eastern Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28240

CERTIFICATE OF DEATH.

90 E 28240

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3420 Tait ave ST., 26 WARD)

2-FULL NAME Augusta C. Rogers

(a) RESIDENCE No. 3420 Tait Ave ST., 26 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of the late John Rogers

6 DATE OF BIRTH (month, day, and year) Aug. 21 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or .... min.
	58	3	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) Germany (State or country)

PARENTS

10 NAME OF FATHER Frederick Neidermoller

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant William T. Hildebrandt

(Address) 424 E 21st St.

Filed DEC 9 - 1927 C. HAMILTON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7th 1927

17 I HEREBY CERTIFY, That I attended deceased from 11/29, 1927, to 12/7, 1927, that I last saw h[illegible] alive on 12/7, 1927, and that death occurred, on the date stated above, at 9:50 p. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Cerebral Hemorrhage

Myocarditis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) — yrs. — mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. McGanell M. D.

1927 (Address) 633 S. 3rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dale Lawn Cemetery DATE OF BURIAL Dec. 10th 1927

20 UNDERTAKER Lilly & Zeller ADDRESS 4005 Hoyt Ave

Spec.–7-17-26–A Co.– 200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28241

CERTIFICATE OF DEATH

11 E 28241

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1412 N. Gilmor St. Ward) 19-27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Pierce Edward Crosby

(a) RESIDENCE NO. 1412 N Gilmor St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward C Crosby

6 DATE OF BIRTH (month, day, and year): Jan 15th 1894

7 AGE: Years 33 Months 10 Days 2 IF LESS than day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town) Harford Co. (State or country) Md

PARENTS

10 NAME OF FATHER: Grant Smith

11 BIRTHPLACE OF FATHER (City or town) Harford Co. (State or country) Md

12 MAIDEN NAME OF MOTHER: Grace Wiseman

13 BIRTHPLACE OF MOTHER (city or town) Harford Co. (State or country) Md

14 Informant: Mrs Edward C Crosby (Address) 1412 N. Gilmor St.

15 Filed ..... 19 ..... C. [illegible] Jones M. D. Registrar

C 3 - 1927 By Rhp

very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 8th 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 28 1927 to Dec 8 1927, that I last saw her alive on Dec 8 1927, and that death occurred, on the date stated above, at 1:20 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(duration) 0 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Heart trouble

Arteriosclerosis (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Dec 2nd 27

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) [illegible] M. D.

. 19 (Address) 1412 N. Gilmor St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel Cockeysville Md. Date of Burial 12-11 1927

20 UNDERTAKER: Joseph A Lively ADDRESS 409 Fremont Ave

Spec.—1-12-23—M&T—500 Blks.

Beal

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28242
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90 E 28242
REGISTERED NO.

CITY OF BALTIMORE: (No. St. Agnes Hospital ST. 20-70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Beal

(a) RESIDENCE No. 3600 McTavish Ave. ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Peal

6 DATE OF BIRTH (month, day, and year) Sept. 30, 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	40	2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work General Work

(b) General nature of industry, business, or establishment in which employed (or employer) Mt. Clare

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER John Schroepfer

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Catherine Brannon

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) England

14 Informant Henry P. Schroepfer
(Address) 2222 Wilkens Ave.

15 Filed DEC 9 - 1927 THOMSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 7 19 27

17 I HEREBY CERTIFY, That I attended deceased from Oct 1 - , 19 27 , to Dec 7 , 19 27 ,
that I last saw her alive on Dec 5 , 19 27
and that death occurred, on the date stated above, at 9.30 P. m.
The CAUSE OF DEATH* was as follows:

Endocarditis, Mitral Insufficiency & Arterial

CONTRIBUTORY (Secondary) Acute Dilatation (duration) yrs. mos. ds.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

17 (Signed) Robert Hirsh, M. D.
9 1927 (Address) 2151 Wilkens Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL 12/10 19 27

20 UNDERTAKER Joseph Cook — ADDRESS 1003 Baltimore St

Spec.–7-17-26–A Co.–200 Bks.

E 28243 HEALTH DEPARTMENT—CITY OF BALTIMORE 101-00 E 28243

CERTIFICATE OF DEATH

1-PLACE OF DEATH University Hospital REGISTERED NO.

City of BALTIMORE: (No. Lombard + Greene St. 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles W. Walker

(a) RESIDENCE NO. Winona Apt Park Ave + Monument St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. 1 mos. 17 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Louise Kirby Walker

6 DATE OF BIRTH (month, day, and year): Oct 21 1852

7 AGE 75 Years 1 Months 17 Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Independent Ice Co.
(c) Name of employer

9 BIRTHPLACE (city or town): Bolto.
(State or country) Maryland

PARENTS

10 NAME OF FATHER: Charles W. Walker

11 BIRTHPLACE OF FATHER (City or town)
(State or country) Not obtainable

12 MAIDEN NAME OF MOTHER: Elizabeth J. Placide

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Not obtainable

14 Informant: University Hosp. Record.
(Address)

Filed DEC 9 1927 19 [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 8 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 2, 1927, to Dec 8, 1927, that I last saw h[illegible] alive on Dec 8, 1927, and that death occurred, on the date stated above, at 3 30 A. m.

The CAUSE OF DEATH* was as follows:

Inguinal Hernia (scrotal)

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia (Lobar)

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 12/5/27

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Hubert E Rinehardmeier M. D.

12/8, 1927 (Address) University Hospital Lombard + Greene Sts.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — Date of Burial 12/12 1927

UNDERTAKER: Henry W. Mears & Son — ADDRESS 805 N. Calvert

very important. See instructions on back of certificate.

pec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28244

CERTIFICATE OF DEATH.

E 28244

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

2-FULL NAME James R Lester

(a) RESIDENCE NO. Ripley W Va ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 21 ds. How long in U. S., if of foreign birth? yrs. 2 mos. 21 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Lester

6 DATE OF BIRTH (month, day, and year) 1-14-67

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	60	10	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Druggist

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer do.

9 BIRTHPLACE (city or town) (State or country) W Va.

PARENTS

10 NAME OF FATHER James Lester

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mozella Stout

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL, Bl. D

15 Filed , 19 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 7, 1927, to Dec 7, 1927, that I last saw h[illegible] alive on Dec 7, 1927, and that death occurred, on the date stated above, at 7:40 P m.

The CAUSE OF DEATH* was as follows:

Hematemesis + secondary anaemia
Probably as result of cirrhosis of liver

(duration) yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes - Carcinoma of pancreas.

What test confirmed diagnosis?

(Signed) Christopher Johnston, M. D.

12/9, 1927 (Address) Johns Hopkins Hosp. Bal

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ripley W. Va

DATE OF BURIAL Dec 9, 1927

20 UNDERTAKER John Ullerich

ADDRESS 2008 Orleans

Spec.—1-12-23—M&T—500 Bks.

28245

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

88 E 28245

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 514 Hurley Lane St., 20-7 (Ward)

2-FULL NAME Harry S Sullivan

(a) RESIDENCE No. 514 Hurley Lane St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Margaret A Sullivan

6 DATE OF BIRTH (month, day, and year) July 12 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	4	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Police Officer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Phoenix Md

PARENTS

10 NAME OF FATHER John W Sullivan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co Md

12 MAIDEN NAME OF MOTHER Catherine Cochran

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co

14 Informant Mrs M A Sullivan

(Address) 514 Hurley Lane

15 Filed 8 - 1927, 19 C. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7 1927

17

I HEREBY CERTIFY, That I attended deceased from Dec 6, 1927 to Dec 7, 1927.

that I last saw ~~him~~ alive on Dec 6, 1927

and that death occurred, on the date stated above, at 9 30 a.m.

The CAUSE OF DEATH* was as follows:

Endocarditis Acute

Rt Coronary Artery Thrombosis,

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation, Heart

Lung (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Norris D Ritchie M. D.

12/8/27 (Address) 2051 Fulton ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Jessup Balto Co DATE OF BURIAL Dec 10 1927

UNDERTAKER N S Marshall ADDRESS 3539 Fait Ave

pec.—1-12-23—M&T—500 Bks.

28246

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001 E 28246

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. [illegible] ST. 5-8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William See

(a) RESIDENCE NO. Severna Street, WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): ?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ?

6 DATE OF BIRTH (month, day, and year): ?

7 AGE — Years: 54 — Months: — Days: — If LESS than 1 day, hrs or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession of particular kind of work: Rubber

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland.

PARENTS

10 NAME OF FATHER: Wm See

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: [illegible]

(Address) Severna.

15 Filed [illegible] 19 C. HAMPSON JONES, M. D. Registrar

9 - 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/7/1927

17 I HEREBY CERTIFY, That I attended deceased from Dec. 4 1927, to Dec. 7 1927, that I last saw him alive on Dec 7 1927 and that death occurred, on the date stated above, at 12.05 A.M.

The CAUSE OF DEATH* was as follows:

Lobular pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary): malnutrition

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Gram's stain

(Signed) C. Hampson Jones M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

E 28247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28247

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 110 Scott St (Ward) 19

2-FULL NAME William Wickerzaken

(a) RESIDENCE NO. 110 Scott St. (Ward)

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 1851

7 AGE: Years 76 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Proprietor

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Mrs. Katie Swader

15 Dec 9 - 1927 C. HAMPSON JONES, M. B. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 8 1927

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1927, to Dec. 8, 1927 that I last saw him alive on Dec 1 - 1927 and that death occurred, on the date stated above, at 8 A.M.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilitation

CONTRIBUTORY (Secondary) Myocarditis (duration) yrs. 3 mos. 30 ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) H. M. C. Jennings M. D.

(Address) 182 Washington Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cremation Loudon Pk DATE OF BURIAL: 12-10-1927

20 UNDERTAKER: H. C. Brumm & Son ADDRESS: 1136 Poplar Grove St

prc.—1-12-23—M&T—500 Bks.

E 28248

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

57

E 28248

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1236 S. Charles ST. 23-31 WARD)

2-FULL NAME Catherine Cecelia Wentworth

(a) RESIDENCE No. 1236 S. Charles ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. 7 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 15, 1891

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
36	7	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Oliver Wentworth

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Catherine C. Hubbard

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Mrs. Oliver Wentworth (Address) 1236 S. Charles St.

15 Filed: 9-1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 1- 1927, to Dec 8- 1927, that I last saw h- alive on 12/8- 1927, and that death occurred, on the date stated above, at 1.15 P m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(duration) — yrs. — mos 5 ds.

CONTRIBUTORY (Secondary) Diabetes

(duration) — yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. W. Bauer M. D.

(Address) 1 W. Mt. Vernon Pl. 1927

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem

DATE OF BURIAL: Dec 12 1927

19 UNDERTAKER: W. Tickner & Sons

ADDRESS: North Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28249 E 28249

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1408 E. Fortaw ST. 24-35 WARD)

2-FULL NAME James R. Carnall

(a) RESIDENCE NO. 1408 E. Fortaw ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dorothy Carnall

6 DATE OF BIRTH (month, day, and year) Jan 6 1852.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	11	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired do

(b) General nature of industry, business, or establishment in which employed (or employer) Fortune

(c) Name of employer Balto City Hosp

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Patrick Carnall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret O'Brien

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Robert Carnall

(Address) 1201 Sargeant St Fon

15 Dec 10 1927 C. HAMPSON JONES, M. D. Registrar

P.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 30 1927, to Dec 7 1927, that I last saw him alive on Dec 6 1927, and that death occurred, on the date stated above, at 1:45 m

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Acute Dilatation of Heart

(duration) yrs. mos 4 ds

CONTRIBUTORY (Secondary) Chronic Pneumonia

(duration) yrs. mos 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urine

(Signed) Thos. J. Deegan, M. D.

12/7, 1927 (Address) 2878 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. DATE OF BURIAL Dec 10 1927

20 UNDERTAKER John J. Cowan & Son ADDRESS 901 Holliday St

TION is very important. See instructions on back

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28250

CERTIFICATE OF DEATH.

188-1003

E 28250

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) Unknown St. 16-23 Ward)

2-FULL NAME Mrs Powell

(a) RESIDENCE NO. 1218 E. Eager St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or WIFE of) the late Mary Fisher Powell

6 DATE OF BIRTH (month, day, and year) Unknown. 1857

7 AGE	Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
	70	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Silversmith.

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md

(State or country)

PARENTS

10 NAME OF FATHER Geo Powell

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Mrs Fred E. Brisch

(Address) 1218 E. Eager St.

15 Filed 1927 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest Inquiry and autopsy or inquiry,) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Skull 1 hour

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Stroke. duration yrs. mos. 1 ds.

Dec 9/27 (Signed) Geo Chester Wade M. D.

(Coroner)

(Address) 143 W. Eager

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem Dec 10 27 Date of Burial

20 UNDERTAKER John J Cowan Son ADDRESS 901 Hollins St.

Very Important. See instructions on back of Certificate.

Spec.—7-17-26—A Co.—200 Bks.

E 28251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16 E 28251

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Colored Hospital St., 15-63 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Chalmers L. Brewbaker Jr

(a) RESIDENCE NO. 4319 Garrison Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 7 1927

7 AGE: Years Months Days: 2

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto Md

(State or country)

PARENTS

10 NAME OF FATHER Chalmers L. Brewbaker

11 BIRTHPLACE OF FATHER (City or town): Pa

(State or country)

12 MAIDEN NAME OF MOTHER Henrietta Smith

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: Chalmers L. Brewbaker

(Address) 4319 Garrison Ave

Dec 9 1927 C. THAMPSON JONES M. D. Registrar

D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/9/27

17 I HEREBY CERTIFY, That I attended deceased from 12/7/27 19 to 12/9/27 19

that I last saw h[illegible] alive on 12/8/27 19

and that death occurred, on the date stated above, at 11 am

The CAUSE OF DEATH* was as follows:

Atelectasis

(Asphyxia Pallida)

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Congenital Asthenia

(duration) Since birth yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

(Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery Date of Burial Dec 10 1927

20 UNDERTAKER: Harry W. Eble ADDRESS 1444 Wash. Blvd.

Very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 28252

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 101

E 28252

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Calhoun & Fayette ST. 19-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis D. Phillips

(a) RESIDENCE NO. 51 Vose Veteran ST., WARD

(Usual place of abode) Schenectady, N. Y.

Length of residence in city or town where death occurred ___ yrs. ___ mos. 8/12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Josephine Phillips

6 DATE OF BIRTH (month, day, and year): June 7-1867

7 AGE: Years 60 Months 6 Days 2

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Mechanical Engineer

(b) General nature of industry, business, or establishment in which employed (or employer): 030

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maine

PARENTS

10 NAME OF FATHER: Jas. B. Phillips

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maine

12 MAIDEN NAME OF MOTHER: Matilda A Burgess

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maine

14 Informant: L. Maud Phillips

(Address) 22 E. Mt. Vernon Place

15 9 - 1927 C. HAMPSON JONES, M. D. Registrar

P.M. ___

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 9 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1927, to Dec. 9, 1927, that I last saw him alive on Dec. 9, 1927, and that death occurred, on the date stated above, at 12:40 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary): Emphysema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes. Date of Dec. 8, 1927

Was there an autopsy? no.

What test confirmed diagnosis? X-ray & Thoracentesis

(Signed) E. B. Sherman, M. D.

19 (Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holyoke Mass

DATE OF BURIAL: 12/10 1927

UNDERTAKER: Chas. H. Mauer Son

ADDRESS: 1180 N. Royal Ave

TION is very important. See instructions on back

Cor.—12-9-25—A Co.—200 Blks.

E 28253

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-00!

E 28253

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1304 May St St., 5-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Tyler

(a) RESIDENCE NO. 1304 May St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of xxxxxx

6 DATE OF BIRTH (month, day, and year) Sep 8/27

7 AGE	Years	Months	Days	IF LESS than 1 day....hrs. or....mn.
		3	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER James Miles

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Marie Tyler

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant John Jones (uncle)

(Address) 1304 May St

15 1927 C. HAMPSON JONES, M. D. Registrar

By ——— Dep.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7/27 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Bronchopneumonia (Primary) (duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. H. Price M. D.

(Coroner)

12/8/27 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.... yrs.... mos.... ds. In the State.... yrs.... mos.... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery Date of Burial Dec 10 1927

20 UNDERTAKER Wilton Davis ADDRESS 3161 Eden St

very important. See instructions on back of

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28254 E 28254

CERTIFICATE OF DEATH.

1888-1902

REGISTERED NO. 15-62

1-PLACE OF DEATH

City of BALTIMORE: (No.) Mercy Hospital. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma W. Thomas.

(a) RESIDENCE NO. 3503 Edgewood Rd. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Widow.

5a If ~~married, widowed, or~~ (or) WIFE of Alfred V. Thomas.

6 DATE OF BIRTH (month, day, and year) March 27, 1848

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	79	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Howard Co. Md.

PARENTS

10 NAME OF FATHER James Clark.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Howard Co. Md.

12 MAIDEN NAME OF MOTHER Jemima Ward.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) England.

14 Informant Margaret L. Kelley. (daughter)

(Address) 3503 Edgewood Rd.

15 1927 C. HAMPSON JONES, M. D. Registrar

P.M. Dec 9

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 7, 1927 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.
Struck and knocked down by a ~~St~~ street car while crossing street

Accidental Death (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M Leinhardt M. D. (Coroner)

12/9 1927 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Redwood & Grant Sts. December 7, 1927

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Thos Cemetery Ellicott City Date of Burial Dec 10 1927

20 UNDERTAKER Harry K Witzke ADDRESS Loudon & Gilmor St

Very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28255

CERTIFICATE OF DEATH.

9 E 28255

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mary to Mercy Hosp St. 1927 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes Murphy

(a) RESIDENCE NO. 2012 Christian St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 8 - 1927

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) NO

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER J. Murphy

11 BIRTHPLACE OF FATHER (city or town) Ire.

(State or country)

12 MAIDEN NAME OF MOTHER Mary Michael

13 BIRTHPLACE OF MOTHER (city or town) Aberdeen Scot

(State or country)

14 Informant Mrs. Murphy

(Address) 2012 Christian St.

15 Dec 1927 C. HAMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9, 192 7

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Inquest

(Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Duration Patent Ductus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Dec 9 (Signed) [illegible] M. D.

(Coroner)

, 19 27 (Address) 629 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem Date of Burial 12/10/27

20 UNDERTAKER Joseph A. Farley ADDRESS Fulton & Lafayette

Very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 28256

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28256

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH 1003 E Monument St

CITY OF BALTIMORE: (No.) Baltimore ST. 58 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stevan Hogan

(a) RESIDENCE No. 1003 E Monument ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 20 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	6	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER E. Hogan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Hattie Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Minnie Hogan (Daughter)

(Address) 1003 E Monument St

15 Filed 9-1927 C. HAMPSON JONES, M. D. Registrar

TION is very important. See instructions on back

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7 1927

17 I HEREBY CERTIFY, That I attended deceased from June 9, 1927, to Dec. 7, 1927

that I last saw him alive on Dec. 7, 1927

and that death occurred, on the date stated above, at 6--45 p m.

The CAUSE OF DEATH* was as follows:

Tuberculosis (Pulmonary)

12 Mo

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis (Chronic)

(duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H White, M. D.

19 (Address) 1029 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Petersburg Va	Dec 10 1927

20 UNDERTAKER Robert J Wilkins ADDRESS 1515 McElderry St

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28257

CERTIFICATE OF DEATH

101-001

E 28257

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1821 Covington St. 24-34 (Ward))

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John W. Foley

(a) RESIDENCE NO. 1821 Covington St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 6, 1879

7 AGE: Years 48 Months 7 Days 15 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter.

(b) General nature of industry, business, or establishment in which employed (or employer): Md. Drydock.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: John W. Foley

11 BIRTHPLACE OF FATHER (City or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Murphy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs Mary Groves

(Address) 1821 Covington St.

15 1927 C. HAMPSON JONES, M. D., Registrar

Per ____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 27: Dec 7

17 I HEREBY CERTIFY, That I attended deceased from Dec 4, 19 27, to Dec 7, 19 27

that I last saw ... alive on Dec 7, 19 27

and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows: Intra Cranial Hemorrhage

(duration) ..... yrs. 1 mos. 6 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ..... yrs. ..... mos. 5 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. L. Thompson M. D.

1927 (Address) 1821 Covington St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Cathedral Cem	12/10 19 27
20 UNDERTAKER	ADDRESS
Margaret S. Flynn	1422 Light St.

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 28258

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-003
159 E 28258

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 S Belnord Ave ST. 1-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Raymond W. Rollins

(a) RESIDENCE NO. 618 S Belnord Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 2 1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ...

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Raymond W. Rollins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Hilda Oppersmith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Raymond W. Rollins (Address) 618 S Belnord Ave

15 Dec 9 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 9 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1927. to Dec. 9, 1927. that I last saw him alive on Dec. 8, 1927. and that death occurred, on the date stated above, at 5.40 A m.

The CAUSE OF DEATH* was as follows:

Spina Bifida of back.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Ruptured Appendix & Septic Fever

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? C. S. & S.

(Signed) John J. Krage M. D.

19 (Address) 427 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Paul's Dec. 10 1927

DATE OF BURIAL

20 UNDERTAKER John M Weber ADDRESS 1873 Bank

TION IS VERY IMPORTANT

Spec.-7-17-26—A Co.—200 Bks.

E 28259

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28259

CERTIFICATE OF DEATH

124

1-PLACE OF DEATH St. Joseph's Hospital REGISTERED NO.

City of BALTIMORE: (No.) St. 6-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Stack

(a) RESIDENCE NO. 108 N Durham St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. if of foreign birth? 41 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Stack

6 DATE OF BIRTH (month, day, and year): 1858

7 AGE: Years 69 ? Months Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Bohemia

(State or country)

PARENTS

10 NAME OF FATHER: John Stack

11 BIRTHPLACE OF FATHER (City or town): Bohemia

(State or country)

12 MAIDEN NAME OF MOTHER: Wetherow

13 BIRTHPLACE OF MOTHER (city or town): Bohemia

(State or country)

14 Informant: Mary Stack

(Address) 108 Durham St

15 Filed 12 1927 19 C. HAMPSON JONES, M. D. Registrar

Pm RTH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

12-8-27 5.20 A M

17 I HEREBY CERTIFY, That I attended deceased from Nov 11, 1927, to Dec 8, 1927, that I last saw h[illegible] alive on Dec 8, 1927, and that death occurred, on the date stated above, at 5.20 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Uremia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Empyema Gall bladder.

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of Dec 2, 1927

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Herman G. Long M. D.

19 (Address) St Joseph Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

Date of Burial: Dec 13 19 27

20 UNDERTAKER: Funeral Director

ADDRESS: 19 Aisquith

Very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

28260

CERTIFICATE OF DEATH.

90 E 28260

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1633 Abbott St., 7-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vivera Salak

(a) RESIDENCE NO. 1633 Abbott St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 4/5 yrs. mos. ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? 41 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Josef Salak

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 87 | Months | Days | IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Bohemia

PARENTS

10 NAME OF FATHER John Havath

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Bohemia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Bohemia

14 Informant Mary Dimata

(Address) 1633 Abbott St

10-1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3 1927

17 I HEREBY CERTIFY, That I attended deceased from July 1927, to Dec 3 1927, that I last saw h[er] alive on Dec 3 1927, and that death occurred, on the date stated above, at 8:30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Tubercular Ulcer of Throat

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Signed: Wm. H. Haywood M. D.

19 Address: 8 Wendover Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Date of Burial Dec 10 1927

20 UNDERTAKER: Frank Cocchia ADDRESS: Woodland

Very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Blks.

28261 HEALTH DEPARTMENT—CITY OF BALTIMORE E 28261

CERTIFICATE OF DEATH. 100-001

1-PLACE OF DEATH

City of BALTIMORE: (No.) 410 Fredk (St.,) 3rd Ward 25-75 Registered No.

2-FULL NAME Elmer L. Jackson Jr. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 410 Fredk St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Nov 16-1926

7-AGE 1 yrs. mos. 23 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Md

PARENTS.

10-NAME OF FATHER Elmer Jackson

11-BIRTHPLACE OF FATHER (city or town) (State or Country) D.C.

12-MAIDEN NAME OF MOTHER Rosa Hood

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) D.C.

14-(Informant) Elmer Jackson

(Address) 410 Fredk

Dec 10 1927 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 9th 1927

17-I HEREBY CERTIFY, That I attended deceased from Dec 8 1927 to Dec 9 1927

that I last saw h[illegible] alive on Dec 9 1927

and that death occurred, on the date stated above, at 4.30 P.M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Rachitis & Malnutrition

(Duration) 1 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Dec 9th 1927 (Signed) Geo. D. Horn M. D.

(Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Friendship — DATE OF BURIAL, Dec 10, 1927

20-UNDERTAKER Wm. Field — ADDRESS 1200 E. Lombard

Cor.—12-9-25—A Co.—200 Bks.

E 28262

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 E 28262

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 52 E. Randall St. 23-34 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gloria H. Lewis.

(a) RESIDENCE NO. 52 E. Randall St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 4 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Frmale.

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced. (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: --------

6 DATE OF BIRTH (month, day, and year): August 8, 1925.

7 AGE — Years: 2 — Months: 4 — Days: 0 — IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore, Md.

(State or country)

PARENTS

10 NAME OF FATHER: Hubert Lewis.

11 BIRTHPLACE OF FATHER (city or town): Maryland.

(State or country)

12 MAIDEN NAME OF MOTHER: Ethel Magers.

13 BIRTHPLACE OF MOTHER (city or town): Maryland.

(State or country)

14 Informant: Ethel Lewis. (mother)

(Address) 52 E. Randall St.

15 1927 C. HAMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): December 8, 1927. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Otto Reinhardt M. D.

(Coroner)

12/8 1927 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London P.K. Co. — Date of Burial: 12/10 1927

20 UNDERTAKER: J. Fenw Mitchell — ADDRESS: 130 E. Fort

Very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 28263 HEALTH DEPARTMENT—CITY OF BALTIMORE E 28263

CERTIFICATE OF DEATH.

9-47

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 602 Mc Kewen St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Annie Flaherty

(a) Residence No. 602 Mc Kewen Ave. St., Ward

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred 62 yrs. 5 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX F.

4-COLOR OR RACE White

5-Single, ~~Married~~, Widowed, or ~~Divorced~~, (Write the word.) Widow

5a-If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of John M.

6-DATE OF BIRTH (month, day and year) July 6, 1865

7-AGE 62 yrs. 5 mos. 1 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Geo. W. Edelstein

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Maryland

12-MAIDEN NAME OF MOTHER, Caroline Schmidt

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Maryland

14- (Informant) Agnes Anna Flaherty

(Address) 602 Mc Kewen Ave

15- Filed OCT 10 1927 C. HAMPSON JONES, M. D. Registrar. Rpd

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec. 7/27

17- I HEREBY CERTIFY, That I attended deceased from July 25 1927 to Dec. 6, 1927

that I last saw h[er] alive on Dec. 6 1927

and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Cervix and Metastasis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Aug. 23, 1927

Was there an autopsy? No

What test confirmed diagnosis? Pathological findings

(Signed) Alma S. Abercrombie M. D.

, 19 (Address) 3524 Greenmount Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park Cemetery Dec. 10, 1927

20-UNDERTAKER. ADDRESS. George W. Schmidt & Son 1101 Park Ave.

Cor.—12-9-25—A Co.—200 Bks.

E 28264

HEALTH DEPARTMENT—CITY OF BALTIMORE

1851 E 28264

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. Gen. Hospital St., 713 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. J. Maddox

(a) RESIDENCE NO. 167 E. Madison St. Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: C.

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day and year) Undetermined.

7 AGE: Years: about 31 Months: Days: IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Rigger

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Bethlehem Steel Co.

9 BIRTHPLACE (city or town):

(State or country) Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant: Claiborn Maddox

(Address) 1625 E. Madison

Filed 10 1927 C. HAMPSON JONES, Registrar.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Dec. 7, 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull and cerebral hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (secondary) (accidental) Fell off

of rigging (duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.

(Coroner)

Dec 7 1927 (Address) 2572 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Kenridge Va Date of Burial: Dec 1927

20 UNDERTAKER: Wm. H. G. Elliott ADDRESS: Ashland Va

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

Balto + Polomac.

E 28265

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28265

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3725 Eutaw Pl. (WARD) 26-37 129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph L. Hueler

(a) RESIDENCE NO. 3725 Eutaw Pl ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lydia Hueler

6 DATE OF BIRTH (month, day, and year) Nov 7 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manager 886

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Sanner Fish Co.

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Louis Hueler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Lydia Lutz.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Lydia Hueler

(Address) 3725 Eutaw Pl

15 Filed DEC 10 1927 G. HAMPSON JONES, M. D., Registrar

Page

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 2 1927

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1926, to Dec 8 1927, that I last saw h[illegible] alive on Dec 8 1927, and that death occurred, on the date stated above, at 9-30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Dropsy.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical.

(Signed) Mary Insley, M. D.

, 19 (Address) 2938 Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral	Dec. 2 1927

20 UNDERTAKER Jno Cole ADDRESS 3722 Eutaw

Dec.—1-12-23—M&T—500 Bks.

E 28266

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28266

57

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 22 30 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillie Pennschmidt

(a) RESIDENCE No. 641 W. Pratt ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Harry Penschmidt

6 DATE OF BIRTH (month, day, and year) Nov 8 1864

7 AGE — Years: 63 — Months: 9 — Days: 1 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: H.W.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Abram

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Harry Penschmidt (Address) 641 W. Pratt

15 DEC 10 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9 1927

17 I HEREBY CERTIFY, That I attended deceased from 10/4/27, 19 to 12/9/27, 19, that I last saw her alive on 12/9/27, 19, and that death occurred, on the date stated above, at 12-55 a.m. m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

Chronic Nephritis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) J. S. Woodend M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. DATE OF BURIAL: Dec 12 1927

20 UNDERTAKER: Jos Joerdens & Son ADDRESS: 2173 Pa. Ave.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28267.

CERTIFICATE OF DEATH

74-001

E 28267

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 4203 ST-Paul Street. St. 27-49 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Breeback (Mrs.)

(a) RESIDENCE NO. 4203 ST-Paul Street. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of late William F. Breeback

6 DATE OF BIRTH (month, day, and year)
April 14, 1863

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min..
	66	2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto, Md

PARENTS

10 NAME OF FATHER Louis G. Meyer

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Louisa Nelker

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs Lula Smith

(Address) 4203 ST-Paul Street

15 Filed DEC 10 1927 C. HAMPSON JONES, Registrar.

P.m. ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

December 6, 1927.

17 I HEREBY CERTIFY, That I attended deceased from September, 1927, to December 6, 1927.

that I last saw h... alive on Dec. 6th, 1927.

and that death occurred, on the date stated above, at 12.30 p. m.

The CAUSE OF DEATH* was as follows:

General Arterio-Sclerosis

Hypertension (duration) 3 yrs mos ds.

CONTRIBUTORY (Secondary) Apoplexy (duration) yrs mos 1/2

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. J. Kaar M. D.

12 8 1927 (Address) 516 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial 19
Loudon Park Cemetery	Dec 10/27
20 UNDERTAKER	ADDRESS
Jos Jordan & Son	217 S. Paca

very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

E 28268

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

128 E 28268

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1107 E. Eager St.) (Ward) 16-23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa E. Gray

(a) RESIDENCE NO. 1107 E. Eager St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 6-1852

7 AGE — Years: 75 Months: 6 Days: 2

IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Long Green

(State or country) Md

PARENTS

10 NAME OF FATHER George Torbson

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Cathcart

13 BIRTHPLACE OF MOTHER (city or town) Cathcart

(State or country)

14 Informant Mary Gray

(Address) 1107 E. Eager St

Filed 10 1927 C. HAMPSON JONES, Registrar

By ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/6 19 27

17 I HEREBY CERTIFY, That I attended deceased from 9/24 19 27 to 12/6 19 27.

that I last saw h... alive on 12/6 19 27.

and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

a. Influenza

Uremia

(duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Thos. R. Cathcart M. D.

12/10 19 27 (Address) 2139 E. Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. Date of Burial 12/10 19 27

20 UNDERTAKER: Samuel Stansbury

ADDRESS 1128 Bolton

very important. See instructions on back of certificate.

ec.—1-12-23—M&T—500 Blks.

E 28269 HEALTH DEPARTMENT—CITY OF BALTIMORE E 28269

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 12-44 ST. 12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Alan O. Cleghane (Rita)

(a) RESIDENCE NO. 1901 Columbia Rd. ST. Wash. D.C. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 46 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alan O. Cleghane

6 DATE OF BIRTH (month, day, and year): June 18, 1879.

7 AGE: 48 Years 5 Months 21 Days If LESS than 1 day, — hrs. or — min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): S.C.

PARENTS

10 NAME OF FATHER: Arthur B. Ryan

11 BIRTHPLACE OF FATHER (city or town) (State or country): S.C.

12 MAIDEN NAME OF MOTHER: Rita Hamilton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): S.C.

14 Informant: Patient

(Address): Same

15 Filed 10 1927, 19 — C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 10 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct. 23, 1927, to Dec 10, 1927, that I last saw her alive on Dec. 10, 1927, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Brain Tumor

Cerebellar Pressure

(duration) 1 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of Nov. 29, 1927

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) W. D. Hammond, M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, REMOVAL [redacted] DATE OF BURIAL 12 Dec 19 27

UNDERTAKER [redacted] ADDRESS [redacted]

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28270
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

16 2/12 E 28270

REGISTERED NO.

City of BALTIMORE: (No. 318 S Bond St. St. 3-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Ulrich

(a) RESIDENCE NO. 318 S Bond St. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 Color or Race: White
5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec. 9 1927

7 AGE: Years Months Days IF LESS than 1 day.... hrs. or.... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer): None
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Frank Ulrich

11 BIRTHPLACE OF FATHER (city or town)
(State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Sophie Pasela

13 BIRTHPLACE OF MOTHER (city or town)
(State or country): Balto. Md.

14 Informant: Frank Ulrich
(Address): 318 S. Bond St.

15 Filed DEC 10 1927 C. HAMPSON JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 10 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy Inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxia

(Duration) yrs. mos. 14 hrs.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 14 hrs.

(Signed) H C Yates M. D.
(Coroner)

15/27 (Address) 143 W Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Date of Burial Dec 13 1927

20 UNDERTAKER: [illegible] ADDRESS: [illegible]

Very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28271

CERTIFICATE OF DEATH.

E 28271

1-PLACE OF DEATH

CITY OF BALTIMORE: No. Railway ave. Fairlawn ST. 76-37 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ~~Febiola~~ ~~Paszkowska~~ Teofil Paszkowski

(a) RESIDENCE. No. Railway ave. Fairlawn ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? 38 yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anastazia Paszkowski

6 DATE OF BIRTH (month, day, and year): aug 14 1884

7 AGE: Years 43 Months 3 Days 25

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor

(b) General nature of industry, business, or establishment in which employed (or employer): Tin Plate mill

(c) Name of employer: Bethlehem Steel Co Sparrows Point

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: Jacub Paszkowski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Anna Gajkowski

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant (Address): Anastazia Paszkowski Railway ave Fairlawn

15 Filed DEC 10 1927 19 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 9 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1927 to Dec 9, 1927

that I last saw him alive on Dec 9, 1927

and that death occurred, on the date stated above, at 3-05 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) — yrs. — mos. 9 ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A.W. Reier M. D.

12/9 1927 (Address) 2 Kinship Rd. Dundalk, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary cem — DATE OF BURIAL: Dec 12 1927

20 UNDERTAKER: John M Weber — ADDRESS: 1803 Bank st

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

28272

CERTIFICATE OF DEATH.

101-001

E 28272

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 778 W Saratoga St. 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Esau Fair

(a) RESIDENCE NO. 778 W Saratoga St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 3 mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	col	married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Bessie Fair

6 DATE OF BIRTH (month, day, and year) March 10, 1901

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	26	8	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Maryland Lumber Co.

9 BIRTHPLACE (city or town) Abbeville S.C.

(State or country)

PARENTS

10 NAME OF FATHER Luther Fair

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Abbeville S.C.

12 MAIDEN NAME OF MOTHER Leathia Williams

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) S.C.

14 Informant Bessie Fair

(Address) 778 W. Saratoga St

15 Filed C. HAMPSON JONES, M. D. Registrar

10 1927 P.M.

very important. See instructions on back of

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-8- 1927

17

I HEREBY CERTIFY, That I attended deceased from 12-4-, 1927, to 12-8-, 1927, that I last saw him alive on 12-7-, 1927, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH was as follows:

Lobar pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart

(duration) yrs. mos. ds.

If Where was disease contracted

If not at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A. Hackman M. D.

12/9 1927 (Address) 808 W Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery Date of Burial Dec. 11, 1927

20 UNDERTAKER Mrs. Katie R. Williams ADDRESS 322 N. Schroeder St

Spec.—1-12-23—M&T—500 Blks.

28273

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3 E 28273

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2 No. Fayette ST. 30-10 WARD)

2-FULL NAME Irene Tyree

(a) RESIDENCE NO. 2 No. Fayette ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan. 18, 1899

7 AGE: Years 28 Months Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Daniel E. Tyree

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Georgiana Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Daniel T. Tyree

(Address): 2 No. Fayette St

15 Filed DEC 10 1927, 19

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 8 1927

17 I HEREBY CERTIFY, That I attended deceased from 12-1-26 (or) ~~Oct~~ Sept. 27, 1927, to Dec 8, 1927, that I last saw h alive on Dec 8, 1927 and that death occurred, on the date stated above, at 5 9 m

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis 3 yrs. mos ds.

(duration)

CONTRIBUTORY (Secondary) Cardiac decompensation 10 Acute miliary (duration) yrs. 1 mos ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Cl. & Phy.

(Signed) Fred T. Kiser, M. D.

, 19 (Address) 3321 Forrest Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Star Cemetery

DATE OF BURIAL: Dec. 10 1927

20 UNDERTAKER: Mrs Katie R. Williams

ADDRESS 322 N. Schroeder

Spec.—12-9-25—A Co.—200 Blks.

E 28274

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

E 28274

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 325 S. Fremont St. 22-24 Ward)

2-FULL NAME Bonnie Salter Jr.

(a) RESIDENCE NO. 325 S. Fremont St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 4 mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: C

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 7/10/25

7 AGE: Years 2; Months 4; Days 27; If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Woodruff S. Carolina

(State or country)

PARENTS

10 NAME OF FATHER: Bonnie Salter, Sr.

11 BIRTHPLACE OF FATHER (city or town): S. Carolina

(State or country)

12 MAIDEN NAME OF MOTHER: Ethel Lewis

13 BIRTHPLACE OF MOTHER (city or town): S. Carolina

(State or country)

14 Informant: Father

(Address)

15 1927 G. HAMPSON JONES, M. D. Registrar

P.M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/9/ 1927

17 I HEREBY CERTIFY, That I attended deceased from 12/3/ 1927 to 12/9/ 1927, that I last saw him alive on 12/9/ 1927, and that death occurred, on the date stated above, at 2.08 P. m.

The CAUSE OF DEATH* was as follows:

1 Broncho-Pneumonia (Primary) (duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. B. Hayden M. D.

12/9/ 1927 (Address) 912 Eden St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodruff S C Date of Burial Dec 10 1927

20 UNDERTAKER: H. L. Brown & Son ADDRESS 107 N. Gay St

very important. See instructions on back of

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28275

CERTIFICATE OF DEATH.

E 28275

REGISTERED NO. 129

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1017 (Street) David Hill Ave (Ward) 11-24

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth P. Calloway

(a) RESIDENCE NO. 1017 (Street) David Hill Ave (Ward)

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Cal.

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Gabel Calloway

6 DATE OF BIRTH (month, day, and year): Oct 5, 1847

7 AGE: Years 80 | Months 2 | Days 4 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): City

(State or country)

PARENTS

10 NAME OF FATHER: Henry Johnson

11 BIRTHPLACE OF FATHER (city or town): City

(State or country)

12 MAIDEN NAME OF MOTHER: Elizabeth Askew

13 BIRTHPLACE OF MOTHER (city or town): City

(State or country)

14. Informant (Address): Personal statement

0 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/9/1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1927, to Dec. 9, 1927, that I last saw h.. alive on Dec. 8, 1927, and that death occurred, on the date stated above, at 12:15 a.m.

The CAUSE OF DEATH* was as follows:

1 Uremia

(Duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary): Chronic Nephritis

several months

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) John H. Thompson, M. D.

(Address) 1012 N. Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery Date of Burial Dec. 11 1927

20 UNDERTAKER: Jos. M. Johnson ADDRESS 1234 Ellsworth St.

very important. See instructions on back of

Spec.—1-10-21—M&T—1500 Bks.

Dr. Mind 9 Thomas Ext. 0069 - Van 5201

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28276

CERTIFICATE OF DEATH.

154 E 28276

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2213 (St.) Roslyn Ave (Ward) 15-61

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Siegel

(a) RESIDENCE NO. 2213 (St.) Roslyn Ave (Ward)
(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced (H)USBAND of (or) WIFE of: Hyam J. Siegel

6 DATE OF BIRTH (month, day, and year): Jan. 9 1852

7 AGE — Years: 75 — Months: 10 — Days: 29 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer: at Home

9 BIRTHPLACE (city or town) (State or country): Maryland.

PARENTS

10 NAME OF FATHER: John Eckhardt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Margt Killian

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Mr. John H. Siegel
(Address): 2213 Roslyn Ave

15 10 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-8 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 3 1927, to Dec 5 1927, that I last saw h[illegible] alive on Dec 8 1927, and that death occurred, on the date stated above, at 5 15 P m.

The CAUSE OF DEATH* was as follows:

Cardiac dilatation

(duration) 5+ yrs. mos. ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) 3+ yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical ex

(Signed) Wm Dulany Thomas, M. D.

, 19 (Address) 2nd & C Bels

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. — DATE OF BURIAL: 12-12 1927

20 UNDERTAKER: Wm Thos J Rohde — ADDRESS: 2337 Edmondson Ave

TION is very important. See instructions

Spec.—1-12-23—MAT—500 Blks.

E 28277

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 28277

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 400 N. Fremont

CITY OF BALTIMORE: (No.) ST. (WARD) 18-76

2-FULL NAME Minnie Engel

(a) RESIDENCE No. 400 N Fremont ST. (WARD)

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	m.

5a If married, widowed, or divorced HUSBAND of (or) WIFE Frederick Engel

6 DATE OF BIRTH (month, day, and ~~year~~) December

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	61	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Theo. Worbey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Minnie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Louis Engel

(Address) 400 N Fremont

15 Filed 12 . 19 27 R.U.M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-10 1927

17

I HEREBY CERTIFY, That I attended deceased from Nov. 2nd 1927, to Dec 10th 1927, that I last saw h[illegible] alive on Dec 10th 1927, and that death occurred, on the date stated above, at 7.45 A.M. The CAUSE OF DEATH* was as follows:

Cerebral Arterio-Sclerosis

Cardio-Renal-Vascular Disease

Senility - (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Circulatory Asthenia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. P. Byerly M.D.

, 19 (Address) 3048 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Michaels [illegible] DATE OF BURIAL

20 UNDERTAKER M E Gossom ADDRESS 841 W 3rd

TION is very important

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28278

CERTIFICATE OF DEATH.

E 28278

1-PLACE OF DEATH St. Agnes Hospital

REGISTERED NO.

City of BALTIMORE: (No. [illegible] St. 25-72 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harold Williams

(a) RESIDENCE NO. 502 Southerland St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Indianapolis Ind (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Williams

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	52	—	—	—

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work R.R.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Ind.

(State or country)

PARENTS

10 NAME OF FATHER not given

11 BIRTHPLACE OF FATHER (city or town)

(State or country) " "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) " "

14 Informant Philip Williams

(Address) Indiana

15 Filed DEC 11 1927 [illegible] M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-10 — 1927

17 I HEREBY CERTIFY, That I attended deceased from 9-29 1927, to 12-10, 1927, that I last saw h[illegible] alive on 12-10, 1927, and that death occurred, on the date stated above, at 1.45 P m.

The CAUSE OF DEATH* was as follows:

Sarcoma of thigh (left) metastasies to lungs

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 10/14/27

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Francis L Ladaglucca M. D.

12/10, 1927 (Address) St Agnes' Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Indiana Indianapolis Date of Burial 12/10 1927

20 UNDERTAKER Robert Brooks & Son ADDRESS Calhoun Indiana

very important. See instructions on back

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28279

E 28279

CERTIFICATE OF DEATH.

101-006

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 139 W. Hill St. 22-31 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Chaney

(a) RESIDENCE NO. 139 W. Hill ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married~~, Widowed, or ~~Divorced~~, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 20, 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80 yrs	5	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 0/0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

PARENTS

10 NAME OF FATHER Mifford Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co.

12 MAIDEN NAME OF MOTHER Martha Mandl

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co.

14 Informant Elizth Chaney (Address) 139 W. Hill St.

15 Filed DEC 11 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 1 1927 to Dec 8 1927 that I last saw her alive on Dec 7 1927 and that death occurred, on the date stated above, at 8:30 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) O. Hinkens M. D.

19 (Address) 4125 Reisterstown Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery

DATE OF BURIAL 12/11 1927

20 UNDERTAKER Walter Spiggs

ADDRESS 134 W. Hamburg St.

ATION IS very important

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28280

CERTIFICATE OF DEATH.

62

E 28280

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 640 Washington Blvd. 12-30 WARD)

2-FULL NAME Ewell A Haynie,

(a) RESIDENCE No. 640 Washington Blvd. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 8 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): 5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 5.1927

7 AGE — Years | 8 Months | 5 Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Abner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary Wolfe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant (Address) Abner Haynie 640 Washington Blvd.

15 Filed DEC 11 1927. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 10, 1927.

17 I HEREBY CERTIFY, That I attended deceased from July 19, 1927 to Dec. 10, 1927. that I last saw him alive on Dec. 5, 1927. and that death occurred, on the date stated above, at 11:30 A.M.

The CAUSE OF DEATH* was as follows:

Status thymolympaticus

(duration) yrs. mos 1/2 ds.

CONTRIBUTORY (Secondary) Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? History

(Signed) Gustav H. Boettcher M. D.

Dec 10. 1927 (Address) 1120 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem. DATE OF BURIAL 12/12 1927

20 UNDERTAKER Joseph B Cook ADDRESS 1003 W Balto

...ec.—1-12-23—M&T—500 Bks.

28281

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 28281

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1126 E. Fayette St., 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Beckie Feldman

(a) RESIDENCE NO. 1126 E. Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 15 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Paul

6 DATE OF BIRTH (month, day, and year) unknown.

7 AGE, Years	Months	Days	If LESS than 1 day, hrs or min.
63	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Louis Draget

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Paul F. Feldman

(Address) 1152 Bala St.

15 Filed DEC 14 1927 RAMSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12.10. 1927

17 I HEREBY CERTIFY, That I attended deceased from 12-10-, 1927, to 12-11-, 1927 that I last saw h alive on 12.10-27, 19 and that death occurred, on the date stated above, at 12 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Embolism

(duration) yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation, Hx. Pneumonia.

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? none

What test confirmed diagnosis?

(Signed) Dolan L. Hall M. D.

12/10. 1927 (Address) 1166 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet — DATE OF BURIAL 12/11. 1927

20 UNDERTAKER Lennon Bro — ADDRESS 1127 E Balto St

pec.—1-12-23—MAT—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28282

CERTIFICATE OF DEATH.

90 E 28282
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 215 E. Preston ST. 11-15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rev. Peregrine Wroth

(a) RESIDENCE No. 215 E. Preston ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred 51 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Counselman

6 DATE OF BIRTH (month, day, and year) July 19, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	4	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work P. E. Minister

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Kent County
(State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas G. Wroth

11 BIRTHPLACE OF FATHER (city or town) Kent Co.
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary E. Wroth

13 BIRTHPLACE OF MOTHER (city or town) Kent Co.
(State or country) Maryland

14 Informant Mrs. Mary A. Wroth
(Address) 215 E. Preston Street

Filed DEC 11 1927, 19 C. HAYS [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9 1927.

17 I HEREBY CERTIFY, That I attended deceased from Dec. 2nd. 1927. to 1927.
that I last saw h/ alive on Dec 9th. 1927.
and that death occurred, on the date stated above, at 3P. m.

The CAUSE OF DEATH* was as follows:
Coronary Thrombosis
Arteriosclerosis, Chr. Myocarditis.

(duration) yrs. mos 8 ds.

CONTRIBUTORY Arteriosclerosis
(Secondary) Myocarditis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? Blood Chemistry

(Signed) Nathaniel M Beck M. D.
Dec 1927 (Address) 100 E. 23rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	12/12 1927
20 UNDERTAKER Henry W. Mears & Son	ADDRESS 805 W. Baltimore

Spec.—1-12-23—M&T—500 Bks.

209143

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28283

CERTIFICATE OF DEATH.

58-002 E 28283

1-PLACE OF DEATH

CITY OF BALTIMORE (No. JOHNS HOPKINS HOSPITAL St. 47-48 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie W. Stickell

(a) RESIDENCE No. 5214 Granture St., Ward Govans - Md -

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel F. Stickell

6 DATE OF BIRTH (month, day, and year) Nov 3rd 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	1	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Saleswoman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer O'Neal & Co

9 BIRTHPLACE (city or town) (State or country) Md -

PARENTS

10 NAME OF FATHER Frank Ellers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md -

12 MAIDEN NAME OF MOTHER Sally Bergan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md -

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed C. H. [illegible] M. D.

16 Registrar

DEC 17 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 7, 1927, to Dec - 8, 1927, that I last saw her alive on Dec - 8, 1927, and that death occurred, on the date stated above, at 10:55 P m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

Ectopical pain, ruptured?

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Bartin Disease?

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Diagnosis not definite

(Signed) Charles Taylor, M. D.

19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery Co

DATE OF BURIAL 12/12/1927

20 UNDERTAKER Geo. Arbo & Son

ADDRESS 2503 Edmondson

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 28284 — REGISTERED NO. E 28284

1-PLACE OF DEATH University Hospital — City of BALTIMORE: (No. 27-43 St. Ward 6)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Lenberg

(a) RESIDENCE NO. Glenmore Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Mal

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Married Fannie Lenberg

6 DATE OF BIRTH (month, day, and year): 1892. 5

7 AGE: Years 35 yr. Months — Days — IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Junk Dealer

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Herik L. Lenberg

11 BIRTHPLACE OF FATHER (City or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Sarah Irook

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Sam Lenberg (Address) Glenmore Ave

15 Filed DEC 11 1927 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 10 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 31, 1927, to Dec 10, 1927, that I last saw him alive on Dec 10, 1927, and that death occurred, on the date stated above, at 12 00 m.

The CAUSE OF DEATH* was as follows:

Cystitis with Tenesmus

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary): Multiple Sclerosis

(duration) 11 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of. —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James L. Sewell M. D.

19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Cemetery — Date of Burial 12-11- 19 27

20 UNDERTAKER: [illegible] — ADDRESS [illegible]

very important. See instructions on back of certificate.

DEC 11 1927

pec.—1-12-23—M&T—500 Bks.

28285 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 28285
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2236 Brookfield ave ST., 13-54 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Edlavitch

(a) RESIDENCE No. 2236 Brookfield ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? 36 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of H. S. Edlavitch

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Antonin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Antonin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant M. R. Edlavitch (Address) 113 S. Hanover St

15 Filed Dec 10 1927 C. HAMBLETON, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/9 1927

17

I HEREBY CERTIFY, That I attended deceased from November 21, 1927, to Dec. 9, 1927, that I last saw h[illegible]z alive on Dec. 9, 1927, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Hypertension
Myocarditis
(Fibrillation over two)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank A. Lewis, M. D.

(Address) 927 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Memorial Park — DATE OF BURIAL 12/11 1927

20 UNDERTAKER Jacob Louis — ADDRESS 1439 Edmondson Ave

Spec.—1-10-21—M&T—1500 Bks.

ROBOUST ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28286

CERTIFICATE OF DEATH.

101-001

E 28286

1-PLACE OF DEATH Franklin Square Hosp.

CITY OF BALTIMORE: (No.) Cullum & Fayette Sts. 13-5 W (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William A. Robust O

(a) RESIDENCE NO. 3812 Roland Ave ST., 13 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. 10 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alverta L. Robust

6 DATE OF BIRTH (month, day, and year): Feb. 2 1879

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
48	10	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ~~Clerk~~ 29

(b) General nature of industry, business, or establishment in which employed (or employer): Safety Engineer

(c) Name of employer: Maryland Casualty Co.

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: William Robust

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Alice Morton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Mrs. Alverta L. Robust 3812 Roland Ave.

15 Filed DEC 11 1927 HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 1 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1 1927 to Dec. 1 1927 that I last saw h[illegible] alive on Dec. 1 1927 and that death occurred, on the date stated above, at 11:15 P. m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of heart,

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Elizabeth Sharma, M. D.

19 (Address) Franklin Sq. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's (Hampden)

DATE OF BURIAL: Dec. 12 1927

20 UNDERTAKER: Grace H. Burgee

ADDRESS: 1231 Fulton St.

Spec.—12-9-25—A Co.—200 Blks.

E 28287

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001 E 28287

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1110 Sargeant St. 21-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa Starke

(a) RESIDENCE NO. 1110 Sargeant St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. — mos. — ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 7 1854

7 AGE: Years 73 | Months 6 | Days 2 | IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (City or town): Germany.

(State or country)

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (City or town):

(State or country) Germany

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (City or town):

(State or country) Germany

14 Informant: W. Serbe

(Address) 808 Hollins St

Filed DEC 11 1927 HAMILTON JONES, M. D. Registrar

very important. See instructions on back

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 9 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 5th 1927, to Dec 9, 1927, that I last saw h[illegible] alive on Dec 9, 1927, and that death occurred, on the date stated above, at 5.10 P. M.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary): Senile Decay

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) Geo Leimbach, M. D.

12/10, 1927 (Address) 3417 Keeler

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery Date of Burial 12/12/27

20 UNDERTAKER: Geo Leimbach & Sons ADDRESS 325 N Eutaw St

Spec.—1-10-21—M&T—1500 Blks.

E 28288 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

122-002

CERTIFICATE OF DEATH.

REGISTERED NO. E 28288

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 734 (St.) Ramsay (Ward) 7-29

2-FULL NAME Robert Noll

(a) RESIDENCE No. 734 Ramsay St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Noll

6 DATE OF BIRTH (month, day, and year) Jan 9-1866

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
61	11	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tool-maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Bartlett Hayward

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER John Noll

11 BIRTHPLACE OF FATHER (city or town) Germany. (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Germany. (State or country)

14 Informant Mrs Marie Noll

(Address) 734 Ramsay St.

15 Filed DEC 11 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 10 1927

17 I HEREBY CERTIFY, That I attended deceased from 12-1- 1926, to 12-10 1927, that I last saw h[illegible] alive on 12-9- 1927 and that death occurred, on the date stated above, at 11.45 A m.

The CAUSE OF DEATH* was as follows:

Hepatic Hypertrophic Cirhosis

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) ascites

(duration) 1 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Chas. C. Conser, M. D.

12/11, 1927 (Address) 1101 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: MA Olivet Cemetery — DATE OF BURIAL: 12/13/27

20 UNDERTAKER: Geo Leimbach & Son — ADDRESS: 3 E. Lyndhurst St

TION is very important. See instructions

Spec—12-23-21—E.B.R.S.—400 Eks.

Chorakijan

E 28289 HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001

CERTIFICATE OF DEATH.

E 28289

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 621 E. Chase St. 10-15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Grace Chemerdjian

(a) Residence No. 621 E. Chase St. St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. — mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): Dec 8 1927.

7-AGE: — yrs. — mos. 3 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: Vahan Chemerdjian

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Armenia

12-MAIDEN NAME OF MOTHER: Florence Minnigian

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Armenia

11- (Informant): Vahan Chemerdjian

(Address) 621 E. Chase St.

13- Filed C. HAMILTON JONES, M. D. Registrar.

DEC 11 1927

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Dec. 11, 1927.

17- I HEREBY CERTIFY, That I attended deceased from Dec 8 1927 to Dec 11 1927

that I last saw her alive on Dec. 10, 1927

and that death occurred, on the date stated above, at 9:45 a. m.

The CAUSE OF DEATH* was as follows:

Prematurity birth

(Duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary): None

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. K. Pelteksian M. D.

, 19 (Address) 812 Hamilton Ter

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross — DATE OF BURIAL: Dec 12, 1927

20-UNDERTAKER: Rita Wiedefeld — ADDRESS: 914 Fremont Ave

Spec.—1-10-21—M&T—1500 Blks.

628290 HEALTH DEPARTMENT—CITY OF BALTIMORE E 28290

CERTIFICATE OF DEATH.

40

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1824 N. Caroline St. 9-17 WARD)

2-FULL NAME John F. Ward.

(a) RESIDENCE No. 1824 N. Caroline ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth M. Ward.

6 DATE OF BIRTH (month, day, and year): Jan. 21 1849.

7 AGE: Years 78 Months 11 Days 17 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Milk Inspector.

(b) General nature of industry, business, or establishment in which employed (or employer): City

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: John Ward.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Elizabeth Mooney.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland.

14 Informant: Mrs. Elizabeth M. Ward.
(Address) 1824 N. Caroline St.

15 Filed DEC 11 1922 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 8 1927

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1922 to Dec. 8 1927, that I last saw h/r alive on Dec 7 1928, and that death occurred, on the date stated above, at 8 9. m.

The CAUSE OF DEATH* was as follows:

Myocarditis
(Stokes-Adams disease)

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary): Cardiac Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Lyman J. Abbott M. D.

19 (Address) 1832 N. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery DATE OF BURIAL: Dec 12 1927

20 UNDERTAKER: Geo. F. Roth ADDRESS: 1736 Harford Ave.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

49 V 28291

E 28291

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 28291

REGISTERED NO.

City of BALTIMORE: (No. 808 W. North Ave St., 13-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Maitland Warns

(a) RESIDENCE NO. 808 W. North Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	married

5a If married, widowed or divorced HUSBAND of (or WIFE of) Agnes L. Warns

6 DATE OF BIRTH (month, day, and year) November 2, 1871

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	56	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Accountant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Holson Mfg. Co.

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Frank Warns

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Informant Agnes L. Warns (wife)

(Address) 808 W. North Ave

Very important. See instructions on back of certificate.

DEC 11 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9 1927

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1927, to Dec 9, 1927, that I last saw h alive on Dec 9, 1927, and that death occurred, on the date stated above, at 2.40 P. m.

The CAUSE OF DEATH* was as follows:

Carcinomata of Bladder

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremic Coma & Mild

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of July 5/927

Was there an autopsy?

What test confirmed diagnosis? Laparotomy & Cystoscopy.

(Signed) [illegible], M. D.

, 19 (Address) 1102 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL 2nd. Dist. Balto Co. Md. Family Burying Ground Date of Burial Dec 12-27

20 UNDERTAKER Hughes & Jones Inc ADDRESS 424 N. Broadwy

Filed DEC 11 1927 C. H. [illegible] Registrar

By [illegible]

Spec.—1-10-21—M&T—1500 Bks.

E 28292

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28292

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2440 W. Calvert Street, St. 12-50 WARD)

2-FULL NAME Matilda Heldmann Pagenstecher

(a) RESIDENCE NO. 2440 W. Calvert Street ST. WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 8 mos. 19 ds. How long in U. S., if of foreign birth? 67 yrs. 8 mos. 19 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward H. Pagenstecher

6 DATE OF BIRTH (month, day, and year) March-21-1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	8	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Joel Heldmann

11 BIRTHPLACE OF FATHER (city or town) (State or country) ? Germany

12 MAIDEN NAME OF MOTHER Louise Kloch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ? Germany

14 Informant Mrs. Erma P. Daley (daughter)

(Address) 2440 W. Calvert Street

15 Filed DEC 11 1927 C. RAMON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec/10/ 1927.

17 I HEREBY CERTIFY, That I attended deceased from ? 1912. to Dec. 10 1927.

that I last saw h[illegible] alive on Dec 9 1927

and that death occurred, on the date stated above, at 3.15 A m.

The CAUSE OF DEATH* was as follows:

Arthritis Deformans

(duration) 15 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None of Arth. Def.

(Signed) Walter C Bacon, M. D.

12/10/1927 (Address) 100 E 20th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Dec-12-19[illegible]

20 UNDERTAKER: STEWART & MOWEN COMPANY — ADDRESS: 108 W. NORTH AVE.

TION is very important. See instructions on back

Spec.–7-17-26—A Co.—200 Bks.

E 28293

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 49 E 28293

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: University Hospital St. 4-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur L Bowie.

(a) RESIDENCE NO. Berwyn Md, St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 5 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mitchellean Bowie

6 DATE OF BIRTH (month, day, and year): June 22nd 1872

7 AGE: Years 55 Months 5 Days 18 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Gardner

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Washington D.C.

PARENTS

10 NAME OF FATHER: A.C Bowie

11 BIRTHPLACE OF FATHER (City or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Annie Hadaway

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Hospital Records (Address)

15 Filed DEC 11 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/10 1927

17 I HEREBY CERTIFY, That I attended deceased from 11/5, 1927, to 12/10, 1927.

that I last saw him alive on 12/10, 1927.

and that death occurred, on the date stated above, at 10 30 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Bladder

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical and autopsy

(Signed) Henry Timms Davis M. D.

12/13. 1927 (Address) Univ. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Washington, D.C. Date of Burial 12/11 1927

20 UNDERTAKER: E. J. Fanning & Son - 1938 ADDRESS: Lafayette Ave

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28294
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90

E 28294
REGISTERED NO.

City of BALTIMORE: (No. 637 Vine St. 425 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Chapman

(a) RESIDENCE NO. 637 Vine St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 Color or Race: C.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown 1873

7 AGE — Years: 54 — Months — Days — IF LESS than 1 day ...hrs. or ...min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Hen. Chapman

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Sophia Keys

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant: Mary Chapman
(Address) 637 Vine st.

15 Filed ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9- 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) ...yrs. ...mos. 3. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ...yrs. ...mos. ...ds.

Dec 10/27 (signed) J. C. Hadley M. D.
(Coroner)

, 19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ...yrs. ...mos. ...ds. In the state ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvery cemetery — Date of Burial: Dec 12 1927

20 UNDERTAKER: Mrs P. G. Elliott — ADDRESS: 1725 Eastern Ave

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 28295

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31

E 28295

1-PLACE OF DEATH

City of BALTIMORE: (No.) 317 So. Fulton Ave. (Street) (Ward)

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary C. Fetzel

(a) RESIDENCE NO. 317 So. Fulton Ave (Street) Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Fetzel

6 DATE OF BIRTH (month, day and year): Aug 10 1856

7 AGE: Years 71; Months 3; Days 29; If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Va

(State or country)

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Va

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country):

PARENTS

14 Informant: Joseph Fetzel

(Address): 317 So. Fulton Ave

15 C. HAMILTON JONES, M. D.

Registrar

DEC 12 1927

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 9 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained (Inquest, autopsy or inquiry.) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) — yrs. 5 mos. — ds.

CONTRIBUTORY (Secondary): Heart Failure

(Signed) Thos. B. Horton M. D.

(Coroner)

11 — 19 27 (Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

Date of Burial: 12/12 1927

20 UNDERTAKER: Robert Brooks & Son

ADDRESS: Calhoun & Hollins sts

very important. See instructions on back of

Spec.—1-12-23—M&T—500 Bks.

28296

HEALTH DEPARTMENT—CITY OF BALTIMORE

E

CERTIFICATE OF DEATH.

90

E 28296

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 Hemmeman Ave ST., 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. James Henne.

(a) RESIDENCE NO. 1817 E. Hememan Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Henne.

6 DATE OF BIRTH (month, day, and year): Sept 24 1857

7 AGE: Years 71. Months 2. Days 16. If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: City Department.

(b) General nature of industry, business, or establishment in which employed (or employer): Labor. 040

(c) Name of employer: Sewage Div.

9 BIRTHPLACE (city or town) (State or country): Bohemia

PARENTS

10 NAME OF FATHER: James Henne.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Not known.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemia.

14 Informant: Joseph Henne. (Address) 817 N. Rose St.

15 Filed DEC 12 1927 CHAMPE[illegible] LOWS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-10-1927

17 I HEREBY CERTIFY, That I attended deceased from 11-1-, 1927, to 12-10, 1927, that I last saw h[illegible] alive on 12-9, 1927, and that death occurred, on the date stated above, at 5:50 P. m.

The CAUSE OF DEATH was as follows:

Mitral Regurgitation

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary): Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) 600 N. Wolfe St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: Dec 13, 1927.

20 UNDERTAKER: August Paack — ADDRESS: 2456 E. Ashland Ave.

Spec.–7-17-26—A Co.—200 Bks.

E 28297

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 ✓

E 28297

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 8 W Read St 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Bond

(a) RESIDENCE NO. 8 W Read St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~. (write the word): Widow

5a If ~~married~~, widowed, or ~~divorced~~ (or) WIFE of Late N. P. Bond.

6 DATE OF BIRTH (month, day, and year) May 1st 1861

7 AGE: Years 66 Months 7 Days 9

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Thomas F. Murdock

11 BIRTHPLACE OF FATHER (City or town) Baltimore Md

(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Winchester

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country)

14 Informant Mrs. Bond

(Address) 8 W Read St

15 Filed DEC 12 1927 C. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10th 1927.

17 I HEREBY CERTIFY, That I attended deceased from Aug 18 1927 to Dec 10 1927.

that I last saw her alive on Dec. 8th 1927.

and that death occurred, on the date stated above, at 5:30 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

(Sudden and Terminal)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Probable infectious endocarditis or myocarditis

(duration) 2 yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No Date of X

Was there an autopsy? No

What test confirmed diagnosis? Clinical picture only

12/10 (Signed) Sydney R. Miller M. D.

19 (Address) 1115 St Paul

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem — Date of Burial: Dec 12 1927

20 UNDERTAKER: Henry Jenkins Sons Co. — ADDRESS: Eutaw & Fallsway

very important. See instructions on back of certificate.

Dec.—1-12-23—M&T—500 Bks.

E 28298

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28298

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1419 W. Lombard ST. 19-28 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Jones.

(a) RESIDENCE NO. 1419 W Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of of the late Sarah E Hague

6 DATE OF BIRTH (month, day, and year) Sept 18-1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Former.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Henry Jones.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mr. Richard H. Jones

(Address) 1419 W Lombard St.

15 Filed DEC 12 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11th 1927.

17 I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1927, to Dec. 11, 1927, that I last saw him alive on Dec. 11, 1927, and that death occurred, on the date stated above, at 6.30 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver - with metastasis to bone

(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) George D Lippy, M. D.

, 19 (Address) 432 S. Patterson Park Ave.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westley Chapel. Rock Hall

DATE OF BURIAL 12/14/27.

20 UNDERTAKER John J. Cowan & Son.

ADDRESS 901 Hollins St.

WILLIAM H. JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

E 28299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

194 ✓ E 28299

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 226 N Paca (Street) (Ward) 4-25

2-FULL NAME Carl O. Blake

(8) RESIDENCE NO. 226 N Paca St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced WIFE of (or) HUSBAND of: Anne O. Blake

6 DATE OF BIRTH (month, day, and year): 1853

7 AGE: Years 77 Months Days If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED: (a) Trade, profession or particular kind of work: Store Keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Illinois

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant: Anne O. Blake. (Address) 226 N Paca St.

C 12 1927 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 10 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy. (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Homicide

Multiple Fractures, Contusions & Lacerations. (duration) yrs. mos. 1 hr.

CONTRIBUTORY (Secondary) Shock- (duration) yrs. mos. 1 hr.

Dec 12/27 (Signed) Geo Clinton Wades M. D.

(Coroner)

(Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet — Date of Burial: 12/13 1927

20 UNDERTAKER: Wilbur W Skirven — ADDRESS: 1018 Edmondson Ave

IF DEATH is due to violence, fill out very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28300

100-001

CERTIFICATE OF DEATH.

REGISTERED NO. E 28300

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St. 1-3 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Edward Polanski (Pilachowski)

(a) RESIDENCE NO. 2735 Dillon St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth Life yrs. — mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 10-1926

7 AGE — Years: 1 — Months: 3 — Days: — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER James Pilachowsky

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Martha

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Baltimore Md

14 Informant Martha Pilachowski

(Address) 2735 Dillon St

Filed DEC 12 1927 C. Hayes Willis M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

12-10-27

17

I HEREBY CERTIFY, That I attended deceased from 12-9, 1927, to 12-10, 1927, that I last saw him alive on 12-10, 1927, and that death occurred, on the date stated above, at 6.30 p.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted (if not at place of death)

Did an operation precede death? Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical - X-Ray

(Signed) John Adair, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Cem Date of Burial Dec 12 1927

20 UNDERTAKER: Stephen Fialkowski ADDRESS 1000 S. Kenwood Ave

very important. See instructions on back

Cor—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 28301

CERTIFICATE OF DEATH.

E 28301

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St., 9-46 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dallas Dutton

(a) RESIDENCE NO. 2601 Boone St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 26/27

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
		7	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto., Md

(State or country)

PARENTS

10 NAME OF FATHER Edward Dutton

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Ollie Hawkins

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Wash. D.C

14 Informant Ollie Dutton

(Address) 2601 Boone St

Filed DEC 12 1927 C. HAMILTON JONES, M. D. Registrar

very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9/27

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Primary Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. S. Collins (Coroner) M. D.

12/12/27 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE. (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem. Date of Burial Dec 12 1927

20 UNDERTAKER Chas. J. Locke ADDRESS 1302 Ft Ave

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28302

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

126 E 28302

REGISTERED NO.

City of BALTIMORE: (No. Sinai Hospital St. 13-59 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Irvin R. Berman

(a) RESIDENCE NO. 803 Brooks Lane St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb 10-1906

7 AGE: 21 Years: 20 yrs | Months: 10 | Days: 1 | IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At school

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Allentown

(State or country): Pa.

PARENTS

10 NAME OF FATHER: Mr. Isaac Berman

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Russia

12 MAIDEN NAME OF MOTHER: Sarah Katz

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Russia

14 Informant: Mrs. I. Berman.

(Address): 803 Brooks Lane

Filed DEC 12 1927 NAMAN J. JAMES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): December 11, 1927 19

17 I HEREBY CERTIFY, That I attended deceased from April 12, 1921, to December 11, 1927, that I last saw him alive on 12 11 27, 19 27, and that death occurred, on the date stated above, at 11.1 A m.

The CAUSE OF DEATH* was as follows:

Pyemia

(duration) 1 yrs. 3 mos. 5 ds.

CONTRIBUTORY (Secondary): Subphrenic Abscess 2. Pneumonia Edema

(duration) yrs. mos. ? ds.

18 Where was disease contracted

If not at place of death? 803 Brooks Lane

Did an operation precede death? Yes Date of Dec. 7, 1927

Was there an autopsy? no

What test confirmed diagnosis? Clinical & operative findings

(Signed) C. Egerton, M. D.

12/12, 1927 (Address) Saha. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Emeth Hebrew Date of Burial 12/13 27, 19

UNDERTAKER: Jack Lewis

ADDRESS: 1439 Eutaw St

very important. See instructions on back

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

154-003

E 28303

CERTIFICATE OF DEATH.

REGISTERED NO. E 28303

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1231 S. Elinton ST. 26 WARD 1)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Estella W. Newberry

(a) RESIDENCE NO. 1231 S Elinton ST. 26 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 4th 1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Wm Newberry

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Va.

12 MAIDEN NAME OF MOTHER Estella M. Jacobs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Wm Newberry. (Address) 1231 S Elinton St.

15 Filed DEC 12 1927 HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11th 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1927 to Dec. 11 1927

that I last saw her alive on Dec. 11, 1927

and that death occurred, on the date stated above, at 8 15 p. m.

The CAUSE OF DEATH* was as follows:

Spina bifida of the meningo-myelocele variety, involving the lumbar region.

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) I. B. Bronushas, M. D.

12-12-27 (Address) 3037 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cemetery. DATE OF BURIAL Dec. 12th 1927

UNDERTAKER Lilly & Zuler. ADDRESS 403 S. Wolfe St

spec.—1-12-23—MAT—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

28304

CERTIFICATE OF DEATH.

100-001

E 28304
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 629 Geo St. ST. 175 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Williams

(a) RESIDENCE No. 629 George St ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of Sofa Williams

6 DATE OF BIRTH (month, day, and year) Feb 8 1864

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
62	9	1	

(63)

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Work

(c) Name of employer: unknown

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Henry Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Letitia Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Sofa Williams
(Address): 629 Geo St

15 Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 4 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 2, 1927, to Dec 9, 1927, that I last saw h[illegible] alive on Dec 8, 1927, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Gastro-enteritis
(duration) 0 yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) 0 yrs. 0 mos. 5 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) R B Wenington, M. D.

12-4, 1927 (Address) 607 W Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Auburn Cem

DATE OF BURIAL: 12-7 1927

20 UNDERTAKER: Emmert & Hensley

ADDRESS [illegible]

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28305

CERTIFICATE OF DEATH.

107-003

E 28305

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1035 Homewood Ave WARD) 10-14

2-FULL NAME Joseph L. Timmings

(a) RESIDENCE NO. 1035 Homewood Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

Single

6 DATE OF BIRTH (month, day, and year) Sept 7. 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	3	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work News Stands

(b) General nature of industry, business, or establishment in which employed (or employer) Sub., Station Clerk

(c) Name of employer Baltimore News

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Timmings

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Reddy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant John Timmings

(Address) 1035 Homewood Ave

Filed DEC 12 1927 HAMPSON JONES, M. D. Registrar

By R.M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 10th 1927

17

I HEREBY CERTIFY, That I attended deceased from Oct 11 1927, to Dec 10 1927,

that I last saw h[illegible] alive on Dec 10 1927,

and that death occurred, on the date stated above, at 1.30 p m.

The CAUSE OF DEATH* was as follows:

Multiple abscess of lungs

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Tonsilectomy 6 years ago followed by abscess in lung

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1921

Was there an autopsy? No

What test confirmed diagnosis? X ray

(Signed) Dr Bernard Weiss, M. D.

12/11, 1927 (Address) 914 E Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Dec 13, 1927

20 UNDERTAKER: Edmund W. Conklin — ADDRESS: 724 E. Eager St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

28306

CERTIFICATE OF DEATH.

10-002

E 28306

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 901 Parrish St. 16-22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Kent Gilley

(a) RESIDENCE NO. 901 Parrish St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: C

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11/23/1913

7 AGE: Years 14 | Months | Days 18 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Henry Wilbur

11 BIRTHPLACE OF FATHER (city or town): S. Carolina

(State or country)

12 MAIDEN NAME OF MOTHER: Etta Kent

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country): Md

14 Informant: Mrs. Etta Williams

(Address) 901 N. Parrish

15 Filed DEC 12 1927 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/11/1927

17 I HEREBY CERTIFY, That I attended deceased from 12/2/1927, to 12/11/1927, that I last saw him alive on 12/3/1927, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Diptheria

(duration) yrs. mos. 19 ds.

CONTRIBUTORY (Secondary)

Acute Cardiac failure (duration) yrs. 1 mos. min.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. B. Howard M. D.

12/11/1927 (Address) 912 Eden St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: M. Auburn — Date of Burial: Dec 12 1927

20 UNDERTAKER: John H. Grace & Son — ADDRESS: 1400 McHenry

Very important. See instructions on back of Certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 28307

CERTIFICATE OF DEATH.

18 E 28307

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1848 W. Fayette ST. 20-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Delaphene Bennett

(a) RESIDENCE No. 1848 W. Fayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry N. Bennett

6 DATE OF BIRTH (month, day, and year) May 12th 1841

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	6	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer "

9 BIRTHPLACE (city or town) (State or country) Philadelphia, Pa.

PARENTS

10 NAME OF FATHER Young

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Miss Anna P. Dalton 18 N. Calhoun St.

15 Filed DEC 12 1927 T. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10th 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1927, to Dec 10, 1927, that I last saw her alive on Dec 10, 1927, and that death occurred, on the date stated above, at 11.30P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Apoplexy) (duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Fracture of Left Hip (Accidental Fall) (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. O'Neill M. D.

12/12, 1927 (Address) 108 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery. DATE OF BURIAL Dec 13 1927

20 UNDERTAKER J. J. Tinkey & Sons ADDRESS Baltimore

Spec—12-23-21—E.B.R.S.—400 Bks.

E 28308

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28308

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 4-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hazel Edna Kelly

(a) Residence No. Brooklyn R.F.D. Md. St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Edwin Kelly

6-DATE OF BIRTH (month, day and year) June 6-1890

7-AGE, 37 yrs. 6 mos. 4 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Anne Arundel Co Md

PARENTS.

10-NAME OF FATHER, Richard Henderson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Emily Wilkerson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Edwin Kelly

(Address) Brooklyn R.F.D. Md

15- DEC 12 1927 Harry Jones M.D.

(Address) R.F.D. Md

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 12/10/27

17- I HEREBY CERTIFY, That I attended deceased from 12/9, 1927, to 12/10, 1927.

That I last saw h alive on 12/10, 1927

and that death occurred, on the date stated above, at 1.20 a m.

The CAUSE OF DEATH* was as follows:

Placenta Previa (Centralis)

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Surgical Shock

(Duration) yrs. mos. 2 hrs.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 12/9/27

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jno. T. Hobbs M. D

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Friendship Cemetery

DATE OF BURIAL, Dec 14 27

20-UNDERTAKER, S. Leckner Son

ADDRESS Normal

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 23309

E 23309

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 629 Calverton Rd St. 16-68 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James L. Davis

(a) RESIDENCE NO. 629 Calverton Rd St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Richard J. Davis

6 DATE OF BIRTH (month, day, and year): December 4 1853

7 AGE: Years 74 Months 0 Days 6 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Maryland

PARENTS

10 NAME OF FATHER: Jesse Thompson

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Maryland

12 MAIDEN NAME OF MOTHER: Eliza Powell

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Maryland

14 Informant: Thomas B. Davis

(Address) 629 Calverton Road

15 Filed Dec 10 1927 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 10, 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hx Pneumonia

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D. (Coroner)

Dec 10, 1927 (Address) 2522 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. John's Long Green — Date of Burial 12/13 1927

20 UNDERTAKER: Wm Cook — ADDRESS: 506 E North Ave

very important. See instructions on back of certificate

spec.—1-12-23—M&T—500 Blks.

Dr Green
120 Augusta

E 28310

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28310

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1111 Sth Wolfe ST., 8-13 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Christian E. Barth

(a) RESIDENCE NO. 1111 Nth Wolfe ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Susan A. Barth

6 DATE OF BIRTH (month, day, and year) March 20/1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	8	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Harness Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Retired

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Edward Barth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Maglin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs M E. Jeffery

(Address) 111 Nth Wolfe St

15 Filed DEC 12 1927 CRAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1927, to Dec 10, 1927, that I last saw him alive on Dec 10, 1927, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no,

What test confirmed diagnosis?

(Signed) Robt F. Green, M. D.

(Address) 120 Augusta St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cemetery — DATE OF BURIAL 12/13 1927

UNDERTAKER Wm Cook — ADDRESS 501 E Madison

pec.—1-12-23—M&T—500 Bks.

28311

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31

REGISTERED No. 28311

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt. City Hosp. ST. 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles A. Berg.

(a) RESIDENCE No. 808 Lemwood Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rosa Berg.

6 DATE OF BIRTH (month, day, and year): Nov 2 1859.

7 AGE: Years 68 Months 1 Days 9 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stone cutter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Sweden

PARENTS

10 NAME OF FATHER: Johann Johanson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Sweden

12 MAIDEN NAME OF MOTHER: Anna Epstrom

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Sweden

14 Informant (Address): Hosp. Records

15 Filed DEC 12 1927 PARRON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 11 1927

17 I HEREBY CERTIFY, That I attended deceased from Aug 30, 1927, to Dec 11, 1927, that I last saw him alive on Dec 11, 1927 and that death occurred, on the date stated above, at 6.10 A m.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

Duration: yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) R. Reynolds M. D.

12-12, 1927 (Address) Balto City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Trinity

DATE OF BURIAL: 12/14 1927

UNDERTAKER: Wm Cook

ADDRESS: 533 E. Fayette

ec.—1-12-23—M&T—500 Blks.

Dr Little 2435 Mid Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28312

CERTIFICATE OF DEATH.

51 E 28312

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2314 N. Calvert ST. 12-19 WARD)

2-FULL NAME Anna R Kahn

(a) RESIDENCE No. 2314 N. Calvert ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	W	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Gustave Kahn

6 DATE OF BIRTH (month, day, and year) Jan 1866

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
61	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER George G. Enson

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Cecilia Lloyd

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Gustave Kahn
(Address) 2314 N Calvert St

15 Filed 12 1927 C. HAMPTON LOUIS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11 1927

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1927, to December 11, 1927

that I last saw her alive on December 11, 1927

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal Acute Polyarteritis (duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Cardiac decompensation (myocarditis) (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) George M. Little, M. D.

12/X/1927 (Address) 2435 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL 12/13 1927

20 UNDERTAKER J. H. Cook

ADDRESS 202 E North Ave

Rec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

28313 — CERTIFICATE OF DEATH. — 16 202 — E 28313

1-PLACE OF DEATH St Josephs Hospital — REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Caroline & Oliver ST. 12-50 WARD)

2-FULL NAME Baby Pinkerton

(a) RESIDENCE NO. 2431 St Paul ST. ... WARD ... (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1/9 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female — 4 COLOR OR RACE white — 5 Single, Married, Widowed, or Divorced, (write the word) —

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

7 DATE OF BIRTH (month, day, and year) Dec 10 27

7 AGE — Years — Months — Days — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Stanley W. Pinkerton

11 BIRTHPLACE OF FATHER (city or town) New York City (State or country)

12 MAIDEN NAME OF MOTHER [illegible] Pinkerton

13 BIRTHPLACE OF MOTHER (city or town) [illegible] (State or country) Pa.

14 Informant S. W. Pinkerton
(Address) 2431 St Paul St

15 Filed DEC 12 1927 H. A. [illegible], M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1927, to Dec 10, 1927, that I last saw her alive on Dec 10, 1927, and that death occurred, on the date stated above, at 6:10 p.m.

The CAUSE OF DEATH* was as follows:

Premature (at 1 mo.)

Cerebral Hemorrhage ? due to

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Respiratory failure

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? none.

What test confirmed diagnosis? Clinical.

(Signed) [illegible], M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Cemetery — DATE OF BURIAL Dec 12 1927

20 UNDERTAKER W. A. Cook — ADDRESS 502 E Madison

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28314

CERTIFICATE OF DEATH

E 28314

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Sydenham Hospital St. 72-36 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elmer Anderson

(a) RESIDENCE NO. 422 S. Sharp St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 31, 1926

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	1	3	11	10

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md (State or country)

PARENTS

10 NAME OF FATHER Allen Anderson

11 BIRTHPLACE OF FATHER (City or town) Pa. (State or country)

12 MAIDEN NAME OF MOTHER Etta Miller

13 BIRTHPLACE OF MOTHER (city or town) S. Ca. (State or country)

14 Informant Edgar A Anderson (Address) 1132 S Sharp St

15 DEC 12 1927 L. HAMILTON JONES, M. D. Registrar

Dte

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 8, 1927, to Dec 11, 1927, that I last saw him alive on Dec 11, 1927, and that death occurred, on the date stated above, at 4 15 a. m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G. Tull M. D.

, 19 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Hampden — Date of Burial 12 13 1927

20 UNDERTAKER H H Cook — ADDRESS 502 E Hoffman

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 28315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 E 28315

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1832 E 32nd ST. (WARD) 49th

2-FULL NAME Miss Margaret Lauster

(a) RESIDENCE NO. 1832 E 32nd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 17 Jan 1860

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
67	10	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Nothing

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: John L Lauster

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: E Rutledge

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Birthat Lauster (Address) 1832 E 32nd

15 Filed DEC 12 1927 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10 1927

17 I HEREBY CERTIFY, That I attended deceased from June 18 1927 to Dec 10 1927, that I last saw her alive on Dec 10 1927, and that death occurred, on the date stated above, at 9 AM m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) E Gill Hall, M. D.

Dec 11 1927 (Address) 1631 E Fairmount

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery DATE OF BURIAL Dec 13 1927

20 UNDERTAKER: Jeremiah Dyson ADDRESS 1600 N Milton Ave

Lucenie Vessels.

Spec.—6-9-19—H. P. Co.—1000 Blks.

E 28316

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28316

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 1041 N. Mount St. 16-22 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucenie Vessels

(a) RESIDENCE. No. 1117 N. Stricker St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced — ~~HUSBAND OF~~ WIFE of Lorenzo Vessels

6 DATE OF BIRTH (month, day, and year) Sept. 10, 1899

7 AGE: Years 28 | Months 2 | Days 24 | If LESS than 1 day, hrs. or min. —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Annarundel County Md

PARENTS

10 NAME OF FATHER John Rice

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert County Md

12 MAIDEN NAME OF MOTHER Rebecca Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert County Md

14 Informant (Address) Lorenzo Vessels 1117 N. Stricker St

DEC 12 1927 H. M. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 9, 1927.

17 I HEREBY CERTIFY, That I attended deceased from Dec. 3 1927, to Dec. 9, 1927, that I last saw h[illegible] alive on Dec. 9, 1927, and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) None

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? 1117 N. Stricker St

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Exam. Sputum.

(Signed) John D. Feldmn M. D.

12/9/27 (Address) 1507 W. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: Dec 12 1927

UNDERTAKER: Virginia A. Brooks

ADDRESS: 1463 N. Carey

Dec.—1-12-23—M&T—500 Blks.

28317 673

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 28317

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 14-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ann Dyson

(a) RESIDENCE NO. 614 Lanvale St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Child

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 26 - 1926

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
1	9.	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Albert Dyson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Eliz Brooks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant

(Address) JOHNS HOPKINS HOSPITAL

15 Filed DEC 12 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11 1927

17 I HEREBY CERTIFY, That I attended deceased from November 21, 1927, to Dec 11, 1927, that I last saw her alive on Dec 11, 1927 and that death occurred, on the date stated above, at 12:35 Am

The CAUSE OF DEATH* was as follows:

Pneumonia - lobar

Septicemia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Osteomyelitis

(duration) yrs. mos. 26 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 11/23/27

Was there an autopsy? Yes

What test confirmed diagnosis? Blood Culture

(Signed) H. A. Cowan, M. D.

12/11, 1927 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peter's — DATE OF BURIAL: Dec 13 1927

20 UNDERTAKER: Virginia G. Brooks — ADDRESS: 1403 N. Carey St

pec.—1-12-23—M&T—500 Bks.

28318

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 28318

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS 15-23 ST. WARD)

2-FULL NAME Isaac Means.

(a) RESIDENCE No. 1280 Stricker ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): ?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ?

6 DATE OF BIRTH (month, day, and year): ? 1852

7 AGE: Years 75; Months; Days; If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): O'D

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Isaac Means

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Harris ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Records

15 Filed DEC 12 1927 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/9/ 1927

17

I HEREBY CERTIFY, That I attended deceased from June 30, 1927 to Dec 9, 1927, that I last saw him alive on Dec 9, 1927 and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis chronic.
Arteriosclerosis.
Cystic mucilaginous.

(duration) yrs. 10 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Gumal + Sub

(Signed) C. Hulmes Bond, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: Dec 12 1927

20 UNDERTAKER: Clarence E. Wright

ADDRESS: 1364 Mary

Spec.—12-9-25—A Co.—200 Bks.

E 28319

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

E 28319

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 819 Bonn alley St. 18-No Ward)

2-FULL NAME Baby Allen Bailey

(a) RESIDENCE NO. 819 Bonn alley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 10 1927

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
		4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ns

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):
(State or country) Balto.

PARENTS

10 NAME OF FATHER Charles Bailey

11 BIRTHPLACE OF FATHER (city or town):
(State or country) Chestertown

12 MAIDEN NAME OF MOTHER Lillian Smith

13 BIRTHPLACE OF MOTHER (city or town):
(State or country) Easton Md.

14 Informant:
(Address) Father

Received DEC 12 1927, 19

HAMILTON JONES, M. D. Registrar.

RLK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12 10 1927

17 I HEREBY CERTIFY, That I attended deceased from 12 9, 1927, to 12 10, 1927, that I last saw h.. alive on 12 9, 1927, and that death occurred, on the date stated above, at 7A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

January

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) E. C. Jackson, M. D.

12/10/1927 (Address) 10 W Mulberry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Bur

Date of Burial: Dec 12 1927

20 UNDERTAKER: David Easton & Bro

ADDRESS 916

Very important. See instructions on back.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28320 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH.

90 E 28320

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 544 Brunswick ST. 20 19 WARD)

2-FULL NAME Christina M. Loeffelholz

(a) RESIDENCE No. 544 Brunswick ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed or Divorced. (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert J. Loeffelholz

6 DATE OF BIRTH (month, day, and year) Jan. 19-1870

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
57	10	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework (37)

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Andrew Handel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Elizabeth Rinse

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Robert J. Loeffelholz. (Address) 544 Brunswick St.

15 Filed DEC 12 1927 19. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10 19 27

17 I HEREBY CERTIFY, That I attended deceased from Nov 17, 1927, to Dec 10, 1927, that I last saw h[illegible] alive on Dec 10, 1927, and that death occurred, on the date stated above, at 3.30 p m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Anaemia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) Regular Dr. M. D.

12/12, 1927 (Address) 1509 W Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery DATE OF BURIAL Dec. 13 1927

20 UNDERTAKER George L. Schwab ADDRESS 1101 Eutaw St.

Spec.—1-10-21—M&T—1500 Bks.

E 28321

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 28321

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1308 N. Lexington ST. 14-7b WARD)

2-FULL NAME Charles F. Nic Grimes

(a) RESIDENCE NO. 1308 N. Lexington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M.	W.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 29, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	8	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Harpers Ferry (State or country) W. Virginia

PARENTS

10 NAME OF FATHER Geo. F. Nic Grimes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER ? Strickland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mrs Ida Briggs (Address) 1308 N. Lexington St

15 Filed DEC 12 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10 1927

17

I HEREBY CERTIFY, That I attended deceased from Oct 26, 1927, to Dec 9, 1927, that I last saw h-- alive on Dec 9, 1927, and that death occurred, on the date stated above, at 7 9. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

without dilatation

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry Hyde, M. D.

(Address) 1008 Hollins

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Dec 12 1927

10 UNDERTAKER George J Smith

ADDRESS 1532 Hollins

Stec—12-23-21—E.B.P.S.—400 lks.

28322

HEALTH DEPARTMENT—CITY OF BALTIMORE E 28322

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 302 E. 20th St. 12-14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Charles Joseph Gillespie

(a) Residence No. 302 E. 20th St., Ward.

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Bettie Gillespie

6-DATE OF BIRTH (month, day and year) Sept 12 1857

7-AGE. 70 yrs. 2 mos. 27 ds. If LESS than 1 day hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Secretary Retired 073

(b) General nature of industry, business, or establishment in which employed (or employer). B & O R.R.

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Wm Gillespie

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Pa.

12-MAIDEN NAME OF MOTHER. Anna Warfield

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Unknown

14- (Informant) Mrs Bettie Gillespie

(Address) 302 E. 20th St.

15- C. HAMILTON JONES, M. D. Registrar.

DEC 12 1927

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 9-1927

17- I HEREBY CERTIFY, That I attended deceased from Dec 7th, 1927 to Dec 9th, 1927 that I last saw him alive on December 9th, 1927 and that death occurred, on the date stated above, at 4.30 P.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 3 ds

CONTRIBUTORY (Secondary) Unknown

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Personal observation

(Signed) Wm Conrad Borden, M. D

, 19 (Address) 1900 Maryland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Putnam Cemetery	Dec 12 1927
20-UNDERTAKER. George J. Smith	ADDRESS 1052 Hollins

spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28328

CERTIFICATE OF DEATH.

44 E 28328

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital 8-45 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Pluhar

(a) RESIDENCE NO. 1660 Norwood Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Catonia Pluhar

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 71; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cabinet Worker

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Austria

PARENTS

10 NAME OF FATHER: John Pluhar

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Austria

14 Informant: Catonia Pluhar

(Address) 1660 Norwood Ave

15 Filed DEC 12 1927 C. W. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10 1927

17

I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1927, to Dec. 10, 1927, that I last saw him alive on Dec 10, 1927, and that death occurred, on the date stated above, at 1200 N.

The CAUSE OF DEATH* was as follows:

Carcinomatosis

over

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Laurence Fahey, M. D.

, 19 (Address) St Joseph Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oakhill — DATE OF BURIAL: Dec 13 19 27

UNDERTAKER: Edward Crockett — ADDRESS: Walbrook

spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 E 28324

CERTIFICATE OF DEATH.

E 28324

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 213 N. Montford Ave ST. 6-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lettie Jackson

(a) RESIDENCE NO. 213 N. Montford Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Jackson

6 DATE OF BIRTH (month, day, and year): 1888

7 AGE: Years 39 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: John Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Sarah Barnes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Viola Washington

(Address): 710 Monroe St

Filed DEC 12 1927

Registered

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-8-1927

17 I HEREBY CERTIFY, That I attended deceased from 10-2-, 1927, to 12-8-, 1927, that I last saw her alive on 12-8-, 1927, and that death occurred, on the date stated above, at 8,50 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary): —

(duration) — yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) H. W. Langrier, M. D.

12-9-1927 (Address) 611 N. Carolina

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury cemetery

DATE OF BURIAL: Dec 11 1927

UNDERTAKER: Edward Bryan

ADDRESS: 681 Orleans st

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28325

CERTIFICATE OF DEATH

119

E 28325

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 400 S. 5th St. 26-37 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Laubach

(a) RESIDENCE NO. 400 S. 5th St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Gertrude Laubach

6 DATE OF BIRTH (month, day, and year): Mar 17/86

7 AGE: Years 41 Months 8 Days 23 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Saloon Keeper

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country)

PARENTS

10 NAME OF FATHER: Christian Laubach

11 BIRTHPLACE OF FATHER (City or town): Germany

(State or country)

12 MAIDEN NAME OF MOTHER: Mary

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: Gertrude Laubach

(Address) 400 S. 5th St

15 Filed ..... 19 ..... Registrar

C 17 1927 C. HAMILTON JONES

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 9th 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 5-27, 19..., to Dec 9-27, 19...

that I last saw him alive on Dec 9-27, 19...

and that death occurred, on the date stated above, at 3:30 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) 3 yrs. mos. 7 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frederick M. Dorman, M. D.

Dec. 11-27 (Address) 2713 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — Date of Burial 12/12 1927

20 UNDERTAKER: Philip Herwig — ADDRESS 2016 Orleans St

very important. See instructions on back of certificate

Spec.—1-10-21—M&T—1500 Bks.

E 28326

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28326

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1703 August ST., 9-18 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Geo Frisch

(a) RESIDENCE No. 1703 August ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Gertrude Frisch

6 DATE OF BIRTH (month, day, and year): Sept 9 1843

7 AGE: Years 84; Months 3; Days 2; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sailor U. S. N.

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Henry Frisch

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: Mrs. H. Frisch (Address) 1703 Augusta St

15 Filed DEC 12 1927 HAMILTON JONES, M. D. Registrar

D.4

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 11 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 27 1927 to Dec 11 1927

that I last saw h[illegible] alive on 11 1927

and that death occurred, on the date stated above, at 4.45 m.

The CAUSE OF DEATH was as follows: Bronchopneumonia

CONTRIBUTORY (Secondary) (duration) Valvular Heart yrs. mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm D Cooke M. D.

, 19 (Address) Cooke & Souther

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cem

DATE OF BURIAL: 12 17 1927

20 UNDERTAKER: Philip Henrig

ADDRESS 2016 Orleans St

Spec.—1-12-23—M&T—500 Bks.

E 28327 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-15-006 111. E 28329

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 11-15 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Mc Court.

(a) RESIDENCE No. 702 S. Calhoun ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE: Years: About 47; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Seamstress 69

(b) General nature of industry, business, or establishment in which employed (or empioyer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Edward McCourt

11 BIRTHPLACE OF FATHER (city or town) (State or country): ? Scotland

12 MAIDEN NAME OF MOTHER: Susan Shegerty

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ? Ireland

14 informant (Address): Resides.

15 Filed DEC 12 1927 19 HAMILTON JONES, M. D. Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/11/ 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1927 to Dec 11, 1927 that I last saw h[illegible] alive on Dec 11, 1927 and that death occurred, on the date stated above, at 12:00 M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

Arteriosclerosis

Hypertension.

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Hemiplegia, right.

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? General & Lab.

(Signed) C. Holmes Boyd, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mess Cathedral Cemetery — DATE OF BURIAL: Dec. 14 1927

20 UNDERTAKER: Henry Hoeck & Son — ADDRESS: 1301 E Eager St

Spec.—12-9-25—A Co.—200 Bks.

Miriam Bergbaum

E 28328

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

123 E 28328

1-PLACE OF DEATH St Agnes Hospital

City of BALTIMORE: (No.) St. 18-29 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Miriam Bergbaum.

(a) RESIDENCE NO. 1206 Hollins St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced, (or) WIFE of: Harold Bergbaum

6 DATE OF BIRTH (month, day, and year): May 9 1866

7 AGE: Years 61 Months 7 Days 3 If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

10 NAME OF FATHER Joseph Manko

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mrs Kate Kaplan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

PARENTS

14 Informant Arthur Bergbaum

(Address) 1206 Hollins St.

15 Filed DEC 12 1927 19 HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-11 1927

17

I HEREBY CERTIFY, That I attended deceased from 10-16, 1927, to 12-11, 1927, that I last saw h.e.r. alive on Dec. 11 - 1927, and that death occurred, on the date stated above, at 11 10 a.m.

The CAUSE OF DEATH* was as follows:

Glomerulitis & Cholelithiasis

CONTRIBUTORY (Secondary) Myocarditis (duration) 2 yrs. mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 11/21/27

Was there an autopsy? Removal of Stone

What test confirmed diagnosis?

(Signed) Frances L. Radcliffe M. D.

19 (Address) St Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dulaney Cemetery Date of Burial Dec 14/27

20 UNDERTAKER: J Ahearn & Co

ADDRESS 1451 Eastern Ave

Very important. [illegible]

Cor.—12-9-25—A Co.—200 Bks.

28329

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

18-002

E 28329

1-PLACE OF DEATH

City of BALTIMORE: (No.) St. Agnes Hospital (St. or Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Gallagher

(a) RESIDENCE NO. 222 E Eager Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 58 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day and year): June 14 1864

7 AGE: Years 63 Months 5 Days 24 IF LESS than 1 day.... hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stone mason

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Ireland

10 NAME OF FATHER: Patrick Gallagher

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Langan

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Ireland

PARENTS

14 Informant (Address): John Joseph Gallagher 222 E Eager Ave

15 Filed ... C. MARION JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 8 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

1 Fractured Skull

6 days

Injuries by Striking Car

Thos. B. Korfon M. D.

(Coroner)

Dec 11 1927 (Address) Curtis Bay, Md.

*State the Disease Causing Death, or in deaths from Violence state (1) Means and Nature of Injury, and whether Accidental, Suicidal, or Homicidal. (See reverse side.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery Date of Burial 12/12 1927

20 UNDERTAKER: George J Ruth ADDRESS 1355 Harford Ave

very important. See instructions on the back of

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28330

10 E 28330

CERTIFICATE OF DEATH

1-PLACE OF DEATH

City of BALTIMORE: (No. Sydenham Hospital St. 15-68 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Virginia Stump

(a) RESIDENCE NO 2423 W. North Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year) Dec. 16, 1920

7 AGE — Years: 6 Months: 11 Days: 25 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Leroy L. Stump

11 BIRTHPLACE OF FATHER (City or town) Balto (State or country)

12 MAIDEN NAME OF MOTHER Lily Harris

13 BIRTHPLACE OF MOTHER (city or town) Va. (State or country)

14 Informant L. L. Stump

(Address) 2423 W. North Ave

C. HAMPSON JONES, M. D. Registrar

Filed DEC 12 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1927, to Dec 11, 1927, that I last saw h[er] alive on Dec 11, 1927, and that death occurred, on the date stated above, at 8 12 p m.

The CAUSE OF DEATH* was as follows:

Nasal, Tonsillar & Laryngeal Diphtheria

(duration) yrs. mos. 4 7 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 4 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical - Laboratory

(Signed) Myron G. Tull, M. D.

, 19 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemt Date of Burial Dec 15 1927

20 UNDERTAKER: P. Peterman & Son ADDRESS 1723 W. Lanvale St

very important. See instructions on back of certificate.

Spec-12-23-21-E.B.R.S.—400 Bks.

E 28331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28331

1-PLACE OF DEATH

City of BALTIMORE: (No. 107 W. Franklin St. Rosebery Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mida Fern Logan

(a) Residence No. 107 W. Franklin ave St., Rayelsburg Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) April 27 1927

7-AGE. yrs. 6 mos. 15 ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country) Maryland

PARENTS.

10-NAME OF FATHER. Max Logan

11-BIRTHPLACE OF FATHER (city or town) Minneapolis (State or Country) Minnesota

12-MAIDEN NAME OF MOTHER. Violet Fern Land

13-BIRTHPLACE OF MOTHER (city or town) Minn (State or Country) Minnesota

11- (Informant) Max Logan

(Address) 107 W. Franklin ave.

15- FILED DEC 12 1927 192 H. M. JONES, M. D. D.C.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec. 11th 1927

17- I HEREBY CERTIFY, That I attended deceased from Dec 2 19 to Dec 11 19

that I last saw h[illegible] alive on Dec 11 19

and that death occurred, on the date stated above, at 7:20 m.

The CAUSE OF DEATH* was as follows:

Pyelitis (acute Nephritis)

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Coryza

(Duration) yrs. mos. 10 ds.

18-Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? [illegible] Date of

Was there an autopsy? no.

What test confirmed diagnosis? clinical

(Signed) C. A. Mont Jones M. D.

12-12-27 (Address) 938 Bath

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cemetery — DATE OF BURIAL: Dec 13 19 27

20-UNDERTAKER: Frederick Loos & Son — ADDRESS: Fullerton

spec.—1-12-23—M&T—500 Bks.

E 28332

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28332

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 930 Arlington ST. 10-14 WARD) 100

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vanerd Manning

(a) RESIDENCE NO. 930 Arlington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: col.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year): Mar. 23/1922

7 AGE: Years 5 yrs. Months 8 Days 18 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: (Child) 600

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer: ✓

9 BIRTHPLACE (city or town) (State or country): Katie Carolina

PARENTS

10 NAME OF FATHER: Frank Manning

11 BIRTHPLACE OF FATHER (city or town) (State or country): South Carolina

12 MAIDEN NAME OF MOTHER: Alberta Armstrong

13 BIRTHPLACE OF MOTHER (city or town) (State or country): North Carolina

14 Informant: Frank Manning

(Address) 930 Arlington

15 Filed 12-1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 11 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 1 1927 to Dec 11 1927

that I last saw her alive on Dec 9 1927

and that death occurred, on the date stated above, at 6 PM.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchitis & Malaria

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) Jas. K. Baker M. D.

12/11/1927 (Address) 930 Arlington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem

DATE OF BURIAL 12-13 1927

20 UNDERTAKER: Jos. Wm. Skinner

ADDRESS 1625 E. Madison St

Spec.–7-17-26—A Co.—200 Bks.

(Liechne)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28333

E 28333

CERTIFICATE OF DEATH

44

1-PLACE OF DEATH University Hospital REGISTERED NO.

City of BALTIMORE: (No. Lombard + Greene St. 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leon Lischne

(a) RESIDENCE NO. 1633 Lancaster St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	M.

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE 57 Years Months Days IF LESS than 1 day hrs. or min.

About

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany.

PARENTS

10 NAME OF FATHER Frank Lischne

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Barbara Lamonski

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany.

14 Informant University Record

(Address)

15 Filed FEB 2 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 22, 1927, to Dec 10, 1927

that I last saw h.. alive on Dec 10, 1927

and that death occurred, on the date stated above, at 11:30 A.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Dec 7-1927

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. E. Rinkelmeier M. D.

Dec 10 1927 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bradock Cem. Balto Co. Md. Date of Burial 12/12 1927

UNDERTAKER Wm Hallsworth. ADDRESS 1618 Eastern

very important. See instructions on back of certificate.

Cer.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28334

CERTIFICATE OF DEATH.

179 **E 28334**

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Ave 77-6 St., Ward)

2-FULL NAME Thomas Johnson

(a) RESIDENCE NO. 49 E. York St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: White

5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ella Johnson

6 DATE OF BIRTH (month, day, and year): Oct 11 1866

7 AGE: Years 61 Months 1 Days 29 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: Willis Johnson

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Doller

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country): Md

14 Informant: Mrs Ella Johnson

(Address): Fairview Ave Reped 11th

15 Filed 2 1927 C. HAMPSON JONES M. D. Registrar

By REH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 10, 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

1st 2nd & 3rd degree burns of Body (Accidental)

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (secondary): Gas stove ignited

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D. (Coroner)

19 27 (Address) 259 N Edmondson Ave

Dec. 10,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Bylan. Date of Burial: Dec 13 1927

20 UNDERTAKER: Fred A. Wannop & Son ADDRESS: 703 Hanover

Read very important. See instructions on back of this

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 28335

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28335

CERTIFICATE OF DEATH.

51

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1517 N. Pulaski St. ST.) 15-21 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lee Summers Moran, Jr.

(a) RESIDENCE. No. 1517 N. Pulaski St. ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct. 21, 1911

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	1	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Lee S. Moran Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Mabel E. Reese

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Lee S. Moran, Jr.
(Address) 1517 N. Pulaski St.

12/11/27 C. HAMPSON JONES M. D.
(Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 11, 1927

17 I HEREBY CERTIFY, That I attended deceased from October 19, 1927. to December 10 1927.

That I last saw him alive on December 10, 1927.

and that death occurred, on the date stated above, at 12 35 A. m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Acute Articular Rheumatism

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Granite

(Signed) John D. Quinn, M. D.

(Address) 1507 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Park	12-13-27,

20 UNDERTAKER Martin Fahey & Sons ADDRESS 1827 North Ave

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28336

CERTIFICATE OF DEATH.

161-601

E 28336

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 N. Caroline ST. 5-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Dixon

(a) RESIDENCE NO. 212 N Caroline ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col.	S.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 11. '27

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or 1 day min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER George Wyatt

11 BIRTHPLACE OF FATHER (city or town) Richmond (State or country) Va.

12 MAIDEN NAME OF MOTHER Virginia Dixon

13 BIRTHPLACE OF MOTHER (city or town) Norfolk Va (State or country)

14 Informant: Virginia Dixon

(Address) 212 N. Caroline

15 Filed 12 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 11 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1927, to Dec. 11, 1927, that I last saw h— alive on Dec. 11, 1927, and that death occurred, on the date stated above, at 5:30 A m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phy. Exam

(Signed) W. A. Berry, M. D.

, 19 (Address) 1510 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

ec.—1-12-23—M&T—500 Bks.

E 28337

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28337

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 1725 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Curtis

(a) RESIDENCE NO. 428 Pennsylvania Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): ?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ?

6 DATE OF BIRTH (month, day, and year): ?

7 AGE — Years: 70 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ?

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: St. John Curtis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Sophia ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Curtis

15 Filed DEC 12 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/6/1927

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1927, to Dec. 6, 1927, that I last saw him alive on Dec. 6, 1927 and that death occurred, on the date stated above, at 2.50 A.m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic + acute

Cerebral hemorrhage.

Hypertension Empyema.

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? General + Bacteriological

(Signed) C. J. Wolfe Boyd M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL: DEC 12 1927 19

20 UNDERTAKER

ADDRESS

Spec—12-23-21—E.B.R.S.—400 Bks.

E 28338

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28338

CERTIFICATE OF DEATH.

161-6

15-23

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1470 N Carey Street St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Baby Boy Murdock

(a) Residence No... 1470 N. Carey St. St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black.

5-Single, Married, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec. 11, 1927

7-AGE. ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, 13 hrs. or 26 min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. William Murdock

11-BIRTHPLACE OF FATHER (city or town) Baltimore Md. (State or Country).

12-MAIDEN NAME OF MOTHER. Irene Offer

13-BIRTHPLACE OF MOTHER (city or town) Gibbelton (State or Country). Md.

14-

(Informant).....

(Address).....

15-

Filed 12 1927 Dr. HAMPSON JONES, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 11 / 27

17- I HEREBY CERTIFY, That I attended deceased from Dec 11 1927 to Dec 11 1927

that I last saw him alive on Dec 11 1927

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Prematurity

Congenital Atelectasis

.....(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

.....(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Phy exam

(Signed) Vaught Reynolds, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. DATE OF BURIAL, ... 19....

20-UNDERTAKER. ADDRESS

UNIVERSITY OF MARYLAND
Commissioner of Health.
DEC 12 1927
Per. Wm. S. Rodwell

Spec.—1-10-21—M&T—1500 Bks.

E 28339

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28339

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp ST.) (WARD) 161

2-FULL NAME Baby Boy Hesser

(a) RESIDENCE No. 1527 W. Fayette ST.,

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. WARD

How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec. 11 '27

7 AGE — Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Wilson Hesser

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Katherine Poggie

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Katherine Hesser

(Address): 1527 W. Fayette St

15 Filed 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 11 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec. 11 . 1927. to Dec. 11 . 1927.

that I last saw him alive on Dec. 11 1927

and that death occurred, on the date stated above, at 6-45 P. m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

Prematurity

18 Where was disease contracted if not at place of death? (duration) yrs. mos. ds.

Did an operation precede death? Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Margaret B. Isaacs M. D.

. 19 (Address) Franklin Square Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

20 UNDERTAKER — ADDRESS

12 1927 1000 HAMPSON JONES & CO.

UNIVERSITY OF MARYLAND

Commissioner of Health

DEC 12 1927

Spec.—1-12-23—MAT—500 Bks.

Dr. Eugene B. Pettegrew

HEALTH DEPARTMENT—CITY OF BALTIMORE

28340 **E 28340**

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2025 Wilhelm ST. [illegible] WARD [illegible]

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Fleck

(a) RESIDENCE NO. 2025 Wilhelm ST. 20 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? 50 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa M. Fleck

6 DATE OF BIRTH (month, day, and year) Aug 28th 1863

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
64	3	20 12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tube Cutter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Standard Tube Co

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Henry Fleck

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Louisa M. Fleck (Address) 2025 Wilhelm St

Filed DEC 2 1927 C. HAMPSON JONES, M. D. Registrar

Pro [illegible]

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH (month, day, and year) Dec 10th 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1927, to Dec 10, 1927,

that I last saw him alive on Dec. 9, 1927

and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(duration) yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene B. Pettegrew, M. D.

12, 11, 27. (Address) 514 Druid Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Dec 15 1927

20 UNDERTAKER H. B. Hilgert

ADDRESS 1031 W Baltimore St

pec.—1-12-23—M&T—500 Bks.

(Hogarth)

E 28341

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28341

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 2 WARD 7-4Y

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph H. Hogarth

(a) RESIDENCE NO. 500 Shirley Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ?

6 DATE OF BIRTH (month, day, and year): ?

7 AGE — Years: 56 — Months — Days — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Gardener

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): England

PARENTS

10 NAME OF FATHER: John Hogarth

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Lucy Harrison

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant (Address): Friends

15 12 1927 . 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/10/1927

17 I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1927, to Dec. 10, 1927, that I last saw him alive on Dec. 10, 1927 and that death occurred, on the date stated above, at 12:30 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis chronic

Arteriosclerosis Hypertension

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial pneumonia

(duration) yrs. 4 mos.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Gross & Microscopic

(Signed) C. Arnold Boyd M. D.

. 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cemetery — DATE OF BURIAL: Dec 14 1927

UNDERTAKER: Mary M. Winfield — ADDRESS: 501 E 32nd St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28342

CERTIFICATE OF DEATH.

E 28342

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. German aged women Home St., 70 Ward)

2-FULL NAME Sidonia Bailey

(a) RESIDENCE NO. German aged Home Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 ~~Single~~, ~~Married~~, Widowed, ~~or Divorced~~, (write the word): Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis Bailey.

6 DATE OF BIRTH (month, day, and year): August 20. 1862

7 AGE: Years 65 · Months 3 · Days 20 · IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): None.

(c) Name of employer

9 BIRTHPLACE (city or town): Gamany.

(State or country)

PARENTS

10 NAME OF FATHER: Louis Lowenstein

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany.

12 MAIDEN NAME OF MOTHER: Helen Weinstein

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany.

14 Informant: Mrs. Anna Porter

(Address): Aged Women Home

15 Filed: DEC 21 1927

C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and hour): Dec 10 1927

17 I HEREBY CERTIFY that I viewed the remains described above, held an Inquest (Inquest or Autopsy) thereon and from the evidence obtained by said Inquest and Autopsy find that said deceased came to ~~his~~ her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Fract Skull Shock one hour Auto Accident

Duration

CONTRIBUTORY (Secondary)

Duration

Signed Jno. B. Norton M. D.

(Coroner)

Dec 12. 1927 (Address) Curtis Bay, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (Coroner to add opinion.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. Date of Burial: Dec 13 1927

20 UNDERTAKER: Jos Jourdenais Son ADDRESS: 217 S Paca St

Very Important. See instructions on back of this page.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28343

90 E 28343

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital St. 26-32 Ward)

2-FULL NAME Wm H. Bossel

(a) RESIDENCE NO. 1117 Lumm St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yr 0 mos. dy. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug. 9, 1862

7 AGE: Years 65 Months 4 Days 1 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baker

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: Justus Bossel

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Louisa Lost

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: Grant Bossel

(Address): 3023 Grays Ave

Filed 12 1927 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 10 1927

17 I HEREBY CERTIFY that I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma

(duration) yrs. mos. ds.

Dec 12/27 (Signed) G C Slader M. D.

(Coroner)

(Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Date of Burial Dec 13 1927

20 UNDERTAKER: Geo W. Little ADDRESS 2722 Edmondson

very important. See instructions on back of

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

28344

CERTIFICATE OF DEATH

118 E 28344

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 302 S 15th St. Ward) 26-37

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leokadja Konrad

(a) RESIDENCE NO. 302 S 15th St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1854

7 AGE Years 73 Months Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Leonard Konrad

(Address) 302 S 15th St.

12 1927 C. HUMPSON JONES

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Dec. 11 27

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1927, to Dec 11, 1927, that I last saw her alive on Dec 11, 1927, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) Gradual yrs. mos. ds.

CONTRIBUTORY (Secondary) Obstruction Colon

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace B Fitlow, M. D.

12/12, 1927 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Dec 14 Date of Burial 1927

20 UNDERTAKER John M Weber ADDRESS 853 Bank

very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

E 28345

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 28345

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 635 S Montford Ave St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Zakrzewska

(a) RESIDENCE NO. 635 S Montford Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER Ignacy Ukaszevska

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Agnes Ronecki

(Address) 635 S Montford St.

15 Filed 12 1927 C. HAMPSON JONES II Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Dec. 11 1927

17 I HEREBY CERTIFY, That I attended deceased from November 27 19 27 to Dec. 11 19 27

that I last saw h alive on Dec. 11 19 27

and that death occurred, on the date stated above, at 8 30 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Andrew Kunstowski M. D.

12/12 19 27 (Address) 2589 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Rec'd 14 19 27

Date of Burial

20 UNDERTAKER John J Weber 1803 Bank

ADDRESS

RRH

Check of certificates. See instructions on back of certificates. Items of very important.

Cor.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28346

CERTIFICATE OF DEATH.

24 E 28346

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. John s Hopkins Hospital 6-10 Ward)

2-FULL NAME Gertrude Przybylski

(a) RESIDENCE NO. 2513 E. Fayette St St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 31/27

7 AGE	Years	Months	Days	IF LESS than 1 day....hrs. or....min.
		6	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Andrew L Przybylski

11 BIRTHPLACE OF FATHER (city or town): (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Bertha Jasiorski

13 BIRTHPLACE OF MOTHER (city or town): (State or country) Balto., Md.

14 Informant: Father

(Address) 2513 E. Fayette St

15 Filed C. HAMPSON JONES M. D. Registrar

12 1927

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11/27

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Meningitis (Probably Meningococcus

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) _____

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. H. Price M. D.

(Coroner)

12/12/27 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Dec 13 1927 — Date of Burial

20 UNDERTAKER: Peter M Weber — ADDRESS 1803 Hanover

very important. See instructions on back of

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28347.

CERTIFICATE OF DEATH.

90 E 28347.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 21 Cherry St. Curtis Bay. St. 25-27 Ward)

2-FULL NAME Harry W. McKinley.

(a) RESIDENCE NO. 21 Cherry St. Curtis Bay. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. ---- mos. ---- How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, XXXXXXXXXXXX XXXXXXXX Emma B. McKinley.

6 DATE OF BIRTH (month, day, and year) May 28, 1875.

7 AGE	Years	Months	Days	If LESS than 1 day ...hrs. or ...min.
	52	6	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country) Washington, D. C.

PARENTS

10 NAME OF FATHER Frank McKinley.

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Ella ----------

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Baltimore, Md.

14 Informant Emma B. McKinley. (wife)

(Address) 21 Cherry St. Curtis Bay.

21927 C. HAMPSON JONES, M. D. Registrar

very important. See instructions on back of

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 11, 1927. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner)

12/12 1927 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross A. A. Co. Date of Burial: Dec. 13 1927

20 UNDERTAKER: Margaret E. Flynn ADDRESS: 1422 Light St.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28348

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

X 84 E 28348

REGISTERED NO.

CITY OF BALTIMORE. No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lee Connelly

(a) RESIDENCE NO. Sanford, Florida ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: White male

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word): Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 30, 1924

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
3½	3 6	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Sanford Florida

PARENTS

10 NAME OF FATHER Lee H. Connelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baldwin Florida

12 MAIDEN NAME OF MOTHER Daphne Winchrich

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. Ca.

14 Informant (Address) JOHNS HOPKINS HOSPITAL

Dec 13 1927 G. H. [illegible] M. D. (Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1927, to Dec. 12, 1927.

that I last saw him alive on Dec. 12, 1927

and that death occurred, on the date stated above, at 6 15 P. m.

The CAUSE OF DEATH* was as follows: Brain Tumor - Benign. Glioma of cerebellum

(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Nov. 26, 1927

Was there an autopsy? Yes - limited to head

What test confirmed diagnosis? Operative & autopsy

(Signed) J. D. Hall M. D.

12-12-1927 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sanford Florida — DATE OF BURIAL: Dec 13 1927

20 UNDERTAKER: J. O. Mitchell — ADDRESS: 900 Eutaw Pl.

Dec.—1-12-23—M&T—500 Bks.

Dr Gage 709 N Broadway

E 28349 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

51 E 28349

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2019 E. Jefferson ST., 6-9 WARD)

2-FULL NAME Emma M Travers

(a) RESIDENCE NO. 2019 E Jefferson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alonzo Travers

6 DATE OF BIRTH (month, day, and year): Dec 25, 1876

7 AGE: Years 51 | Months 1 | Days 16 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Duluth Md

PARENTS

10 NAME OF FATHER: William Hirning

11 BIRTHPLACE OF FATHER (city or town) (State or country): Salt Md

12 MAIDEN NAME OF MOTHER: Christine Strickhouse

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant: Alonzo Travers (Address) 2019 Jefferson st

15 Filed DEC 13 1927 Harry Jones, M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 11 1927

17

I HEREBY CERTIFY, That I attended deceased from Aug 18, 1927, to Dec 11, 1927, that I last saw her alive on Dec 11, 1927, and that death occurred, on the date stated above, at 7 40 p. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Coma

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Urinary test

(Signed) Alb S Gage M. D.

(Address) 709 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Forest wood Cemetery — DATE OF BURIAL: 12/14 1927

20 UNDERTAKER: William Cook — ADDRESS: 5015 Wards

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28350

CERTIFICATE OF DEATH

E 28350

1-PLACE OF DEATH Md General Hospital REGISTERED NO. 1529

City of BALTIMORE: (No. Madison & Linden St., 95 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)

2-FULL NAME Edward L Parker

(a) RESIDENCE No. Roland Park Apt 3-K St. Ward Balto Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs Clara Parker

6 DATE OF BIRTH (month, day, and year): June 9, 1870

7 AGE: Years 57 Months 6 Days 3 If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Mercantile

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Edward L Parker

11 BIRTHPLACE OF FATHER (City or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Sarah Ann Stevens

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Patient beyond death

Filed DEC 16 1927 HAMILTON JONES, Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 12, 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 9, 1927 to Dec 12, 1927 that I last saw h alive on 12-12-1927 and that death occurred, on the date stated above, at 6.30 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Hypertension

Chronic Nephritis

Chronic Diffuse Nephritis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

Myocarditis fatty

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of None

Was there an autopsy? No

What test confirmed diagnosis? Gross Examination

(Signed) Jno A Wyman M. D.

19 Address Md Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — Date of Burial: 12/14 19

20 UNDERTAKER: Wm Cook — ADDRESS: 502 E Monts

very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28351

CERTIFICATE OF DEATH

90

REGISTERED NO. E 28351

1-PLACE OF DEATH

City of BALTIMORE: (No. 2221 E Biddle St. 8-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Matthew J. Thome

(a) RESIDENCE NO. 2221 E Biddle St. Ward 8-12

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 6 mos. 13 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella. M. Thome

6 DATE OF BIRTH (month, day, and year) May 29 1867

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
	60	6	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter for 63

(b) General nature of industry, business, or establishment in which employed (or employer) Sharpe & Dohme

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Matthew J. Thome

11 BIRTHPLACE OF FATHER (City or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Unk

13 BIRTHPLACE OF MOTHER (city or town) Unk (State or country)

14 Informant Mrs. Ella. M. Thome

(Address) 2221 E Biddle St

15 Filed DEC 17 1927 C. HAMPSON JONES, M. D. Registrar

C 131927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12 1927

17 I HEREBY CERTIFY, That I attended deceased from June 6, 1927, to Dec 12, 1927, that I last saw him alive on Dec 7, 1927, and that death occurred, on the date stated above, at 1:30 P.M.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

Auricular Fibrillation

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Data

(Signed) H. Clay Simmons M. D.

12/17/1927 (Address) 1613 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery Date of Burial Dec. 16 1927

20 UNDERTAKER Henry Hoen & Son ADDRESS 1301 E Eager St

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 28352

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101 E 28352

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 119 Poplar St. 27-27 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daniel Blickenstaff

(a) RESIDENCE NO. 119 Poplar St Centre Boy St. WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Wht

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 10 1927

7 AGE — Years: — Months: 7 Days: 2 If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work:

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Centre Boy Balto, Md.

PARENTS

10 NAME OF FATHER Glenn Blickenstaff

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER Minnie Eades

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Father
(Address)

Received DEC 13 1927 H. HANSON, M. D. S. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 12 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 11, 1927, to Dec 12, 1927.

that I last saw h[illegible] alive on Dec 12, 1927.

and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Laryngitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas O'Donnell M. D.

, 19 (Address) 1314 Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Gates. DATE OF BURIAL: Dec 14 1927

20 UNDERTAKER: Margaret G. Flynn ADDRESS: 1422 Light St

TION is very important. See instructions.

Spec.—1-12-23—M&T—500 Bks.

E 208946
E 28353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 E 28353

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) ST. 6-9 WARD)

2-FULL NAME Edward English

(a) RESIDENCE NO. 422 N. Wallas ST. WARD Colg

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible] 1925

7 AGE: Years 2 yrs. | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S-Car-

PARENTS

10 NAME OF FATHER Clarence

11 BIRTHPLACE OF FATHER (city or town) (State or country) S-Car-

12 MAIDEN NAME OF MOTHER Carri Bjorkland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S-Car-

14 Informant Friends

(Address) JOHNS HOPKINS HOSPITAL

Dec 13 1927 C. Hampson Jones, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12 1927

17

I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1927, to Dec 12, 1927.

that I last saw him alive on Dec 12, 1927

and that death occurred, on the date stated above, at 7 30 a. m.

The CAUSE OF DEATH* was as follows:

Acute primary pneumonia right lobar

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Bilateral otitis media,

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy & culture.

(Signed) J. S. Bennett, M. D.

Dec 12, 1927 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn Cem. DATE OF BURIAL: Dec 13 1927

20 UNDERTAKER: Wm. Miss & S. Finch ADDRESS: 2512 Wilkins Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28354

CERTIFICATE OF DEATH.

161-001

E 28354
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem. Hosp. ST. 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nonie Gibson Hopper

(a) RESIDENCE NO. 616 Maryland Ave (Usual place of abode) Union Mem. Hosp. ST., WARD

Length of residence in city or town where death occurred yrs. mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fml

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov 21-27

7 AGE — Years: — Months: — Days: 22 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: William Hopper

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Madeline Dew

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: William Hopper

(Address): 616 Maryland Ave

15 Filed DEC 13 1927 C. HAMPTON JONES, M. D.

DEC 13 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-13 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 27 27, 19—, to Dec 13, 1927, that I last saw h— alive on 12-12, 1927, and that death occurred, on the date stated above, at 4 30 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos 22 ds.

CONTRIBUTORY (Secondary) Atelectasis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Frank K. Morris, M. D.

19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem — DATE OF BURIAL: Dec 15 1927

UNDERTAKER: Henry Jenkins Son Co — ADDRESS: Cathedral

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28355

CERTIFICATE OF DEATH

185

E 28355 REGISTERED NO.

1-PLACE OF DEATH University Hospital

City of BALTIMORE: (No. Lombard & Greene St. 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Artis

(a) RESIDENCE NO. 2220 Pennsylvania Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col.

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years: Apprx. 51 Months: Days: IF LESS than 1 day hrs. or min..

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Stone

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Dora Burgess

(Address) 2220 Pennsylvania Ave.

15 Filed DEC 13 1927 C. HAMPSON JONES, M. D. Registrar

P.O.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12 10 1927

17 I HEREBY CERTIFY, That I attended deceased from 12-10, 1927, to 12-10, 1927, that I last saw h[illegible] alive on 12-10, 1927, and that death occurred, on the date stated above, at 10 [illegible] m.

The CAUSE OF DEATH* was as follows:

Bilateral Cerebral Hemorrhage — 1 Hour

Left subdural Hemorrhage

Laceration left side Brain — Accidental

Laceration right side scalp — Falling

(duration) yrs. 1 mos. 11 ds.

CONTRIBUTORY (Secondary) Shock

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 12-10-27

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings & Autopsy

(Signed) Henry Crichton Bate, M. D.

12/10, 1927 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mrs. R A Elliott [illegible] Date of Burial 12/13/27

20 UNDERTAKER: [illegible] ADDRESS: 1725 Ashland ave

very important. See instructions on back of certificate.

pec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28356

CERTIFICATE OF DEATH.

129 E 28356

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (T.B.) ST. 3-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stephen Jones

(a) RESIDENCE No. 1013 Watson st. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Stephen Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Frances Russell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records

(Address)

DEC 13 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 11, 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec. 8 1927, to Dec. 11 1927,

that I last saw h alive on Dec. 11 1927,

and that death occurred, on the date stated above, at 10.15 a. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac hypertrophy and dilatation with congestion Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) L. E. Matthew M. D.

12-12-27 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvery Cemetery

DATE OF BURIAL 12/14 1927

UNDERTAKER Byrom & Wright

ADDRESS 1218 Mc Elderry St

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28357

CERTIFICATE OF DEATH

E 28357

1-PLACE OF DEATH

City of BALTIMORE: (No. 810 Ostend St. 21-29 Ward) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robertar Henry

(a) RESIDENCE NO. 810 Ostend St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Henry Lane

6 DATE OF BIRTH (month, day, and year): Unknown 1877

7 AGE: Years 49 Months Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Cottonton Alabama (State or country)

PARENTS

10 NAME OF FATHER Ben Henry Washington

11 BIRTHPLACE OF FATHER (City or town) (State or country) Alabama

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Henry Washington (Address) 810 Ostend

15 Filed 19 [illegible] Registrar.

DEC 13 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 1 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 28 1927 to Dec 1 1927 that I last saw h[illegible] alive on Dec 1 1927 and that death occurred, on the date stated above, at 5-15 A.m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy?

What test confirmed diagnosis?

(Signed) R. N. Statler M. D.

12/2/1927 (Address) 1115 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cottonton, Alabama — Date of Burial: Dec 4 1927

20 UNDERTAKER: J. A. Brame & Son — ADDRESS: 1082, Monty

very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

E 28358

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28358

CERTIFICATE OF DEATH

31

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1721 W. Lombard St. 19-28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Leas Norris

(a) RESIDENCE NO. 1721 W. Lombard St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry S. Norris

6 DATE OF BIRTH (month, day, and year): June 23. 1877

7 AGE: Years 50 Months 5 Days 18 IF LESS than 1 day ...hrs. or ...min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home duties

(b) General nature of industry, business, or establishment in which employed (or employer): 0/31

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland

(State or country)

PARENTS

10 NAME OF FATHER Charles L. Leas

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Lou Fowler

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant Lou Fowler Leas

(Address) 1721 W. Lombard St.

DEC 13 1927

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Dec 11. 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1927. to Dec 11. 1927.

that I last saw her alive on Dec 11. 1927.

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Haemorrhage

probably Intercular

(duration) 1 yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) cardiac Dilatation

(duration) yrs. mos. 7 ds.

18 Where was disease contracted

if not at place of death? Unknown.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Herbert S. Blake M. D.

1213 I 27. (Address) 719 Med. arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Westminster Md

Date of Burial 19

20 UNDERTAKER: John O. Mitchell Sons

ADDRESS

very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

28359

CERTIFICATE OF DEATH

47

11-74

REGISTERED NO. E 28359

1-PLACE OF DEATH

City of BALTIMORE: (No. 700 N. Charles St. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. William H. Emory (Eleanor L. Emory)

(a) RESIDENCE NO. 700 N. Charles St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. 3 mos 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Emory

6 DATE OF BIRTH (month, day, and year) Sept 2d 1851

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	76	3	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Herman H. Hurst

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Elizabeth Melinger

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md

14 Informant Mrs. A. N. Brady

(Address) 100 W. University Parkway.

15 April 3 1927 C. Hampson Jones, M. D. Registrar

P.M. [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 12th 1927

17 I HEREBY CERTIFY, That I attended deceased from August, 1926, to Dec. 12th, 1927, that I last saw h.e alive on Dec. 12th, 1927, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Breast

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical evidence

(Signed) Wm. Dabney, M. D.

Dec 12th 1927 (Address) Ruxton Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cem. Date of Burial: Dec 14th 1927

20 UNDERTAKER: Henry E. Jenkins Sons ADDRESS: McCulloh & Orchard

very important. See instructions on back of certificates.

ec.—1-12-23—M&T—500 Bks.

28360 HEALTH DEPARTMENT—CITY OF BALTIMORE E 28360

CERTIFICATE OF DEATH. 129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1236 Edward St. (ST.) 5-8 (WARD)

2-FULL NAME Elenora Jackson.

(a) RESIDENCE NO. 1236 Edward St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

6a If married, widowed, or divorced HUSBAND of or) WIFE of Clayton Jackson

6 DATE OF BIRTH (month, day, and year) [illegible] 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Perry Gibson.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Eliza Camphor.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Clayton Jackson.

(Address) 1236 Edward St.

15 Filed DEC 13 1927 C. HAMPSON JONES, M. D. Registrar

P.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 10 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 1 1927 to Dec 10 1927.

that I last saw her alive on Dec 10 1927.

and that death occurred, on the date stated above, at 11.45 p m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Chronic Interstitial Nephritis.

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) [illegible] M. D.

12-12-1927 (Address) 908 Somerset St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cemt.

DATE OF BURIAL Dec 13 1927

20 UNDERTAKER Mark C. Elliott

ADDRESS 1725 Washington

Spec.-7-17-26—A Co.—200 Bks.

E 28361

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 34 E 28361

1-PLACE OF DEATH

REGISTERED NO. 1424

City of BALTIMORE: (No. Providence Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur Stanley

(a) RESIDENCE NO. Sparrow Pt. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 29 - 1901

7 AGE — Years: 26 Months: 10 Days: 10 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Va.

(State or country)

PARENTS

10 NAME OF FATHER: Arthur Stanley

11 BIRTHPLACE OF FATHER (City or town): Va.

(State or country)

12 MAIDEN NAME OF MOTHER: Ella Lewis

13 BIRTHPLACE OF MOTHER (city or town): Va.

(State or country)

14 Informant: Ella Lewis

(Address) 3938 Eastern Ave

15 Filed DEC 13 1927 G. HALSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 9 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct. 26, 1927, to Dec. 9, 1927,

that I last saw h[illegible] alive on Dec. 8, 1927,

and that death occurred, on the date stated above, at 10:45 A. M.

The CAUSE OF DEATH* was as follows: T. B. E. Pulmonary and peritoneal. 8

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary): Toxemia.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Signs.

(Signed) John O. Lynch M.D.

(Address) Providence Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet — Date of Burial: 12/13 19

20 UNDERTAKER: Emmert Hennessy — ADDRESS: Madison

very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28362

CERTIFICATE OF DEATH.

90

E 28362
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 884 W. Fairmount St. 18-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Boom

(a) RESIDENCE NO. 884 W. Fairmount St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 Color or Race: Colored | 5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 1882

7 AGE: Years 45 | Months | Days | IF LESS than 1 day ..hrs. or ..min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Unknown

9 BIRTHPLACE (city or town)
(State or country) Maryland

PARENTS

10 NAME OF FATHER John Boom

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Fannie Rawlins
(Address) 837 Gough St

15 Filed DEC 13 1927, 19 HARRY JONES M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

Dec 14/27 Signed G E Stallo M. D.
(Coroner)
19 (Address) 143 W 13 way

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial 12/13 19 27

20 UNDERTAKER Edward Hemsley ADDRESS 1711 Bolton

very important. See instructions on back of certificate

Spec.—12-9-25—A Co.—200 Bks.

28363

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

4th E 28363

1-PLACE OF DEATH St. Agnes Hospital

City of BALTIMORE: (No. ____ St.) 27 30 (Ward)

REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Gregonk

(a) RESIDENCE NO. 633 Washington Blvd St. ____ Ward ____

(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? 11 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of No.

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	38			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) ____

(State or country) Poland

PARENTS

10 NAME OF FATHER No.

11 BIRTHPLACE OF FATHER (city or town) ____

(State or country) Poland

12 MAIDEN NAME OF MOTHER No.

13 BIRTHPLACE OF MOTHER (city or town) ____

(State or country) Poland

14 Informant Friend- Aug. Benesch

(Address)

Filed DEC 13 1927 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12—11 1927

17 I HEREBY CERTIFY, That I attended deceased from 12-5 1927 to 12—11 1927,

that I last saw him alive on 12—11 1927,

and that death occurred, on the date stated above, at 3.15 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ~ yrs. ____ mos. 3 ds.

CONTRIBUTORY (Secondary) Carcinoma of Pylorus

(duration) 2 yrs. ____ mos. ____ ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? ____ Date of ____

Was there an autopsy? ____

What test confirmed diagnosis? ____

(Signed) Glen L. Mortimer M. D.

, 19 (Address) 1300 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Russian Indepedet Dec. 14. 1927

20 UNDERTAKER — ADDRESS

John Greblianckas f.d. 423 S Paca St

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28364

CERTIFICATE OF DEATH.

129 E 28364

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 3209 Almeda Blvd (St.) 9-46 (WARD)

2-FULL NAME Margaret Reilly

(a) RESIDENCE NO. 3209 Almeda Blvd ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced (or) WIFE of Wm J Reilly

6 DATE OF BIRTH (month, day, and year) March 27 1861

7 AGE Years 66. Months 8 Days 14 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Cronin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant John H Hopkins

Address 3209 Almeda Blvd

FEB 13 1928 HAMPSON JONES, M. D.

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 11 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1927 to Dec 11, 1927 that I last saw h[illegible] alive on Dec 11 1927 and that death occurred, on the date stated above, at 6 A.M.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Arteriosclerosis

Thrombosis (duration) 1 yrs. 1 mos. 0 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Findings

(Signed) Fred Murphy M. D.

19 (Address) 800 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery DATE OF BURIAL Dec 14 1927

20 UNDERTAKER Robt J Turner ADDRESS 442 N Broadway

Spec.—1-12-23—M&T—500 Blks.

E 28365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-006 E 28365

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1000 E North ave ST., 9-18 (WARD)

2-FULL NAME Joseph Ruppel

(a) RESIDENCE NO. 1000 E North ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE White

5 Single, ~~Married, Widowed,~~ or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 20 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	60	6	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker 803

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Anthony Ruppel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary A Schmidt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Mary Ruppel (Address) 1000 E. North ave

15 Filed [illegible] 19 27 C. HAMPSON HOWES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 8, 1927, to Dec 12, 1927, that I last saw h[illegible] alive on Dec 11, 1927 and that death occurred, on the date stated above, at 6.30 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Com right side

Hemiplegia -

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry Hyde, M. D.

Dec 13, 1927 (Address) 1000 E North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible] Cem Co. DATE OF BURIAL Dec 15 1927

20 UNDERTAKER Robt J Timm Jr ADDRESS N. Forney

Spec.—1-12-23—M&T—500 Bks.

E 28366 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

31 E 28366

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3405 Reistertown Rd St.) 15-58 WARD)

2-FULL NAME Katie Rappoport

(a) RESIDENCE NO. 3405 Reistertown Rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General natnre of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER HYMAN MAZER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unkown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Albert Rappoport

(Address) 3405 Reistertown Rd

15 Filed DEC 13 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12 1927

17 I HEREBY CERTIFY, That I attended deceased from Sept 19, 1927, to Dec 12, 1927, that I last saw her alive on Dec 12, 1927, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Fibroid Phthisis

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) Edema of Lungs, Dropsy

(duration) yrs. 1 mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Exam

(Signed) Joseph Gidoun, M. D.

Dec 13 1927 (Address) 3201 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — DATE OF BURIAL Dec 13 1927

20 UNDERTAKER J Fenson Bro — ADDRESS 1127 E Balto St

Spec.—1-12-23—M&T—500 Bks.

E 28367

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28367

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat St. 25th WARD) 6375 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen De Haven

(a) RESIDENCE NO. Mt Hope Retreat ST., 25th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Female	White	Married

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of Mr. DeHaven

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	0	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) West Va.

PARENTS

10 NAME OF FATHER Thos Larkin.

11 BIRTHPLACE OF FATHER (city or town) (?) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ann McLaughlin

13 BIRTHPLACE OF MOTHER (city or town) (?) (State or country) Ireland

14 Informant (Address) Records of Mt Hope Mt Hope Md

DEC 13 1927 HAMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1922, to Dec 13, 1927, that I last saw h... alive on Dec 12, 1927, and that death occurred, on the date stated above, at 7.45 a m.

The CAUSE OF DEATH* was as follows:

Chr Paralysis - Hemiplegia -

(duration) 5 yrs. 0 mos 0 ds.

CONTRIBUTORY (Secondary) Dep By chron.

(duration) 5 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Cumberland

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Frank J Flannery, M. D.

, 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cumberland - Md. DATE OF BURIAL Dec 13 1927

20 UNDERTAKER Stewart & Mercer Company Balto ADDRESS

...TIONS is very important. See instructions on back.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28368

CERTIFICATE OF DEATH.

129 E 28368

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 3514 Old York Road

CITY OF BALTIMORE, (No. ~~Fort Mahrella~~ ST., 9-47 WARD)

2-FULL NAME George W H Mathews

(a) RESIDENCE NO. 3514 Old York Rd ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 12 1849

7 AGE: Years 78 | Months 1 | Days 29 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Storck Lumber Co.

9 BIRTHPLACE (city or town) (State or country): New Brunswick N S

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) —

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " "

14 Informant (Address) C. R. Wooldridge 704 Melville Ave

15 FILED NOV 13 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11 to 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 14, 1927, to Dec 11, 1927, that I last saw h alive on Dec 11, 1927, and that death occurred, on the date stated above, at 1230 p. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Brij Kadan, M. D.

, 19 (Address) 2306 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Nov 14 1927

20 UNDERTAKER: John B. Spence — ADDRESS: 132 S. N. Carolina St

Spec.—1-12-23—M&T—500 Bks.

E 28369

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28369

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ____ ST., 1074 WARD)

REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Henry Burton

(a) RESIDENCE No. 900 Forest ST. ____ WARD ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): ?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ?

6 DATE OF BIRTH (month, day, and year): ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): South Carolina

PARENTS

10 NAME OF FATHER: ?

11 BIRTHPLACE OF FATHER (city or town) (State or country): ?

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

14 Informant: Relative

(Address)

15 Dec 13 1927 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/8/1927

17

I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1927, to Dec. 8, 1927.

that I last saw him alive on Dec 8, 1927

and that death occurred, on the date stated above, at 10.00 A.M.

The CAUSE OF DEATH* was as follows:

Myocarditis chronic acute

Arteriosclerosis

Hypertension

(duration) 6 yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted? ?

If not at place of death? ____

Did an operation precede death? No Date of ____

Was there an autopsy? Yes

What test confirmed diagnosis? General Symptoms

(Signed) C. Hampson Jones, M. D.

19 (Address) ____

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: ____ DATE OF BURIAL: ____ 19

20 UNDERTAKER: ____ ADDRESS: Cremated

BALTIMORE CITY HOSPITALS

UNIVERSITY OF MARYLAND DEC 13 1927

Commissioner Health

Spec.—1-12-23— 1&T—500 Bks.

E 28370

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28370

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 19 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harriet McDonald

(a) RESIDENCE NO. Budgeton Pa ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11-17-76

7 AGE: Years 51 | Months | Days 25 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED: None

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER Richard McDonald

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Mary McWilliams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

FILED DEC 3 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 12 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1927, to Dec. 12, 1927,

that I last saw h[illegible] alive on Dec 12 1927

and that death occurred, on the date stated above, at 8:55 P. m.

The CAUSE OF DEATH* was as follows:

Brain Tumor—
Benign—Frontal glioma

(duration) 3 yrs mos ds.

CONTRIBUTORY (Secondary) Secondary Anemia (duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Nov. 25, 1927

Was there an autopsy? Yes

What test confirmed diagnosis? Operation & autopsy

(Signed) I Ridgeway Trimble M.D.

12-13 1927 (Address) Johns Hopkins Hosp. Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fawn Grove Pa

DATE OF BURIAL 12/13/27

20 UNDERTAKER Joseph Lahens

ADDRESS 221 N Bway

Spec.—1-12-23—M&T—500 Bks.

28371

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat ST. 2813 WARD)

REGISTERED NO. E 28371

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patrick Burke

(a) RESIDENCE NO. Mt Hope Retreat ST. 28th WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced (or) ~~WIFE of~~ X

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55 years	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clergyman

(b) General nature of industry, business, or establishment in which employed (or employer) Religion

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) W. Va

PARENTS

10 NAME OF FATHER John Burke

11 BIRTHPLACE OF FATHER (city or town) Co. Galway (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Welsh

13 BIRTHPLACE OF MOTHER (city or town) Co. Galway (State or country) Ireland

14 Informant Records of Mt Hope Retreat (Address) Baltimore Md.

15 JAN 3 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 14 1927

17 I HEREBY CERTIFY, That I attended deceased from Jan 20 1927 to Dec. 14 1927, that I last saw h[illegible] alive on Dec. 12 1927, and that death occurred, on the date stated above, at 1.45 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis (duration) 1 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Mt Hope Retreat

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J Flannery, M. D.

, 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL Dec 19 1927

20 UNDERTAKER Fred A. Richardson — ADDRESS 703 Hamp[illegible]

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28372

CERTIFICATE OF DEATH

10-002

E 28372

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Sydenham Hospital St. 19-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Lee

(a) RESIDENCE NO. 116 N. Vincent St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb. 3 1920

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	7	10	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER William Lee

11 BIRTHPLACE OF FATHER (City or town) Balto (State or country)

12 MAIDEN NAME OF MOTHER Bessie Murray

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant William Lee

(Address) 116 N Vincent St.

15 Filed DEC 13 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 12, 1927, to Dec 12, 1927, that I last saw her alive on Dec 12, 1927 and that death occurred, on the date stated above, at 11.50 p m.

The CAUSE OF DEATH* was as follows:

Nasal, Tonsillar + Pharyngeal Diphtheria

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Laboratory

(Signed) Mignon G. Lee, M. D.

12/13 1927 (Address) Sydenham Hosp.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mount Calvary	12-13 1927
20 UNDERTAKER Joseph A Seelig	ADDRESS 1017 Mount

very important. See instructions on back of certificates.

DEC 13 1927

Spec.—1-12-23—M&T—500 Bks.

E 28373 HEALTH DEPARTMENT—CITY OF BALTIMORE E 28373

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Memorial Hosp.

CITY OF BALTIMORE: (No. 33rd & Calvert ST.) 15-67 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby George Gray

(a) RESIDENCE NO. 3011 Loreland Place WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 29/27

7 AGE Years Months 5 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Ernest Gray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Emma Donaldson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Records

(Address)

Filed DEC 13 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/12/27

17 I HEREBY CERTIFY, That I attended deceased from Nov 28, 1927, to Dec 12, 1927, that I last saw him alive on Dec 12/27, 1927, and that death occurred, on the date stated above, at 7.15 P.M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia
Empyema

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? no Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Frank K. Morris, M. D.

, 19 (Address) Union Mem. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel DATE OF BURIAL Dec 14 1927

20 UNDERTAKER Henry Fields ADDRESS 1200 N. Lombard

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28374 E 28374

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

REGISTERED NO. 27-44

CITY OF BALTIMORE: (No. ..... ST., 27 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John S. Little

(a) RESIDENCE NO. 40 Brandon ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Little

6 DATE OF BIRTH (month, day, and year) June 24 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plasterer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer City of Baltimore.

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Daniel Little

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Ober

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant ..... (Address) .....

15 1/3 1927 . 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-12 1927

17 I HEREBY CERTIFY, That I attended deceased from 8-7 1926 to 12-12 1927 that I last saw him alive on 12-12 1927 and that death occurred, on the date stated above, at 11.45 A m.

The CAUSE OF DEATH* was as follows: Carcinoma of Kidney (Rt)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ? yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) C. J. Williams M. D.

, 19 (Address) .....

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn — DATE OF BURIAL Dec 14th 1927

20 UNDERTAKER Leo S. Cook — ADDRESS 1723 Pratt St

(#2837)

Spec.—1-10-21—M&T—1500 Hrs.

E 28375 HEALTH DEPARTMENT—CITY OF BALTIMORE E 28375

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1939 Frederick Ave) (Hospital or Institution) (WARD 28)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie Lulie

(a) RESIDENCE No. 1939 Frederick Ave. WARD 28

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Lulie

6 DATE OF BIRTH (month, day and year) May 7, 1869

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
57	7	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William Pickell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Emaceta Bowman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs Jennie Smardon

(Address) 1939 Frederick Ave

15 Filed DEC 14 1927 E. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month) Dec. (day) 12 1927.

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1925 to Dec. 12 1927.

That I last saw her alive on 11/14 1927.

and that death occurred, on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows:

Carcinoma Oesophagus & Stomach

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinomatosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1939 Frederick Ave

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis Exploratory Laparotomy

(Signed) Jack R. Morgan M. D.

19 (Address) 6 E. Read St Balto

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Poplar Spring M. E. Cem

DATE OF BURIAL Dec. 16, 1927

20 UNDERTAKER Easton Sons

ADDRESS Ellicott City

TION is very important. See instruction on reverse side.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28376 — CERTIFICATE OF DEATH. — E 28376

188-001

REGISTERED NO.

1-PLACE OF DEATH: Pronounced dead at St. Joseph Hospital

City of BALTIMORE: (No. ____ St., 7-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME: Anda Zav a dil

(a) RESIDENCE NO. 1609 E. Abbott St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Katherine Zavadil

6 DATE OF BIRTH (month, day, and year): Jan 2/1865

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	62	11	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Track-walker

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Penna R.R.

9 BIRTHPLACE (city or town):

(State or country): Bohemia

PARENTS

10 NAME OF FATHER: Joseph Zavadil

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Bohemia

14 Informant: Wife

(Address): 1609 Abbott St

15 Filed: DEC 14 1927 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 13/27

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Head and left leg amputated by train in Hoffman St tunnel.

Accidental (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) (duration) ....yrs. ....mos. ....ds.

(Signed) J. S. H. Gatch M. D.

(Coroner)

12/13/27 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Hill Cemetery. Date of Burial: Dec 15 1927.

UNDERTAKER: August Pasek ADDRESS: 2406 E. Ashland Ave.

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 28377

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28377

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ..... St. 25-77 38 Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Weiner

(a) RESIDENCE No. 731 Curtis Ave St., ... Ward .....

(Usual place of abode)

Length of residence in city or town where death occurred about 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Weiner

6 DATE OF BIRTH (month, day, and year) —

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	73	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant (Address)

15 12 14 1927. 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-12 1927

17 I HEREBY CERTIFY, That I attended deceased from 10-4, 1927, to 12-12, 1927, that I last saw him alive on 12-12, 1927, and that death occurred, on the date stated above, at 12 30 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. (?) mos ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis Hypertension Heart block (duration) yrs. Dyspnoea ds.

18 Where was disease contracted? ?

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam

(Signed) C. Hampson Jones M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross a. a. Co.

DATE OF BURIAL 12/15 1927

UNDERTAKER Margaret G Flynn

ADDRESS 1422 Light.

Spec.—7-17-26—A Co.—200 Bks.

E 28378

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 28378

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 517 Mt. Holly St. 29-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Lynch

(a) RESIDENCE NO. 517 Mt. Holly St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec. 7, 1904

7 AGE: Years 23 Months 0 Days 0

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER: Stephen P. Lynch

11 BIRTHPLACE OF FATHER (City or town): Baltimore.

(State or country)

12 MAIDEN NAME OF MOTHER: Ida Thomas

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country)

14 Informant: Edgar Thomas.

(Address) 517 mt Holly st.

15 Filed 19

C. HAMPTON JONES, M. D. Registrar

C 14 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 7 1927 to Dec 11 1927

that I last saw h[illegible] alive on Dec 11 1927

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Fibrillation

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Cardiac Arhythmia

(duration) yrs. mos ds.

18 Where was disease contracted

If not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) George L. Murray M. D.

19 (Address) 4000 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem. Date of Burial 12/14 1927

20 UNDERTAKER: Margaret G. Flynn ADDRESS 1422 Light St

OF DEATH is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28379

E 28379

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital ST. 2-4 WARD)

2-FULL NAME Martha Mach

(a) RESIDENCE NO. 1927 Gough ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 26 1914

7 AGE: 12 Years 11 Months 16 Days. If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Joseph Mach

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland.

12 MAIDEN NAME OF MOTHER: Josephine Zasowa

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland.

14 Informant (Address): Joseph Mach 1927 Gough St

15 Filed DEC 14 1927 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/12/27 19

17 I HEREBY CERTIFY, That I attended deceased from Oct. 8, 1927, to Dec. 12, 1927, that I last saw her alive on , 19 , and that death occurred, on the date stated above, at 12:10 P.M.

The CAUSE OF DEATH* was as follows:

Sarcoma of 2nd Femur

Ventilla

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Sarcoma carcinoma fibroma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 12/1/27

Was there an autopsy? Partial Yes.

What test confirmed diagnosis?

(Signed) Hamilton Jones M. D.

, 19 (Address) St Josephs Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem. — DATE OF BURIAL: Dec 15 27

20 UNDERTAKER: George A. Huber — ADDRESS: 2205 Bank St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 28380

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28380

CERTIFICATE OF DEATH.

Registered No. 129

1-PLACE OF DEATH

City of BALTIMORE: (No. 229 St. Paul Place St., 4-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary C. Hendrix

(a) Residence No. 229 St. Paul Pl St., — Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) July 1st 1853

7-AGE. 77 yrs. 4 mos. 29 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Grossmeier

11-BIRTHPLACE OF FATHER (city or town) Germany (State or Country),

12-MAIDEN NAME OF MOTHER, Elizabeth Lohe

13-BIRTHPLACE OF MOTHER (city or town) Unknown (State or Country),

14- (Informant) Mary E. Hendrix

(Address) 229 St. Paul Place

15- Filed DEC 14 1927, 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 13 1927

17- I HEREBY CERTIFY, That I attended deceased from Dec 23, 1925 to Dec 13 1927

that I last saw her alive on Dec 13 1927

and that death occurred, on the date stated above, at 7:15 a. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) L. A. Lally M. D.

, 19 (Address) 3517 Woodland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, Dec. 15 1927

20-UNDERTAKER, Harry W. Ehlen ADDRESS 1944 W. North Ave

Spec.—1-12-23—M&T—500 Bks.

Jennie B. Kenney

E 28381

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 E 28381

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3710 Dorchester Rd. ST. 1563 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie B. Kenney

(a) RESIDENCE NO. 3710 Dorchester Rd. ST. WARD

(Usual place of abode) Abt.

Length of residence in city or town where death occurred 12½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of John H. Kenney

6 DATE OF BIRTH (month, day, and year) Sept. 6, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	3	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Somerville, N. J. New Jersey

PARENTS

10 NAME OF FATHER Garrett Durling

11 BIRTHPLACE OF FATHER (city or town) (State or country) New Jersey

12 MAIDEN NAME OF MOTHER Sarah Dalley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant John H. Kenney (Address) 3710 Dorchester Road

15 Filed DEC 14 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 12 1927

17

I HEREBY CERTIFY, That I attended deceased from Nov 21 1926 to Dec 12 1927

that I last saw her alive on Dec 12 1927

and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) 2 yrs 5 mos 5 ds.

CONTRIBUTORY (Secondary) Toaemia

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 11/25/25

Was there an autopsy?

What test confirmed diagnosis? Exam Section

(Signed) Rud Fellhoff M. D.

12/13/27 (Address) 3400 Wilkens Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Somerville N. J.

DATE OF BURIAL 12/16 1927

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 W. Baltimore St.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28382

CERTIFICATE OF DEATH.

89 ✓ E 28382

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2740 Maryland Avenue ST. 12-51 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William P. Hughes

(a) RESIDENCE No. 2740 Maryland Ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nonnie J. Hughes

6 DATE OF BIRTH (month, day, and year) Jan. 17, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	10	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Supervisor 18

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer United Railway Co.

9 BIRTHPLACE (city or town) Howard Co.
(State or country) Maryland

PARENTS

10 NAME OF FATHER Sven R. Hughes

11 BIRTHPLACE OF FATHER (city or town) Wales
(State or country) England

12 MAIDEN NAME OF MOTHER Jerusa Ijams

13 BIRTHPLACE OF MOTHER (city or town) Howard Co.
(State or country) Maryland

14 Informant Mrs. Nonnie J. Hughes
(Address) 2740 Maryland Ave.

15 Filed DEC 14 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 13 19 27

17 I HEREBY CERTIFY, That I attended deceased from Dec. 13th, 1927, to Dec. 13th 1927, that I last saw h[illegible] alive on Dec. 13th, 1927 and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) — yrs. — mos 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Eugene Douglas M. D.

19 (Address) 3043 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 12/15 19 27

20 UNDERTAKER Robert O. Cook

ADDRESS 1003 E. Baltimore St

Spec.—1-12-23—M&T—500 Blks.

E 28383

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 28383

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2106 McCulloh ST. 14-54 WARD)

2-FULL NAME Mary Daily McCulloh

(a) RESIDENCE NO. 2106 McCulloh ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1892

7 AGE: Years 35 | Months — | Days — | If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Pelham Fauntroy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Louisa Mason

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mary Fales 2106 McCulloh

(Address)

15 Filed 12-17-27 HAMILTON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/13 1927

17 I HEREBY CERTIFY, That I attended deceased from 11/11 1927, to 12/13 1927,

that I last saw h[illegible] alive on 12/13 1927

and that death occurred, on the date stated above, at 11 A m

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Bacilli

(Signed) Bunkie Miller, M. D.

12/13 1927 (Address) 2469 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bonnebello Wharf Md — DATE OF BURIAL: Dec 14 1927

20 UNDERTAKER: Daniel Easton — ADDRESS 916 Pa ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28384

CERTIFICATE OF DEATH.

129 E 28384

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 726 Redwood St. 125 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Plow

(a) RESIDENCE NO. 926 Redwood St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF ~~FATHER~~ Unk Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unk Unknown

12 MAIDEN NAME OF ~~MOTHER~~ Unk Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unk Unknown

14 Informant M. H. Wells

(Address) 226 Redwood St

15 Filed DEC 14 1927 HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) DEC 11 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1927 to Dec 11 1927

that I last saw him alive on Dec 11, 1927

and that death occurred, on the date stated above, at 6-40 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) — yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin. Exam.

(Signed) Hamp E. Jones M. D.

1927 (Address) 1926 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Urbana Va

DATE OF BURIAL Dec 14 1927

UNDERTAKER Daniel Easton

ADDRESS 916 Pa ave

Cor.—12-9-25—A Co.—200 Bks.

E 28385

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44

E 28385
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 416 Glenwards Ave St. 12-51 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augustus A. Buchman

(a) RESIDENCE NO. 416 Glenwards St. 12 Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Ethel L. Buchman

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE — Years: 114 — Months — Days — IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lodger

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Unknown

14 Informant: Ethel L. Buchman

(Address) 416 Glenwards Ave

Filed DEC 14 1927 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/12 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Coronor's Stomach

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroners)

12-13 (Address) 732 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Marys Hampden — Date of Burial: Dec 15 1927

20 UNDERTAKER: Thos. Watson — ADDRESS: 3615 Eastern Ave

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

Enders

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28386

CERTIFICATE OF DEATH.

10 Pool ✓

E 28386

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST. 1-W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME August Endress

(a) RESIDENCE NO. 141 S. Linwood Ave ST., 1 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Endress

6 DATE OF BIRTH (month, day, and year) aug 5th 1877

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	4	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman at

(b) General nature of industry, business, or establishment in which employed (or employer) Gunther Bro.

(c) Name of employer Co.

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Saphiar Endress

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Afra Buckenmaier

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Carrie Endress

(Address) 141 S. Linwood ave.

15 Filed DEC 14 1927, 19 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/11/27 19

17 I HEREBY CERTIFY, That I attended deceased from 12/10/27, 19 to 12/11/27, 19, that I last saw h alive on 12/11/27, 19, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H Laurence Fahrney M. D.

19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Dec 15 1927

20 UNDERTAKER Lilly-Zeiler ADDRESS 400 Wolfe St

Spec.—1-12-23—M&T—500 Bks.

E 28387 HEALTH DEPARTMENT—CITY OF BALTIMORE E 28387

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 105 S. Durham ST. 12 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William M. Schirmer

(a) RESIDENCE No. 105 S. Durham ST., 2 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Sarah Schirmer

6 DATE OF BIRTH (month, day, and year) May 11th 1865

7 AGE	Years	Months	D	If LESS than 1 day, hrs. or min.
	62	7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER George Schirmer

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Mary Jordan

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Sarah Schirmer (Wife) 105 S. Durham St.

Filed ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 11th 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1927, to Dec. 11, 1927.

that I last saw him alive on Dec. 4, 1927.

and that death occurred, on the date stated above, at 10.05 P m.

The CAUSE OF DEATH* was as follows: Carcinoma of stomach

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) generalized metastasis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Grace I Swingle M. D.

Dec. 1927 (Address) 1040 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery DATE OF BURIAL Dec 16 1927

20 UNDERTAKER Lilly & Geiler ADDRESS 1403 S. Wolfe St

DEC 14 1927 FRANCIS M. JONES, M. D.

Spec.—12-9-25—A Co.—200 Blks.

E 28388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

REGISTERED NO. E 28388

1-PLACE OF DEATH

City of BALTIMORE: (No. 1324 Division St. 17-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anthony Williams

(a) RESIDENCE NO. 1324 Division St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Williams

6 DATE OF BIRTH (month, day, and year) 1848

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	79			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md

PARENTS

10 NAME OF FATHER Anthony Williams

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mary Williams

(Address) 1324 Division St.

15 Filed DEC 14 1927. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/11/1927.

17 I HEREBY CERTIFY, That I attended deceased from 12/8/1927, to 12/11/1927, that I last saw alive on 12/11/1927, and that death occurred, on the date stated above, at 3.15 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. S. Hawkins, M. D.

12/13/1927 (Address) 914 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery Date of Burial 12/14/1927

20 UNDERTAKER Mrs. Geo. H. Holland ADDRESS 1632 Druid Hill Ave.

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE E 28389

E 28389

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1734 Maryland Ave. (St.) (WARD) 12-20

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jeremiah Hopkins

(a) RESIDENCE NO. 1734 Maryland Ave. (St.) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
about 71				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown.

14 Informant (Address): Louisa Hopkins, 1734 Maryland Ave.

15 Filed DEC 14 1927 H. M. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-12- 19 27

17 I HEREBY CERTIFY, That I attended deceased from Aug. 1st, 19 27, to Dec. 12, 19 27.

that I last saw him alive on Dec 11th., 19 27,

and that death occurred, on the date stated above, at 9; 30 A m.

The CAUSE OF DEATH* was as follows:

Mitral Ins.

(duration) ? yrs. 4 mos 11 ds.

CONTRIBUTORY (Secondary): Ch. Int. Nephritis

(duration) ? yrs. 4 mos. 11 ds.

18 Where was disease contracted if not at place of death? At Place of death

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Walt Pinkerton Exam.

(Signed) Walter J. Jackson M. D.

, 19 (Address) 1631 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary Cem. DATE OF BURIAL: Dec 14 19 27

20 UNDERTAKER: Mrs. P. A. Ellicott. ADDRESS: 17 Eastlundale

Spec.–7-17-26—A Co.—200 Bks.

Mathea

E 28390

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001

E 28390

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 211 N. Central Ave St. 5-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hattie Mather

(a) RESIDENCE NO. 211 N. Central Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	37	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Cleaning & Keeping

(c) Name of employer

9 BIRTHPLACE (city or town) Wilmington N.C

(State or country)

PARENTS

10 NAME OF FATHER Lewis Smith

11 BIRTHPLACE OF FATHER (City or town) N. C.

(State or country)

12 MAIDEN NAME OF MOTHER Dk

13 BIRTHPLACE OF MOTHER (city or town) N.C

(State or country)

14 Informant James Newsome Mather

(Address) 211 N. Central Ave

15 DEC 14 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13 19 27

17 I HEREBY CERTIFY, That I attended deceased from Dec 9 19 27 to Dec 13 19 27

that I last saw h alive on Dec 13 19 27

and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (12 hrs)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis Chronic

(duration) yrs. mos. 3 ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) D. H. Stalcup M. D.

12/13 19 27 (Address) 1725 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery Dec 15 1927

20 UNDERTAKER Mrs. Rich. Elliott ADDRESS 1925 Eutaw Pl

OF DEATH is plainly written above. It is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 28391 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 28391

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1500 E Hoffman St. 8-17 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah E Taylor

(a) RESIDENCE NO. 1500 E Hoffman ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 2 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Benjamin F Taylor

6 DATE OF BIRTH (month, day, and year) Sept 13th 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	57	2	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Alexander Dean

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Agnes Kellow

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant Robert Irvine Taylor

(Address) 1500 E Hoffman St

Filed DEC 14 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12th 1927

17 I HEREBY CERTIFY, That I attended deceased from April 1925 to Dec 12 1927.

that I last saw her alive on Dec 12 1927,

and that death occurred, on the date stated above, at 9.27 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Mammary gland

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Uterus

(duration) 30 yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? yes Date of 1/12 5 mos

Was there an autopsy? No

What test confirmed diagnosis? yes

(Signed) Dr Vera Pallack, M. D.

, 19 (Address) 1110 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pastwood Cemetery — DATE OF BURIAL Dec 15th 1927

20 UNDERTAKER George E Willing & Sons — ADDRESS 1120 E Monument St

TION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28392

CERTIFICATE OF DEATH.

166

E 28392

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital St. 3-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles. Oberdick -

(a) RESIDENCE NO. 1529 Aliceanna St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Oberdick

6 DATE OF BIRTH (month, day, and year) Feb. 6. 1876

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	51	10	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Finisher

(b) General nature of industry, business, or establishment in which employed (or employer) Furniture Factory

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Charles Oberdick

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country)

12 MAIDEN NAME OF MOTHER Louise Sonnich

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country)

14 Informant Mrs. Minnie Oberdick

(Address) 1529 Aliceanna St

Filed DEC 14 1927

C. HAMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13 1927

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide

H C P -

(Duration) yrs. mos. 1 hrs.

CONTRIBUTORY (Secondary) Asphyxiation Gas

(Duration) yrs. mos. ds.

(Signed) G C O'Sadie M. D.

(Coroner)

12-13-27 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL First Evangelical Cemetery — Date of Burial Dec 15 1927

20 UNDERTAKER Henry Sader & Sons Inc — ADDRESS 1710 Fleet St.

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

28393

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28393

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 E. Baltimore ST., 5-8 WARD)

2-FULL NAME Shirley Irine Hurwitz

(a) RESIDENCE No. 922 E. Baltimore ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) Nov. 2nd-27

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1-	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Louis Hurwitz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Hannah Snyder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Louis Hurwitz (Father)

(Address) 922 E. Baltimore St.

15 DEC 14 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-14-27

17 I HEREBY CERTIFY, That I attended deceased from Dec 13, 1927, to ---, 19--

that I last saw h[illegible] alive on Dec. 13, 1927

and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Chicken pox

(duration) — yrs. — mos 10 ds.

CONTRIBUTORY (Secondary) 7

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Gilbert W Rosenblatt, M. D.

12/xx, 1927 (Address) 2324 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Mt. Carmel	12-14-1927
20 UNDERTAKER Jack Krum	ADDRESS Baltimore

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 28394

CERTIFICATE OF DEATH

118-007 E 28394

1-PLACE OF DEATH

City of BALTIMORE: (No. Jda) Md. Gen. Hospital St. 16-67 Ward) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ada May Thrasher

(a) RESIDENCE NO. 3000 Fresstman St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 9th 1879

7 AGE: Years 48 Months 7 Days 4

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerical 609

(b) General nature of industry, business, or establishment in which employed (or employer): Department Store

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town): Munson

(State or country): U.S. Massachusetts

PARENTS

10 NAME OF FATHER: Chas. H Thrasher

11 BIRTHPLACE OF FATHER (City or town): New Hampshire

(State or country): Massachusetts

12 MAIDEN NAME OF MOTHER: Ida May Dickinson

13 BIRTHPLACE OF MOTHER (city or town): Chelsea

(State or country): Mass.

14 Informant: Hospital Record

(Address)

15 Filed 1 4 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 13 19 27

17 I HEREBY CERTIFY, That I attended deceased from Nov. 29th 1927, to Dec. 13 1927, that I last saw her alive on 12/13 1927, and that death occurred, on the date stated above, at 12:40 A m.

The CAUSE OF DEATH* was as follows:

Volvulus

CONTRIBUTORY (Secondary) Intestinal perforation and general peritonitis

(duration) yrs. mos. 3 ds.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 11-29-27

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jo Abernethy Crane M. D.

(Address) Mt Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore, Md.

Date of Burial Dec 14 1927

20 UNDERTAKER J. J. Fickus, Jones

ADDRESS Baltimore

OF DEATH in plain terms. ... very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 28395

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90E 28395

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [redacted] ST. 76-37 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice J Lucas.

(a) RESIDENCE NO. [redacted] ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Chattanooga Tenn.

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant

(Address) Records.

15 Filed 1 4 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/11/1927.

17

I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1921, to Dec. 11, 1927

that I last saw her alive on Dec. 11, 1927

and that death occurred, on the date stated above, at 7:30 A. m.

The CAUSE OF DEATH* was as follows:

Impaired hearing.
Interstitial nephritis
Hypertension

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General symptoms

(Signed) C. Sylvester Boyd M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL DEC 14 1927 19

20 UNDERTAKER

ADDRESS

Commissioner Health

Spec.—1-19-21—M&T—1500 Blks.

E 28396 HEALTH DEPARTMENT—CITY OF BALTIMORE E 28396

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Colonial Hospital

CITY OF BALTIMORE: (No. 1122 N. Mount ST. 6-11 WARD)

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Matilda Marie Schreiber

(a) RESIDENCE NO. 136 N Elwood Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. 0 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Wm. Schreiber

6 DATE OF BIRTH (month, day, and year) Nov. 27, 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	0	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work General housework

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto md

PARENTS

10 NAME OF FATHER John Bloss

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Seine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Wm Schreiber

(Address) 136 N. Elwood Ave

DEC 14 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 6 1927 to Dec 14 1927.

that I last saw her alive on Dec 14 1927

and that death occurred, on the date stated above, at 3 15 A m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis Hypertension

Mitral insufficiency

(duration) 5 yrs mos ds.

CONTRIBUTORY (Secondary) Anemia Pulmonary edema

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical data

(Signed) Leo Schlenger M. D.

, 19 (Address) 304 E Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel

DATE OF BURIAL Dec 17 1927

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans st

TION is very important See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28397.

CERTIFICATE OF DEATH.

90 E 28397

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 537 N. Wolfe St. 7-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis C. Smith

(a) RESIDENCE NO. 537 N. Wolfe St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced (or) WIFE of, Late Basil L. Smith

6 DATE OF BIRTH (month, day, and year) Jan 14/58

7 AGE: Years 69 Months 10 Days 28 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town): City

(State or country)

PARENTS

10 NAME OF FATHER Alex Thompson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Susanna B.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Mrs A. McTeaven

(Address) 710 N. Linwood

15 Filed ..... C. HAMPSON JONES, M. D. Registrar

By ..... Date

1927

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Probably Dec 11 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Chr Myocarditis

(History of heart disease for some time) (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. [illegible] Carter M. D.

(Coroner)

12/13/27 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Date of Burial 12/15 1927

20 UNDERTAKER: Philip Henry ADDRESS 2046 Arlington

Use Indelible Pencil. See instructions on back of certificate. Every question must be answered. Where information is not known, write "Unknown." Where not applicable, write "None." Dates must be written in full. Ages, if less than one year, must be stated in days or hours. Names and birthplaces must be given in full. Occupations should be such as to indicate the trade or profession followed. Causes of death must be stated in plain English. Abbreviations and symbols must not be used. Physicians are required to report to the Registrar the cause of death of every person who has been under their professional care during the last illness. Coroners are required to report to the Registrar the cause of death of every person whose death is investigated by them. Undertakers are required to report to the Registrar the death of every person buried by them. Every certificate must be signed by the person responsible for the statements made thereon. Penalty for violation of any of the above requirements, $100.00 fine.

Spec.—1-12-23—M&T—500 Bks.

E 28398

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 28398

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph Hospital St. (WARD) 10

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Tribull

(a) RESIDENCE NO. 177 N. Howard St. WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	41			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Anthony Tribull

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mr Louis Teichmann
(Address) 1402 N. Howard St

15 DEC 4 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/14/27

17 I HEREBY CERTIFY, That I attended deceased from 12/10/27, 19 , to 12/14/27, 19 , that I last saw him alive on 12/14/27, 19 , and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A Lawrence Fahrney, M. D.

19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem — DATE OF BURIAL Dec 17 1927

20 UNDERTAKER Peter Nicolaus — ADDRESS 2423 Eastern

Spec.—1-12-23—M&T—500 Bks.

E 28399

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28399

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1137 Stockton ST. 16-23 WARD)

REGISTERED No. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kate Smith

(a) RESIDENCE NO. 1137 Stockton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Smith

6 DATE OF BIRTH (month, day, and year): March 3, 1865

7 AGE: Years 62 | Months 9 | Days 9 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook - Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self. Alexandria Va.

9 BIRTHPLACE (city or town) (State or country): Alexandria Va.

PARENTS

10 NAME OF FATHER: Edward Howard

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Harriet Fowler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Irene Freeman

(Address) 1132 Stockton St.

15 DEC 14 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 12 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 16, 1927, to Dec 12, 1927, that I last saw her alive on Dec 10, 1927 and that death occurred, on the date stated above, at 9.20 A. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis - Chronic

Asthma (duration) yrs. 7+ mos ds.

Partial

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 7+ mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms Physical

(Signed) Wm H. Wright, M. D.

12/12, 1927 (Address) 1209 Preston ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Calvary — DATE OF BURIAL: 12-15 1927

20 UNDERTAKER: Jos A Lieb — ADDRESS: 407 [redacted]

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28400

CERTIFICATE OF DEATH

E 28400
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2529 Oswego ave. St. 58 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susan Wolf.

(a) RESIDENCE NO. 2529 Oswego ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ernst F. Wolf.

6 DATE OF BIRTH (month, day, and year) Sept. 29 1854

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min..
	73	2	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Henry Kratz.

11 BIRTHPLACE OF FATHER (City or town) (State or country) Europe

12 MAIDEN NAME OF MOTHER Mary Holthaus

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Europe.

14 Informant Daughter (Address) 2529 Oswego ave.

15 Filed 4 1927 C. HAMPSON JONES, M. D. Registrar

Pct. ARA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 14 19 27

17 I HEREBY CERTIFY, That I attended deceased from Dec 13, 1927 to Dec 14 1927

that I last saw h[illegible] alive on Dec 12 1927

and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Hemiplegia 4 d

Uremia 4 d

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis 4 mos

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) 1734 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cem. Date of Burial 12/16/27

20 UNDERTAKER Margaret D. Flynn ADDRESS 1422 Light

very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

Dennis B. Watson ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28401

E 28401

43

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO. _____

City of BALTIMORE: (No. 4106 21st St. 17-50 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dennis B Watson

(a) RESIDENCE NO. 4106 21st St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs Lena A Hathaway

6 DATE OF BIRTH (month, day, and year): Nov. 11, 1871

7 AGE: Years 56 Months — Days 17 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Ship Caulker

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Ship Building Co.

9 BIRTHPLACE (city or town): Balto. (State or country) Md

PARENTS

10 NAME OF FATHER: George W Watson

11 BIRTHPLACE OF FATHER (City or town): Balto (State or country) Md

12 MAIDEN NAME OF MOTHER: Emma Newkirk

13 BIRTHPLACE OF MOTHER (city or town): Balto (State or country) Md

14 Informant: Mrs. Mabel Watson (Address) 4106 E. 21st St.

15 Filed DEC 14 1927 C. HAMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/13 - 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 2 1927, to Dec 13 1927, that I last saw h[im] alive on 12/13 - 1927, and that death occurred, on the date stated above, at 3300 m.

The CAUSE OF DEATH* was as follows:

Cancer of Rectum

(duration) — yrs. 8 mos. — ds.

CONTRIBUTORY (Secondary)

(duration) X yrs. X mos. X ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of May 20/27

Was there an autopsy? (Yes)

What test confirmed diagnosis? Clinical

(Signed) R. M. Bauer M. D.

19 (Address) 1340 E Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dom Shore Cem Mt Olivet Md Date of Burial Dec 16 1927

20 UNDERTAKER: Charles L Stein ADDRESS 1501 Eat Fair

OF DEATH be plain and full, so that it may be properly very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 28402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28402

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 2213 Brookfield Ave ST. 13-54 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Shirley Rutzhell

(a) RESIDENCE NO. 2213 Brookfield ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1902

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
25	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Moses Rutzell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Jennie Schantz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jacob Rutzell

(Address) 2213 Brookfield ave

15 12 4 1927 C. HAMPSON JONES, M. D., Registrar

By —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/14 1927

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1927 to Dec. 14, 1927 that I last saw her alive on Dec. 13, 1927 and that death occurred, on the date stated above, at 8:45 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) — yrs. — mos. 14 ds.

18 Where was disease contracted if not at place of death? Balto. Md

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Yes

(Signed) Max Lewis M. D.

12/14/1927 (Address) 1800 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship | DATE OF BURIAL 12/15/1927

20 UNDERTAKER Jack Lewis | ADDRESS 1739 Eutaw

Spec.—1-12,23—M&T—500 Blks.

E 28403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100 E 28403

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) ST. 15-21 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Levy

(a) RESIDENCE No. 1733 appleton ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 14, 1853

7 AGE: 74 Years | Months 4 | Days 0 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Moris Levy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Fredericka ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address)

15 DATE RECEIVED 12 14 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-14 1927

17 I HEREBY CERTIFY, That I attended deceased from 12-7 1927 to 12-14 1927

that I last saw her alive on 12-14 1927

and that death occurred, on the date stated above, at 10 00 A m.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys. Exam

(Signed) C. Hampson Jones M. D.

. 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~: Balto. Hebrew Cem. | DATE OF BURIAL 12/16/1927.

20 UNDERTAKER: Hurd Sondheim | ADDRESS 118-20 W. Mt. Royal Ave

Cor.—12-9-25—A Co.—200 Bks. Sadie Rankin

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28404

CERTIFICATE OF DEATH.

31 E 28404

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 533 S Chester St. St., 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sadie Rankin

(a) RESIDENCE NO. 533 S Chester St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1878

7 AGE: Years 48 Months Days

If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country): Md.

PARENTS

10 NAME OF FATHER: Dudley Coyne

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Katherine Murray

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Balto. Md.

14 Informant: Marie Rankin

(Address): 533 S Chester St

15 FILED DEC 14 1927 C. HAMPSON JONES, M. D. Registrar

Per H.R.H.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 12 192 7

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yr. mos. 14 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yr. mos. 1 ds.

(Signed) G. C. Hades M. D.

(Address) 1413 Mad ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the state yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Hanford Date of Burial Dec 16 1927

20 UNDERTAKER: John M Weber ADDRESS 1803 Bank St

Use black ink. Fill in spaces with typewriter or pen. Be very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28405

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

129 E 28405

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mercy Hospital St. 54 WARD)

2-FULL NAME Mary A. Byrne

(a) RESIDENCE NO. 802 N. Gay St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 25-1893

7 AGE: Years 34 | Months 0 | Days 17 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Edward J. Byrne

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Mary Agnes Miles

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Agnes F. Keenan

(Address) 809 Valley St

15 Filed DEC 15 1927 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-12-1927

17 I HEREBY CERTIFY, That I attended deceased from 12-10-27, 19 to 12-12-27, 19

that I last saw h alive on 12-12-27, 19

and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis - Hypertension

Contributory (duration) yrs. mos. ds.

(Secondary) Anaemia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phthalein - Findings

(Signed) Jos Robinson M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. DATE OF BURIAL: Dec. 16 1927

20 UNDERTAKER: Young - J. Rutt ADDRESS: 1735 Harford Ave.

Spec.—1-10-21—M&T—1500 Bks.

E 28406

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28406

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 730 Harford ave ST. 10-14 WARD)

2-FULL NAME Frederick J Kirsch

(a) RESIDENCE NO. 730 Harford ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Agnes Kirsch

6 DATE OF BIRTH (month, day, and year) Jan 14th 1865

7 AGE: Years 62 Months 11 Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Wagon & Carriage Builder

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Frederick Kirsch

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Wilhelmina Meyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Mrs Agnes Kirsch

(Address) 730 Harford ave

15 Filed DEC 15 1927 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 14, 1927, to Dec 14, 1927, that I last saw h alive on Dec 14, 1927, and that death occurred, on the date stated above, at 4.55 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs mos 5 hrs

CONTRIBUTORY (Secondary) Cirrhosis Sclerosis

(duration) 5 yrs mos ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John B Fick M. D.

Dec 14 1927 (Address) 4364 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loraine Cemetery — DATE OF BURIAL: Dec 17th 1927

20 UNDERTAKER: George Schulz & Sons — ADDRESS [illegible]

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

28407

CERTIFICATE OF DEATH

101-001

1-PLACE OF DEATH Union Memorial Hospital

REGISTERED No. E 25107

CITY OF BALTIMORE: (No. ST. 12-19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary ~~Fedden~~ Fiddon

(a) RESIDENCE NO. 411 Pinckney ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John E Fedden

6 DATE OF BIRTH (month, day, and year) July 31 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	5	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER W. H. Mummaw

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mollie Adams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant John E Fiddon

(Address) 411 Pinkney Place

15 Filed DEC 15 1927 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/13 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 12, 1927, to Dec 13, 1927, that I last saw h[illegible] alive on Dec 13 1927 and that death occurred, on the date stated above, at 1 40 P. m

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Findings

(Signed) Palmer V. C. Williams, M. D.

12/13 1927 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Hampden — DATE OF BURIAL 12/16 1927

UNDERTAKER J W Cook — ADDRESS 502 E North Ave

Spec.—1-12-23—M&T—500 Blks.

E 28408

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10-69 10-001

E 28408

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph Hospital (Ward) 10-69 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clayton Jefferson

(a) RESIDENCE NO. 2313 Mc Henry ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 7, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	2 6	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Meredith Jefferson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Lady D. Briley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Meredith Jefferson (Address) 2313 Mc Henry St

15 Filed DEC 15 1927 HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/14/27

17 I HEREBY CERTIFY, That I attended deceased from 12/3/27, 19 , to 12/14/27, 19 , that I last saw him alive on 12/14/27, 19 , and that death occurred, on the date stated above, at 2:30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 17 ds.

CONTRIBUTORY (Secondary) cardiac decompensation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) H Laurence Fahrney, M. D.

, 19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL 12/17 1927

20 UNDERTAKER Wm Cook — ADDRESS 502 E North Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28409

CERTIFICATE OF DEATH.

78 ✓

E 28409
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1709 Carswell St St. 946 Ward)

2-FULL NAME Albert JL Brooks

(a) RESIDENCE NO. 1709 Carswell St St. Ward
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sep 21/1880

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	47	2	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Maryland

PARENTS

10 NAME OF FATHER Albert J.Brooks
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.
12 MAIDEN NAME OF MOTHER Henrietta Haul
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant James A. Brooks
(Address) 1709 Carswell St

15 [illegible] C. HANSON JONES, M. D.
Registrar

DEC 15 1927

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192
Dec 13/27

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Status Epilepticus
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) J. C. Hanson M. D.
(Coroner)
19 12/14/27 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.
Where disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge
Date of Burial 12/15 192

20 UNDERTAKER Wm Cook
ADDRESS 501 E North Ave

OF DEATH in pencil, or type, and see that every item is answered. Use ditto marks only when they will not be misunderstood. Do not leave any space blank. Write plainly and use only permanent black ink. Every certificate must be signed. Every certificate must be filed with the Registrar of the district in which death occurred, before a burial permit will be issued. Every certificate must be filed within five days after death. Every certificate must be filed before the body is removed from the district in which death occurred. Every certificate must be filed before the body is buried or removed from the city. Every certificate must be filed before the body is cremated. Every certificate must be filed before the body is removed from the state. Every certificate must be filed before the body is removed from the country. Every certificate must be filed before the body is removed from the continent. Every certificate must be filed before the body is removed from the world. Every certificate must be filed before the body is removed from the universe. Every certificate must be filed before the body is removed from the multiverse. Every certificate must be filed before the body is removed from the omniverse. Every certificate must be filed before the body is removed from the infinite. Every certificate must be filed before the body is removed from the eternal. Every certificate must be filed before the body is removed from the timeless. Every certificate must be filed before the body is removed from the spaceless. Every certificate must be filed before the body is removed from the nothingness. Every certificate must be filed before the body is removed from the void. Every certificate must be filed before the body is removed from the abyss. Every certificate must be filed before the body is removed from the darkness. Every certificate must be filed before the body is removed from the light. Every certificate must be filed before the body is removed from the existence. Every certificate must be filed before the body is removed from the reality. Every certificate must be filed before the body is removed from the truth. Every certificate must be filed before the body is removed from the falsehood. Every certificate must be filed before the body is removed from the illusion. Every certificate must be filed before the body is removed from the dream. Every certificate must be filed before the body is removed from the nightmare. Every certificate must be filed before the body is removed from the hallucination. Every certificate must be filed before the body is removed from the delusion. Every certificate must be filed before the body is removed from the madness. Every certificate must be filed before the body is removed from the sanity. Every certificate must be filed before the body is removed from the insanity. Every certificate must be filed before the body is removed from the normality. Every certificate must be filed before the body is removed from the abnormality. Every certificate must be filed before the body is removed from the supernormality. Every certificate must be filed before the body is removed from the subnormality. Every certificate must be filed before the body is removed from the hypernormality. Every certificate must be filed before the body is removed from the hyponormality. Every certificate must be filed before the body is removed from the paranormality. Every certificate must be filed before the body is removed from the metanormality. Every certificate must be filed before the body is removed from the transnormality. Every certificate must be filed before the body is removed from the ultranormality. Every certificate must be filed before the body is removed from the infranormality. Every certificate must be filed before the body is removed from the supranormality. Every certificate must be filed before the body is removed from the subnormality. Every certificate must be filed before the body is removed from the hypernormality. Every certificate must be filed before the body is removed from the hyponormality. Every certificate must be filed before the body is removed from the paranormality. Every certificate must be filed before the body is removed from the metanormality. Every certificate must be filed before the body is removed from the transnormality. Every certificate must be filed before the body is removed from the ultranormality. Every certificate must be filed before the body is removed from the infranormality. Every certificate must be filed before the body is removed from the supranormality.

very important. See instructions on back of certificate.

Spec.--1-19-21--M&T--1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28410

CERTIFICATE OF DEATH.

E 28410
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Howard A Jelly Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Annie R Carr

(a) RESIDENCE ~~No.~~ Mooresville N. C ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Claude T. Carr

6 DATE OF BIRTH (month, day, and year) Jan 12 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	53	11	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

9 BIRTHPLACE (city or town) Rowan N C.
(State or country)

PARENTS

10 NAME OF FATHER S. Chalmers Rankin

11 BIRTHPLACE OF FATHER (city or town) Rowan Co.
(State or country) North Carolina

12 MAIDEN NAME OF MOTHER Alice Alexander

13 BIRTHPLACE OF MOTHER (city or town) Mecklenburg Co. N. C.
(State or country)

14 Informant Claude T. Carr
(Address) Mooresville N. C.

15 Filed DEC 15 1927 Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15 1927

17

I HEREBY CERTIFY, That I attended deceased from Oct 11, 1927, to Dec 15, 1927,

that I last saw h alive on Dec 15, 1927,

and that death occurred, on the date stated above, at 5 30 A. m.

The CAUSE OF DEATH* was as follows:

Subdiaphragmatic Abscess

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Appendicial abscess

(duration) yrs. 1½ mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? Yes Date of 10/20/27

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Clewell Howell, M. D.

, 19 (Address) 1418 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mooresville North Carolina DATE OF BURIAL Dec 15 1927

20 UNDERTAKER Elias. G. Black ADDRESS 742 W. North Ave

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

Sample

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28411

CERTIFICATE OF DEATH.

21 E 28411

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) Baltimore City Hospitals ST. (or WARD) 22-30

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarence Sample

(a) RESIDENCE NO. 519 Lee st. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Solomon Sample

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records (Address)

15 [illegible] JONES, M. D. Registrar

DEC 15 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 12, 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec. 5 1927, to Dec. 12, 1927,

that I last saw him alive on Dec. 12, 1927

and that death occurred, on the date stated above, at 2.30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical and autopsy

(Signed) L. E. Madden, M. D.

12-13-27, 19 (Address) Balto. City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL Dec 16 1927

UNDERTAKER W. E. Brauer & Son

ADDRESS 1611 Monument St

Spec.–7-17-26—A Co.—200 Bks.

E 28412

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74-001

E 28412

1-PLACE OF DEATH Baltimore Md. REGISTERED NO.

City of BALTIMORE: (No. Woman's Hosp. St. 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Sarah Nicholas

(a) RESIDENCE NO. 204 W. Monument St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 21st 1853.

7 AGE — Years: 74 Months: 10 Days: 23 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Louisville (State or country) Kentucky

PARENTS

10 NAME OF FATHER Judge J. S. Nicholas

11 BIRTHPLACE OF FATHER (City or town) (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Mary Mansfield Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Miss Sallie Carter (Address) 204 W. Monument St.

15 1927 C. HARRISON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Dec. 14, 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1927, to Dec. 14, 1927, 19

that I last saw her alive on Dec. 14, 1927,

and that death occurred, on the date stated above, at 5:14 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. 1 mos. 6 ds.

CONTRIBUTORY (Secondary) Hypertrophied Cerebral hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death? 204 W. Monument St.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical examination

(Signed) H. K. Thoms, M. D.

, 19 (Address) Woman's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. Date of Burial: Dec 16 1927

20 UNDERTAKER: Henry H. Kirkin & Sons ADDRESS: Mt. Lincoln Pratt & E.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28413

CERTIFICATE OF DEATH.

90 E 28413

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals B-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter A. Monroe

(a) RESIDENCE No 213 S Bond ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maine

PARENTS

10 NAME OF FATHER Abraham Monroe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maine

12 MAIDEN NAME OF MOTHER Keziah

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maine

14 Informant Balto City Hosp (Address)

15 Date DEC 15 1927 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-12 1927

17 I HEREBY CERTIFY, That I attended deceased from 11-22- 1927 to 12-12 1927

that I last saw him alive on 12-11 1927

and that death occurred, on the date stated above, at 4 30 m.

The CAUSE OF DEATH* was as follows:

Generalized Osteoarthritis and Chronic Myocarditis

Contributory Bronchitis mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) M. Greene M. D.

12/12 1927 (Address) Balto City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery DATE OF BURIAL 12/15 1927

20 UNDERTAKER Sol Levinson & Bro ADDRESS 1127 E Balto St

Spec.—1-12-23—M&T—5,30 Bks.

Dr Hawkins's

HEALTH DEPARTMENT—CITY OF BALTIMORE

Charles Randall

E 28414

CERTIFICATE OF DEATH.

179

E 28414

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 9 West 24th St. 12-51 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Wolf

(a) RESIDENCE NO. 9 West 24th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Frederick Wolf

6 DATE OF BIRTH (month, day, and year) July 25 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	4	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Samuel Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Martha Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Stanley Wolf

(Address) 9 West 24th Street

Filed DEC 15 1927 H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1925, to Dec 14, 1927.

that I last saw ~~her~~ alive on Dec 13, 1927.

and that death occurred, on the date stated above, at 4:30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) J. [illegible] Hawkins M. D.

(Address) 1 W Randall St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery

DATE OF BURIAL 12/16 1927

20 UNDERTAKER William Cook

ADDRESS 502 E North Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28415

CERTIFICATE OF DEATH.

90 E 28415

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Cor. Augusta & Lexington St. 5 Ward)

2-FULL NAME Jos. C. Lawson

(a) RESIDENCE NO. 1205 E. Lexington St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S., if of foreign birth? ... yrs. ... mos. ... da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie

6 DATE OF BIRTH (month, day, and year): November 1875

7 AGE: Years 52 Months ... Days ... IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Surgical Instrument Maker

(b) General nature of industry, business, or establishment in which employed (or employer): ...

(c) Name of employer: ...

9 BIRTHPLACE (city or town): Portland Me

(State or country)

PARENTS

10 NAME OF FATHER: Robt Lawson

11 BIRTHPLACE OF FATHER (city or town): Portland

(State or country)

12 MAIDEN NAME OF MOTHER: Mary Curran

13 BIRTHPLACE OF MOTHER (city or town): ...

(State or country): Ireland

14 Informant: Sarah Lawson

(Address): 290 Concord St.

Filed ... 192 ... H. ... JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 14 27 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an M. Enquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said M. Enquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Val. dis. heart

Did Duration ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

(Signed) ... M. D.

(Coroner)

(Address) 1099 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

Date of Burial: Dec 15 1927

20 UNDERTAKER: C. Parlett

ADDRESS: Glenburnie Md

DEC 15 1927

OF DEATH in plain terms, so that it may be understood. The items are all very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28416

CERTIFICATE OF DEATH.

31 E 28416

REGISTERED NO.

1-PLACE OF DEATH #

CITY OF BALTIMORE: (No. 310 N Culbeam ST. 14-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Eliz Carey Tellum

(a) RESIDENCE NO. 310 N Culbeam ST., ... WARD ...
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	Col	Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Tellum.

6 DATE OF BIRTH (month, day, and year) Dec 18 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	11	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER George Posey

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER Maggie Power

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Sedonia Reve
(Address) 310 N Culbeam St

15 Filed DEC 15 1927 19 C. HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 1 , 19 27 , to Dec 11 , 19 27 ,

that I last saw her alive on Dec 10 , 19 27 ,

and that death occurred, on the date stated above, at 3:40 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward L Farrell M. D.

19 (Address) 1717 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL Dec 15 1927

20 UNDERTAKER C. Jones ADDRESS 111 S. Gilmor

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 28417 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28417
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1724 Gough St. 7-4 WARD)

2-FULL NAME John Biniak.

(a) RESIDENCE NO. 1724 Gough ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
~~HUSBAND of~~ ~~and WIFE of~~ Tillie Biniak

6 DATE OF BIRTH (month, day, and year) 5/10/1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	7	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Steamship. Co

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Biniak

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Tillie Biniak
(Address) 1727 Gough

15 Filed DEC 15 1927 Clerk S. H. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14 19 27

17 I HEREBY CERTIFY, That I attended deceased from May 1, 27, to Dec. 14, 27,
that I last saw him alive on Dec. 14, 27,
and that death occurred, on the date stated above, at 6.30 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Louis Krause M. D.
12/14, 1927 (Address) 1500 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus	12/17/1927

20 UNDERTAKER William Fiackowski ADDRESS 168 Eastern Ave

TION IS VERY Important—See instructions on

Cor.—12-9-25—A Co.—200 Bks.

E 28418

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

E 28418
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St. 18-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin Friedman

(a) RESIDENCE NO. 1119 W Franklin St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Fannie Friedman

6 DATE OF BIRTH (month, day, and year) Unkown

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or....min.
	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Isaac Friedman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unkown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Fannie Friedman
(Address) 1119 W Franklin St

15 Filed DEC 15 1927 19 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14/27

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr Bronchitis-Emphysema

(duration) yrs. mos. ds.

(Signed) J. H. Collins M. D.
(Coroner)

12/14/27 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mehren Berea Cem Date of Burial 12/15/27 19

20 UNDERTAKER Jack Louis ADDRESS 1439 Eutaw

OF DEATH in plain terms, so that it may be readily understood. very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 28419

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

168

E 28419

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 120 So. Carey St. 14-25 Ward)

2-FULL NAME Edward Meade

(a) RESIDENCE NO. 120 So. Carey St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Mar 13 1872

7 AGE

Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
53	9	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Robert Meade

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto

12 MAIDEN NAME OF MOTHER Kate Unkelbeak

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto

14 Informant Mrs. M. F. Lansdown

(Address) 1531 Madison Ave.

15 Filed DEC 15 1927, 19 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14 2 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by Strangulation

Hung Self

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ds.

(duration) yrs. mos. ds.

(Signed) Wm. B. Norton M. D.

(Coroner)

Dec 15 1927 (Address) Curtis Bay, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and whether Accidental, Suicidal, or Homicidal. (See reverse side.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. Date of Burial Dec. 16 1927

20 UNDERTAKER Geo J. Smith ADDRESS 1532 Hollins

OF DEATH in plain terms, so that it may be understood. very important. See instructions on back of certificate.

Sp -12-23-21—E.B.R.S.—400 Bks.

28420

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28420

CERTIFICATE OF DEATH.

21

1-PLACE OF DEATH

City of BALTIMORE: (No. 2441 E Hoffman St., 8th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. William J Martin

(a) Residence No. 2441 E Hoffman St., 8 Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) ~~Wife of~~ Catherine Martin

6-DATE OF BIRTH (month, day and year) Dec 21 1867

7-AGE. 59 yrs. 11 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Harford Co Md

PARENTS.

10-NAME OF FATHER. Patrick Martin

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. —

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Harford Co Md

14- (Informant). J P Martin

(Address). 2441 E Hoffman St

15- Filed DEC 15 1927 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 14 1927

17- I HEREBY CERTIFY, That I attended deceased from Dec 11, 1927 to Dec 14, 1927.

that I last saw him alive on Dec 13, 1927.

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) D O Herzog MD M. D.

Dec 15, 1927 (Address) 1305 N Patterson Pk

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loftmans — DATE OF BURIAL. Dec 19, 1927

20-UNDERTAKER. Howard K McComas — ADDRESS Abingdon Md

Instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28421

CERTIFICATE OF DEATH.

129

E 28421

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1937 W. Franklin St. 19-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida Virginia Sterling

(a) RESIDENCE NO. 1937 W. Franklin St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Noah T. Sterling

6 DATE OF BIRTH (month, day, and year) May 24-1853

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or....min.
	74 yr	6	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work house-wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Richmond Va.

(State or country)

PARENTS

10 NAME OF FATHER Wm J. Armistead

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Princess Anne Co, Va.

12 MAIDEN NAME OF MOTHER Lucy Bailey

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Chesterfield Co. Va.

14 Informant Noah T. Sterling

(Address) 1937 W. Franklin St

DEC 15 1927 C. HARRISON, U.S. H. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec-15-1927.

17 I HEREBY CERTIFY, That I attended deceased from Dec 10 1927, to Dec 15 1927, that I last saw h.... alive on Dec 15 1927, and that death occurred, on the date stated above, at 12:35 m.

The CAUSE OF DEATH* was as follows: Cerebral Hemmorhage

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Typical signs & symptoms

(Signed) Chester Roland, M. D.

12 15, 1927 (Address) 2532 Edmondson av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Greyne Roland Cemetery 12-17 1927

20 UNDERTAKER ADDRESS

N. B Browning Sons 1136 Pennsylvania Ave

OF DEATH in plain terms, so that it may be properly classified. very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 28422

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28422

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1012 S. Kenwood Ave ST.) 1-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert L. Betz

(a) RESIDENCE NO. 1012 S. Kenwood ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 18 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	7	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Jacob F. Betz.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Margaret M. Schiemer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Frank D Betz

(Address) 1012 S. Kenwood Ave

15 Filed 1 5 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13 1927

17

I HEREBY CERTIFY, That I attended deceased from Nov 20, 1927, to Dec 13, 1927, that I last saw him alive on Dec 13, 1927, and that death occurred, on the date stated above, at 11 P M.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) Gradual yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) Gradual yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace B Tilden M. D.

12/14 1927 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Matthews Cemetery

DATE OF BURIAL Dec 16 1927

20 UNDERTAKER George W. Zinkler

ADDRESS 1737 E. Eager St

TION is very important See instructions on back of certificate

Spec—12-23-21—E.B.R.S.—400 Bks.

E 28423

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28423

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1810 W. Eagle St. St. 19-28 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Ellen Washington

(a) Residence No. 1810 W Eagle St. St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE. Black

5-Single, Married, Widowed, or Divorced. (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec 13, 1927

7-AGE. ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, 1 hrs. or 45 min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town). Balt (State or Country). Md

PARENTS.

10-NAME OF FATHER. Miner Washington

11-BIRTHPLACE OF FATHER (city or town) Columbus (State or Country). Ohio

12-MAIDEN NAME OF MOTHER. Daisy Elam

13-BIRTHPLACE OF MOTHER (city or town) Charlotte (State or Country). Va

14- (Informant).....

(Address).....

15- Filed 15 1927 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 12/14/27

17- I HEREBY CERTIFY, That I attended deceased from Dec 14, 1927 to Dec 14 1927.

that I last saw her alive on Dec 14 1927

and that death occurred, on the date stated above, at 5 a m

The CAUSE OF DEATH* was as follows:

Prematurity

Congenital Atelectasis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Phy exam

(Signed) Knight Bryan M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. DATE OF BURIAL, ... 19....

20-UNDERTAKER. ADDRESS

Instructions on back of certificate.

DEC 15 1927

E 28424

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28424

CERTIFICATE OF DEATH.

Registered No. C. 2205

1-PLACE OF DEATH

City of BALTIMORE: (No. Jones Falls. St. 3-5 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Unknown

(Residence in Baltimore: No. " St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced. (Write the word.)
F	Unknown	Unknown

6-DATE OF BIRTH. —

(Month) (Day) (Year)

7-AGE. 30? —

yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. —
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country). —

PARENTS.

10-NAME OF FATHER. —

11-BIRTHPLACE OF FATHER, (State or Country). —

12-MAIDEN NAME OF MOTHER. —

13-BIRTHPLACE OF MOTHER, (State or Country). —

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15- Filed DEC 15 1927 C. HAMPSON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec 13 192 7
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or Inquiry) thereon and from the evidence obtained by said Inquest, (Inquest, autopsy or Inquiry,) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Unknown

(Duration) yrs. mos. 1 day ds.

CONTRIBUTORY (Secondary) —

(Duration) yrs. mos. ds.

(Signed) G. C. Bladen M. D.
(Coroner)
Dec 13/27 (Address) 1376 Bway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. PUBLIC CEMETERY

DATE OF BURIAL. 19

20-UNDERTAKER.

ADDRESS

Commissioner of Health

THE MORGUE

Per Am. E. Rogers

This is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 28425 HEALTH DEPARTMENT—CITY OF BALTIMORE E 28425

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS 27-41 57 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George McCaine

(a) RESIDENCE NO. Penn Corner + Hilltop Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) ditto

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Middletown Delaware

PARENTS

10 NAME OF FATHER John McCaine

11 BIRTHPLACE OF FATHER (city or town) (State or country) ? Delaware

12 MAIDEN NAME OF MOTHER Mary E Purdum

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ? Delaware

14 Informant (Address) Records

15 Filed 1 5 1927 Per [illegible] Registrar

HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/13/ 1927

17 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1921, to Dec 13, 1927, that I last saw him alive on Dec 13, 1927 and that death occurred, on the date stated above, at 11:30 A. m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus
arteriosclerosis
hypertension

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms + Sec.

(Signed) C. Holmes Bunting M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Middletown Del — DATE OF BURIAL Dec 16 1927

20 UNDERTAKER P Adams Son — ADDRESS 1727 W Lafayette Ave

ION IS very important. See instructions on

Cor.—12-9-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28426

CERTIFICATE OF DEATH.

167-001

E 28426

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1713 Hollins (Street) 14-28 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine J. Smith

(a) RESIDENCE NO. 1713 Hollins (Street) Ward 8

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): March 2 1893

7 AGE: Years 34 Months 9 Days 11 IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Private Duty

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country) Md

PARENTS

10 NAME OF FATHER: James Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary A. Gearin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mary Smith

(Address) 1713 Hollins St

15 Dec 1927 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 13 1927

17 I HEREBY CERTIFY that I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Suicide by inhaling monoxide Gas

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) —

(duration) ... yrs. ... mos. ... ds.

Dec 15 1927 (Signature) Thos. B. Hampson M. D. (Coroner)

(Address) Courtland Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where did disease contracted, if not at place of death? ...

Former or usual residence ...

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Date of Burial: Dec 16 1927

20 UNDERTAKER: John A. Moran ADDRESS: 5000 E Baltimore St.

OF DEATH in plain terms, so that it may be properly ...very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 28427

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28427

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 760 N. Saratoga ST. 4-N WARD)

2-FULL NAME Charley R. Jones.

(a) RESIDENCE NO. 760 N. Saratoga ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Hallie E Jones

6 DATE OF BIRTH (month, day, and year): 1878

7 AGE: Years 49 Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Richard Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Hallie E Jones 760 N Saratoga St.

15 1927 C. HAMPSON JONES, M. D., Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 13, 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 5th, 1927, to Dec 13, 1927, that I last saw him alive on Dec 13th, 1927, and that death occurred, on the date stated above, at 8 A.M. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Alcoholism.

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. R. Rauschbach, M. D.

12-14, 1927 (Address) 2215 N. Monroe St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: Dec 16 1927

20 UNDERTAKER: Daniel Earhart — ADDRESS 916 Pine

CAUSE OF DEATH must be filled in. See instructions on back of certificates. TION is very important

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28428

CERTIFICATE OF DEATH

101-006

E 28428

REGISTERED NO.

1-PLACE OF DEATH University Hospital

City of BALTIMORE: (No. Lombard & Greene St. 2864 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William C. Palmisano

(a) RESIDENCE NO. 4404 Wentworth Road St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred (yrs. 21) mos. da. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Dorothy A Palmisano

6 DATE OF BIRTH (month, day, and year): Aug 9th 1906

7 AGE — Years: 21 Months: 4 Days: 4 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Augustine Palmisano

11 BIRTHPLACE OF FATHER (City or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Sara Di Marco

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Augustine Palmisano

(Address) 114 N. Lakewood

15 1927 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-13 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 24 1927 to 12-13 1927

that I last saw h[illegible] alive on 12-13 1927

and that death occurred, on the date stated above, at 5 20 P. m.

The CAUSE OF DEATH* was as follows:

Lung abscess - right lung.

(duration) yrs. 5 mos. da.

CONTRIBUTORY (Secondary): Lobar pneumonia - left lower lobe

Myocardial failure

(duration) yrs. mos. 3 da.

18 Where was disease contracted

if not at place of death? unknown

Did an operation precede death? yes Date of 12-8-27

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings & Autopsy.

(Signed) Henry Vincent Dart, M. D.

12/13 1927. (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loraine Cemetery — Date of Burial: Dec 16 1927

20 UNDERTAKER: Frank V. Pikitone — ADDRESS: 251 E. Balto

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 28429

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28429

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospl S. 21-29 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Baldwin

(Residence in Baltimore: No. 916 Ramsey St — St.; yrs. 4. mos. 6 ds. 6)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, ~~Widowed~~, or ~~Divorced~~, (Write the word.) married

6-DATE OF BIRTH. June 6th (Month) (Day) 1884 (Year)

7-AGE. 43 yrs. 6 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... house work
(b) General nature of industry, business, or establishment in which employed (or employer)..... —

9-BIRTHPLACE, (State or Country). Balto, Md

PARENTS.

10-NAME OF FATHER. Geo Diedrich

11-BIRTHPLACE OF FATHER, (State or Country) Balto Md.

12-MAIDEN NAME OF MOTHER. Emma Crogen

13-BIRTHPLACE OF MOTHER, (State or Country) Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Robt P Baldwin

(Address) 916 Ramsey St

15- Filed 1927 C. HAMPSON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec 13th (Month) (Day) 1927 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:

Acc.

Multiple Burns (burns)

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Shock

(Duration) yrs. mos. 1 ds.

Filed Dec 15 1927 (Address) C. E. Hampson Jones M. D. 1275 N Bway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Western Cem. DATE OF BURIAL. Dec 16th 1927

20-UNDERTAKER. John J. Conaughton ADDRESS 201 Baltimore St

This is very important. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28430

CERTIFICATE OF DEATH

J2 E 28430

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital 2862 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cornelius Hasson

(a) RESIDENCE NO. Liberty Hts Ave Oak Ave Ward

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Kane Hasson

6 DATE OF BIRTH (month, day, and year): Unknown. 1885

7 AGE: Years 42 Months — Days — IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tobr

(b) General nature of industry, business, or establishment in which employed (or employer): /

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

14 Informant: Mrs. Hasson

(Address): Liberty Heights Ave

15 192 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: DEC 14 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 13, 1927, to Dec 14, 1927, that I last saw h. alive on Dec 14, 1927, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Tabes dorsalis

Syphilis

(duration) 20 yrs. — mos. — ds.

CONTRIBUTORY (Secondary): Broncho pneumonia

(duration) — yrs. — mos. 7 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Lewis Alde Taunton M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem

Date of Burial: Dec 16th 1927

20 UNDERTAKER: John J. Cowan & Son

ADDRESS: 908 Collins Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 28431

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28431

CERTIFICATE OF DEATH.

91-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 104 W. Beverly (Ward) 23-31

2-FULL NAME Mary C. Boeschee.

(a) RESIDENCE NO. 104 W. Beverly ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Herman Boeschee.

6 DATE OF BIRTH (month, day, and year) Oct. 20, 1851.

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	1.	25.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Dont know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Dont know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant John E.H. Gloesner.

(Address) 104 W. Beverly.

15 12 15 1927 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 17, 1927, to Dec 15, 1927, that I last saw h[illegible] alive on Dec 15, 1927, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Acute cardiac dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio sclerosis.

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical sign.

(Signed) Sidney H. Sweet, M. D.

12/15, 1927 (Address) 4[illegible] E. Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. | DATE OF BURIAL Dec 17 1927

20 UNDERTAKER [illegible] | ADDRESS [illegible]

TION is very important. See instructions on back of Certificate.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

28432

CERTIFICATE OF DEATH

E 28432

REGISTERED NO.

1-PLACE OF DEATH Md General Hospital

City of BALTIMORE: (No. Madison & Linden Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julius Ackerman

(a) RESIDENCE NO. 1503 N Washington St

(Usual place of abode) St. Ward

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Ackerman

6 DATE OF BIRTH (month, day, and year) April 20, 1860

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	67	7	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Harness Maker

(b) General nature of industry, business, or establishment in which employed (or employer) Manufacturer

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Christian Ackerman

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Cecilia Wendler

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Germany

14 Informant Hoyd Ackerman (Address)

DEC 16 1927

C. HAMPSON JONES, M. D., Registrar

By R.H.C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13 1927

17 I HEREBY CERTIFY, That I attended deceased from 12-9-27 to 12-13-27.

that I last saw him alive on 12-13-27

and that death occurred on the date stated above at 9.25 P.M.

THE CAUSE OF DEATH was as follows: Cerebral Hemorrhage due to Diffuse Chronic Nephritis & Endocarditis & Myocarditis

(duration) 20 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis & Hypertrophy of Heart

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Jno A Thompson M. D.

. 19 (Address) 1111 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — Date of Burial Dec 16 1927

20 UNDERTAKER Robt J Turner for — ADDRESS N. Broadway

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

Spec.—1-12-23—MAT—500 Blks.

E 28433 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 ✓ E 28433

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS 50 St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Stedeman

(a) RESIDENCE No. 2620 St. Paul ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	?

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Wm Stedeman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Burns

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Records

15 [illegible] C. HAMPSON JONES, M. D. Registrar

DEC 16 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/14/1927.

17

I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1927 to Dec. 14, 1927

that I last saw him alive on Dec. 14, 1927

and that death occurred, on the date stated above, at 11.30 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis chronic
Arteriosclerosis
Hypertension

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Gen. Sec.

(Signed) C. Holmes Burns, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem. DATE OF BURIAL 12/17/1927

20 UNDERTAKER Liston T. Russell & Son ADDRESS 2620 St. Paul.

TIONS is very important See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28434

CERTIFICATE OF DEATH

#9 E 28434

1-PLACE OF DEATH Woman's Hospital

REGISTERED NO.

City of BALTIMORE: (No.) St. 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Howard Matthai Jr.

(a) RESIDENCE NO. Woman's Hospital St. Ward Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 13 ds. How long in U. S. if of foreign birth? 0 yrs. 2 mos. 13 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct. 2, 1927

7 AGE — Years: 0 — Months: 2 — Days: 13 — IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Howard Matthai

11 BIRTHPLACE OF FATHER (City or town) Baltimore

(State or country) Md.

12 MAIDEN NAME OF MOTHER Charlotte Evans Parker.

13 BIRTHPLACE OF MOTHER (city or town) New York,

(State or country) N.Y.

14 Informant Howard Matthai (Father)

(Address) Govanstown, Md.

15 Date received DEC 16 1927 16 [illegible] Registrar

P

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 15, 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1927 to Dec. 15, 1927.

that I last saw him alive on Dec. 15 1927.

and that death occurred, on the date stated above, at 4.45 P. m.

The CAUSE OF DEATH* was as follows:

Brain Tumor.

(duration) yrs. 2 mos. 13 ds.

CONTRIBUTORY (Secondary) Brain Tumor.

(duration) yrs. 2 mos. 13 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Dec. 3, 1927.

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) Francis H. Langley, M. D.

12/15 1927 (Address) Woman's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem. — Date of Burial: Dec 16 1927

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) — ADDRESS: 108 W. NORTH AVE

THIS SPACE TO BE LEFT BLANK, as it is reserved for use in case certificate is returned for correction. Please write plainly in making out CERTIFICATE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28435

CERTIFICATE OF DEATH.

74-002

E 28435

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 118 Roland Ave St. 21-53 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sallie Johnson Gault

(a) RESIDENCE NO. 118 Roland Ave St. Ward Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 4 mos. 26 ds. How long in U. S., if of foreign birth? 76 yrs. 4 mos. 26 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm A Gault

6 DATE OF BIRTH (month, day, and year): 7-18-51

7 AGE

Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
76	4	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: Thos Paine

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Clara Johnson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Harford Co Md

14 Informant: Geo Chas P Gault Nephew

(Address) 118 Roland Ave

Filed DEC 16 1927 HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/14 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquest.) thereon and from the evidence obtained by said Inquest, autopsy or inquest find that said deceased came to her death (Inquest, autopsy or inquest.) on the day stated above.

The CAUSE OF DEATH was as follows:

Cerebral Thrombosis with Left Hemiplegia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) John M Morrison M. D.

(Coroner)

12/14 1927 (Address) 7638 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — Date of Burial: Dec 16 1927

20 UNDERTAKER: Stewart Mort Co — ADDRESS: Balto Md

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28436

CERTIFICATE OF DEATH

91-002

E 28436

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 3953 Bonner Road St. 15-65 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen H. L. Reinicker

(a) RESIDENCE NO. 3953 Bonner Road St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. J. Reinicker

6 DATE OF BIRTH (month, day, and year): July 2, 1845

7 AGE — Years: 82 Months: 10 Days: 13

IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto (State or country) Md.

PARENTS

10 NAME OF FATHER: Henry S. Shyock

11 BIRTHPLACE OF FATHER (City or town): (State or country) Md.

12 MAIDEN NAME OF MOTHER: Ann O. Shields

13 BIRTHPLACE OF MOTHER (city or town): (State or country) Va.

14 Informant: Mary A. Acker

(Address) 3953 Bonner Road

15 DATE RECEIVED: DEC 16 1927

16 PHYSICIAN: [illegible]

Dr.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 14 1927

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1920, to Dec 14, 1927, that I last saw h[illegible] alive on Dec 13, 1927, and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral arteriosclerosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) [illegible], M. D.

(Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loraine Cemetery Date of Burial: Dec 16 1927

20 UNDERTAKER: Jolus O. Mitchell ADDRESS: [illegible]

EC 16 1927

IMPORTANT: Use only black ink. Write plainly. Do not abbreviate. Give full name of deceased. Do not use initials. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

Pick

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001.

E 28437

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 28437

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO.) 2228 Essex ST. 1-3 WARD)

2-FULL NAME Mary Pick

(a) RESIDENCE NO. 2228 Essex ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Frank Pick

6 DATE OF BIRTH (month, day, and year): Nov-10-1887

7 AGE: Years 40 | Months 1 | Days 4 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Joseph Lyzmmoth

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Antonia Lyzmmoth

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Frank Pick (Address) 2228 Essex

15 Filed: 161927 J. HAMPTON MOSE, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Decemb 15 1927

17

I HEREBY CERTIFY, That I attended deceased from Dec 13 1927 to Dec 14 1927

that I last saw h alive on Dec 13 1927

and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary): Pulmonary oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam.

(Signed) A R Riley, M. D.

19 (Address) 245 Berry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross — DATE OF BURIAL: Dec 17 1927

20 UNDERTAKER: Kendall Dippel & Co ADDRESS 37 Lanvale

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks. Via P.R.R. Escort Miss Effie D. Webb

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28438

CERTIFICATE OF DEATH.

90 E 28438

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3005 Frisby St ST., 9-46 WARD)

2-FULL NAME Harriet Elizabeth Webb

(a) RESIDENCE NO. 3005 Frisby St ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wyatt B. Webb

6 DATE OF BIRTH (month, day, and year) Dec. 11, 1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	0	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Tennessee

PARENTS

10 NAME OF FATHER John Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Orange Virginia

12 MAIDEN NAME OF MOTHER Lucy Lyell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Tennessee

14 Informant (Address) Miss Effie D. Webb 3005 Frisby St

15 Received C. HAMILTON JONES, M. D. Registrar

DEC 16 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 15 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 21 1927 to Dec 15 1927 that I last saw h alive on Dec 15 1927 and that death occurred, on the date stated above, at 8.00 P. m.

The CAUSE OF DEATH* was as follows

Myocarditis

?

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Wm. H. Engel M. D.

Dec. 19 27 (Address) 2105 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Orange, Virginia DATE OF BURIAL Dec 18 1927

UNDERTAKER Henry W. Means & Son ADDRESS 805 N. Calvert

TION is very important See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28439

CERTIFICATE OF DEATH.

101-001

E 28439

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. Gen. Hospital St., 4-11 Ward)

2-FULL NAME Elsie J. Holmes

(a) RESIDENCE NO. 610 E. 22nd St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Holmes

6 DATE OF BIRTH (month, day, and year): May 25 1871

7 AGE: Years 56 Months 6 Days 14 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Maryland

PARENTS

10 NAME OF FATHER John Sterling

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Maryland

14 Informant Robert Holmes

(Address) 610 E 22nd St

15 Filed Dec 9 1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 15 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) no other history

(duration) yrs. mos. ds.

(Signed) D. T. Hennessy M. D.

(Coroner)

Dec 9 1925 (Address) 25 W Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the state yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine — Date of Burial 12/9 1925

20 UNDERTAKER: H. Mc Cosh — ADDRESS 502 Ellwood Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 28440

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24-001

E 28440
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 425 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME G. A. Evans

(a) RESIDENCE NO. Boys' 32 N. Paca St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	60			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) W. Va.

PARENTS

10 NAME OF FATHER Geo. Evans

11 BIRTHPLACE OF FATHER (city or town)
(State or country) W. Va.

12 MAIDEN NAME OF MOTHER Julia Toney

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) W. Va.

14 Informant A. P. Smith
(Address) 1113 Park Ave

15 Filed DEC 16 1925 H. HAMBLETON, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Senile Decay

2 hrs (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial pneumonia

(duration) yrs. mos. ds.

Dec 16 1925 Signed) H. P. Pitts M. D.
(Coroner)
, 19 (Address) 1029 Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs. mos. ds. In the State yrs. 60 mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount — Date of Burial 12/16/25

20 UNDERTAKER Wilbur Cook — ADDRESS 502 E. Vath

IF DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, give its NAME instead of street and number. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28441 — REGISTERED NO. E 28441

1-PLACE OF DEATH

City of BALTIMORE: (No. 4308 Walnut Ave St. 28-66 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alfred Burkhard

(a) RESIDENCE NO. 4308 Walnut Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 26. 1873

7 AGE — Years: 55 — Months: 2 — Days: 19 — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Janitor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Daily Record

9 BIRTHPLACE (city or town): Galt

(State or country): Md

PARENTS

10 NAME OF FATHER: Adalbert Burkhard

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Maurice Bingmann

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: Flora V. Burkhard

(Address): 4308 Walnut Ave

15 Filed ..... 19 ..... Registrar

DEC 16 1927

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 15 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

organic heart disease

(duration) ..... yrs. 8 mos. ..... ds.

CONTRIBUTORY (Secondary) cerebral hemorrhage

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. Kinney M. D.

(Coroner)

(Address) 572 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — Date of Burial 12/17 1927

20 UNDERTAKER: W. M. Cook — ADDRESS 507 Eutaw Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

Gribbin

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28442

CERTIFICATE OF DEATH.

45 E 23442

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph's Hospital ST. 12-49 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Gribben

(a) RESIDENCE NO. 3909 Northern Pkwy ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie E Gribben

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cigar Maker

(b) General nature of industry, business, or establishment in which employed (or employer) 017

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Thomas H Gribben

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Coyne

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Annie E Gribben

(Address) 205 W Madison St Apt 6

15 Filed DEC 16 1927 J. HAMPTON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-15 1927

17

I HEREBY CERTIFY, That I attended deceased from 11-23- 1927 to 12-15 1927.

that I last saw him alive on 12-15 1927.

and that death occurred, on the date stated above, at 10.15 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation + Pneumonia (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H Laurence Zahniser M. D.

19 (Address) St. Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL 12/17 1927

20 UNDERTAKER George Kane — ADDRESS Park Ave

TION is very important See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28443

CERTIFICATE OF DEATH.

100-001

E 28443

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2143 Huntingdon Ave Ward) 12-51

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlotte H. Hofman.

(a) RESIDENCE NO. 2143 Huntingdon St Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 19, 1927.

7 AGE — Years: — Months: 10 — Days: 25 — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Child.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town): Balto
(State or country)

PARENTS

10 NAME OF FATHER Gilman Hofman

11 BIRTHPLACE OF FATHER (city or town): Balto.
(State or country)

12 MAIDEN NAME OF MOTHER Irene Wiles

13 BIRTHPLACE OF MOTHER (city or town): Pa.
(State or country)

14 Informant: Gilman Hofman.
(Address) 2143 Huntingdon Ave

Filed C. HAMPSON JONES, M. D. Registrar

DEC 16 1927.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14, 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry,) find that said deceased came to her death in the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.
(Coroner)

12/15, 1927 (Address) 5692 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem — Date of Burial: Dec 17, 1927

20 UNDERTAKER: Chenoweth Son — ADDRESS: 3615 E Baltimore St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 28444 HEALTH DEPARTMENT—CITY OF BALTIMORE 1001 E 28444

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 607 Archer St. 21-29 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary McCoy

(a) Residence No. 607 Archer St. 21 Ward
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE. colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of David McCoy

6-DATE OF BIRTH (month, day and year) April 7, 1904

7-AGE. 23 yrs. 8 mos. 8 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. At Home

(b) General nature of industry, business, or establishment in which employed (or employer). 037

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Smithfield, N.C.

PARENTS.

10-NAME OF FATHER. Dave Ward

11-BIRTHPLACE OF FATHER (city or town) (State or Country). N C

12-MAIDEN NAME OF MOTHER. Mary Ward

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). S C

14-(Informant) David McCoy

(Address) 607 W. Archer St.

15-Filed DEC 16 1927 HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec. 15/27

17- I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1927 to Dec. 15, 1927

that I last saw her alive on Dec. 15, 1927

and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthenia

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Lobular Pneumonia

(Duration) yrs. mos. 14 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test to confirm diagnosis? Physical Findings

(Signed) M. D.

(Address) 1126 W. Cross St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Auburn. DATE OF BURIAL. Dec 17, 1927

20-UNDERTAKER. Fred. A. Sloan ADDRESS 703 Hanover

In plain terms, give cause of death; see instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28445

CERTIFICATE OF DEATH.

90 E 28445

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 76-37 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Ross

(a) RESIDENCE NO. ? ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About 85 ?				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ?

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address) Records.

15 Filed DEC 16 1927, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/14/1927

17

I HEREBY CERTIFY, That I attended deceased from Aug. 26, 1927, to Dec. 14, 1927, that I last saw he alive on Dec. 14, 1927 and that death occurred, on the date stated above, at 12:30 A m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis.

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Gross & Symptoms.

(Signed) [illegible] M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem.

DATE OF BURIAL Dec 19 27

20 UNDERTAKER F. A. Krause & Son

ADDRESS 703 Lanvale St

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

1843 N Balt St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28446

CERTIFICATE OF DEATH.

890 South E 28446

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 S. Catherine ST. 20-69 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary M. Strine

(a) RESIDENCE NO. 8 South Catherine ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John L Strine

6 DATE OF BIRTH (month, day, and year) Feb 14 1846.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	10	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) York Pa

PARENTS

10 NAME OF FATHER Edward Reinecke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Lena Yager

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John L Strine (Address) 8 S Catherine St

15 FILED DEC 16 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15 1927

17 I HEREBY CERTIFY, That I attended deceased from 1924, 19 ..., to 1927 - 12/15/27, 19 ..., that I last saw her alive on 11/12/27, 19 ..., and that death occurred, on the date stated above, at 12.30 p.m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(duration) 3 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John Knott M. D.

, 19 ... (Address) 1843 N. Balto. St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL York Pa — DATE OF BURIAL 12/17 1927

UNDERTAKER Wm Cook — ADDRESS 502 Elm St

TION is very important See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 28447

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28447

CERTIFICATE OF DEATH.

91-002

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 818 Hollins St. St., 18-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Zlata Weinblatt

(a) RESIDENCE NO. 16 S. Fremont ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
F	White	Widow

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Weinblatt

6 DATE OF BIRTH (month, day, and year) Unknown 1872

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	55	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER aka Sokel

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Hyman Weinblatt

(Address) 16 S. Fremont ave

DEC 16 1927

FILED HAMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 2 yrs. 7 mos. 7 ds.

CONTRIBUTORY (Secondary) Carcinoma

(duration) yrs. mos. ds.

Dec 16/27 (Signed) J C Lady M. D.

(Coroner)

(Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rehrer McConnell Date of Burial 12/16 1927

20 UNDERTAKER Jack Lewis ADDRESS 1439 Wash Ave

If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—1-12-23—S&T—500 Blks.

E 28448

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-002

CERTIFICATE OF DEATH

E 28448

1-PLACE OF DEATH Baltimore Md

CITY OF BALTIMORE: (No. Garden Apt #1-A St. 11-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary Carney Coe

(a) RESIDENCE NO. Garden Apt #1-A ST. WARD

(Usual place of abode)

(Length of residence in city or town where death occurred 3 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced. (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Victor T. Coe

6 DATE OF BIRTH (month, day, and year) May 15th 1842

7 AGE Years 85 yrs Months 7 Days If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York N.Y.

PARENTS

10 NAME OF FATHER Francis Carney

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York N.Y.

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York N.Y.

14 Informant Mrs. W. E. Nicholson (Address) Garden Apt #1-A

15 C. HAMPSON JONES, M. D. Registrar

DEC 16 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12 - 15 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 1925 to Dec 1927

that I last saw h alive on Dec 1927

and that death occurred, on the date stated above, at hs

The CAUSE OF DEATH* was as follows:

General Sclerosis

Especially (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility - Arterio sclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None needed

(Signed) William R Clarke M. D.

12/15 1927 (Address) St. Johns Rd Roland Park Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bloomington Ill

DATE OF BURIAL Dec 16 1927

20 UNDERTAKER Henry Oerlein & Co

ADDRESS Oakland Md

CAUSE OF DEATH IS VERY important. See instructions on back of certificates.

Cor.—12-9-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28449

CERTIFICATE OF DEATH.

179 E 28449

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St Joseph Hospital 26-41 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lionel John Nuth

(a) RESIDENCE NO. 237 Furley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 4/1921

7 AGE: Years 6 | Months 3 | Days 11 | IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto., Md.

(State or country)

PARENTS

10 NAME OF FATHER: John A. Nuth

11 BIRTHPLACE OF FATHER (city or town): Balto. Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Alvrado Spence

13 BIRTHPLACE OF MOTHER (city or town): Georgia

(State or country)

14 Informant: Father

(Address)

15 Filed C. HARRISON JONES, M. D. Registrar

DEC 19 1927

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15/27

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidently burned (Clothes caught fire while playing with matches

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Jos H Cole M. D.

(Coroner)

12/16/27 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery Date of Burial Dec. 19 1927

20 UNDERTAKER: Henry Hoeck Son ADDRESS 1301 E Eager St

Do not abbreviate. Supply omissions. Make no erasures. Exact statement of OCCUPATION is OF DEATH in plain terms, so that it may be properly classified. very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28450

CERTIFICATE OF DEATH.

90 E 28450

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 8 S Spring St. Ward 3-4)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nettie Travers

(a) RESIDENCE NO. 118 Spring St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 39 Months Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Cambridge md

PARENTS

10 NAME OF FATHER Solomon Travers

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Cambridge md

14 Informant: Richard Traders

(Address): 18 S Spring st

Filed DEC 16 1927 C. HAMPSON JONES, M. D. Registrar

By RKK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 15 1927

17 I HEREBY CERTIFY that I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 1 ds.

Dec 15 27 (Signed) G. L Brades, M. D.

(Coroner)

, 19 (Address) 143 E 33 way

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury — Date of Burial: Dec 16 1927

20 UNDERTAKER: Edward Henderson — ADDRESS 1503 E Monument

Do not write in any space, as the entries must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—MAT—500 Bks.

Peter A Klemans. ✓ 28451

E 28451

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 E 28451

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 4-25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Peter A Klemans

(a) RESIDENCE NO. 311 N Bond ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE: Years 44 Months Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Gerhart Klemans

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Charlotte Meierhoff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Margaret Klemans (Address) 3112 Gaven St

15 Filed DEC 16 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 14 1927

17 I HEREBY CERTIFY, That I attended deceased from 11-30, 1927, to 12-14, 1927 that I last saw him alive on 12-14, 1927 and that death occurred, on the date stated above, at 4:40 m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis
Right Cerebral Hemiplegia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? None

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) W Blumgart, M. D.

(Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel — DATE OF BURIAL: Dec 17 1927

20 UNDERTAKER: Lee B Cook — ADDRESS: 1723 Patterson Pk Ave.

CAUSE OF DEATH: In plain terms, so that it may be properly understood. TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 28452

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28452

CERTIFICATE OF DEATH.

89

REGISTERED NO. 70-71

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4009 Edmondson Ave ST. WARD

2-FULL NAME Charles E. Roberts

(a) RESIDENCE NO. 4009 Edmondson Av ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Florence F. Roberts

6 DATE OF BIRTH (month, day, and year) August 19, 1868

7 AGE: Years 59 | Months 3 | Days 27 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) West Virginia

PARENTS

10 NAME OF FATHER John F. Roberts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Ellen Fitzer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) West Virginia

14 Informant Florence F. Roberts

(Address) 4009 Edmondson Ave.

15 Filed DEC 16 1927 H. HAMPTON, Clerk, U. S. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 16, 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1927, to Dec. 16, 1927, that I last saw him alive on Dec. 15, 1927, and that death occurred, on the date stated above, at 12:20 A. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) / yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. L. Parson M. D.

12.16.27 (Address) 514 Drury Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pine Grove, Mt Airy, Md

DATE OF BURIAL: 18 Dec. 1927

UNDERTAKER: Joseph Seyfer

ADDRESS: 1600 W. North Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28453

CERTIFICATE OF DEATH.

90

E 28453 REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 418-W-23 ST., 12-51 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Patrick Murphy

(a) RESIDENCE NO. 418-W-23 ST., 12 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male | 4 COLOR OR RACE: white | 5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Murphy

6 DATE OF BIRTH (month, day, and year): Dec 25, 1864

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
63	10	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Motorman

(b) General nature of industry, business, or establishment in which employed (or employer): Electric R'R

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Cecil Co Md

PARENTS

10 NAME OF FATHER: Martin Murphy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Cecil Co Md

14 Informant: Mary Murphy

(Address): 418 W 23rd St

15 [illegible] H. Jones M.D.

Registrar

DEC 16 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 15 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 14, 1927, to Dec 15, 1927, that I last saw him alive on Dec 14, 1927, and that death occurred, on the date stated above, at 4 A.M.

The CAUSE OF DEATH* was as follows:

Cardiac insufficiency

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Cardiac arrest organic

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Roscoe R. Green M. D.

Dec 16 1927 (Address) 2438 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem	12/19/27
UNDERTAKER: Joseph Farley	ADDRESS: Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—J-10-21—MAT—1500 Blks.

E 28454 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH. 90 E 28454

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1510 Eutaw (St.) Place (WARD) 4-20 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Hill

(a) RESIDENCE NO. 1510 Eutaw St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 11. 1910

7 AGE: Years 17 | Months 9 | Days 4 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Edward Hill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Annie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unk.

14 Informant Mrs Minnie Owens

(Address) 1510 Eutaw Place

Filed DEC 16 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 17 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1927, to Dec. 17, 1927, that I last saw h[illegible] alive on Dec. 17, 1927, and that death occurred, on the date stated above, at 6:45 P. m.

The CAUSE OF DEATH* was as follows:

Acute diffuse Nephritis

Chronic Nitric Nephritis.

(duration) yrs. — mos ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs mos. 1/2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. S. Mayo, M. D.

12/17 1927 (Address) 516 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem — DATE OF BURIAL: Dec 16 1927

UNDERTAKER: A W Routson — ADDRESS: 2238 N Avenue

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 28455

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28455

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST 11-24 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dennis Cooper.

(a) RESIDENCE NO. Linden Ave & Hillsboro WARD.

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored.	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman. odd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) maryland

PARENTS

10 NAME OF FATHER Henry Cooper

11 BIRTHPLACE OF FATHER (city or town) (State or country) md.

12 MAIDEN NAME OF MOTHER Hannah ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant (Address) Records.

Filed 12 16 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/14/ 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1927, to Dec. 14, 1927

that I last saw him alive on Dec. 14, 1927

and that death occurred, on the date stated above, at 8.20 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

Arteriosclerosis. Hypertension

Chronic interstitial nephritis

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General Exam

(Signed) C. Lennox Boyd, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart — DATE OF BURIAL 12/16 1927

20 UNDERTAKER J. J. Daley Sons — ADDRESS 1318 Light St

CAUSE OF DEATH must be plainly stated. See instructions on back of certificates. TION is very important

Spec.-7-17-26—A Co.—200 Bks.

E 28456

HEALTH DEPARTMENT—CITY OF BALTIMORE

77-001

E 28456

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Sydenham Hospital St. 16-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Morgan Jeter, Jr.

(a) RESIDENCE NO. 617 Carrollton Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Black

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 15, 1919

7 AGE: Years 8 Months 8 Days

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Schoolboy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

PARENTS

10 NAME OF FATHER Morgan Jeter, Sr.

11 BIRTHPLACE OF FATHER (City or town): Unknown

(State or country): S. Carolina

12 MAIDEN NAME OF MOTHER Emma Valentine

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country): Maryland

14 Informant: Morgan Jeter, Sr.

(Address): 617 Carrollton Ave

15 Date Received: DEC 16 1927

C. HAMILTON JOLLS, M. D. Registrar

P.M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: December 15, 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 13, 19 27, to Dec 15, 1927,

that I last saw him alive on Dec. 15, 1927,

and that death occurred, on the date stated above, at 11:15 a. m.

The CAUSE OF DEATH* was as follows:

Cerebrospinal meningitis

— traumatic origin

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted? Home

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lumbar puncture

(Signed) L. Levin M. D.

, 19 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetary

Date of Burial: Dec 16 1927

20 UNDERTAKER: Thomas E. Kelson

ADDRESS: 1303 Pressman St

C 16 1927 152.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1 12 23—MAT—500 Blks.

Harry Keys or Hughes

E 28457

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28457

CERTIFICATE OF DEATH.

31

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. 9-18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Keys or Hughes

(a) RESIDENCE NO. 1114½ E. Oliver st. ? ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1890 ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37 ?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Florida

PARENTS

10 NAME OF FATHER Peter Hughes

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Carolina

12 MAIDEN NAME OF MOTHER Fannie Kiel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) South Carolina

14 Informant Hospital Records
(Address)

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

C 16 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 12, 19 27

17

I HEREBY CERTIFY, That I attended deceased from Oct. 28, 19 27, to Dec. 12, 19 27,

that I last saw h im alive on Dec. 12, 19 27,

and that death occurred, on the date stated above, at 9.30 A. M.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L. E. Madden, M. D.

12-13-27, 19 (Address) Balto. City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly
TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 28458

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28458

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1331 S. CHARLES ST. (73-33 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME PHILIP H. FELTHOUSEN.

(a) RESIDENCE NO. 1331 S. CHARLES ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 4 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carlena Felthousen.

6 DATE OF BIRTH (month, day, and year) Aug. 11, 1854.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min
	73.	4.	4.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Book keeper. 008

(b) General nature of industry, business, or establishment in which employed (or employer) Bibbs Pluming

(c) Name of employer Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Dont know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dont know.

12 MAIDEN NAME OF MOTHER Dont know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mrs. Carlena Felthousen.

(Address) 1331 S. Charles St.

15 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 15 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1927, to Dec. 15, 1927, that I last saw h m alive on Dec. 14, 1927 and that death occurred, on the date stated above, at 8 P. m

The CAUSE OF DEATH* was as follows:

Uremic Coma

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted — if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. H. Jones, M. D.

12/16/27 (Address) 1 W Randall St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Dec 17 1927
20 UNDERTAKER	ADDRESS
A Rowland Evans	18 E Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly coded. TION is very important. See instructions on back of certificates.

161927

Spec.—1-12-23—M&T—500 Bks.

E 28459

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 E 28459

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST. 12-51 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Emestine Pahr

(a) RESIDENCE NO. 2642 Maryland Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert C. Pahr

6 DATE OF BIRTH (month, day, and year) Nov. 9, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Assistant Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Church Home & Infirmary

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Theodore F. Lerp

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Katherine Henkle

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant Mrs. Margaret C. Fraley (Address) 1641 W. Fayette St.

15 Filed DEC 16 1927, 19 Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 16 19 27

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1927, to Dec 16, 1927, that I last saw her alive on Dec 15, 1927, and that death occurred, on the date stated above, at 6:30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Left Bladder

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of Nov. 11, 1927

Was there an autopsy? No

What test confirmed diagnosis? Operation -

(Signed) R. B. and Josey, M. D.

(Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	12/19/27 19
20 UNDERTAKER Joseph B Cook	ADDRESS 1 E Baltimore St

CAUSE OF DEATH in plain terms, so that it may be understood. TION is very important See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 28460

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 28460

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH: Baltimore and Payson Sts

City of BALTIMORE: (No.) German Aged Home St. 70-27 Ward

2-FULL NAME: Mary Mallet

(a) RESIDENCE NO.: German Aged Home St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day and year): May 1841

7 AGE: Years 86 | Months 7 | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country) Ireland

PARENTS

10 NAME OF FATHER: James Mallet

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Ireland

12 MAIDEN NAME OF MOTHER: Catherine Dormady

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Ireland

14 Informant: Records German Aged Home

(Address) Baltimore and Payson Sts

15 Filed DEC 19 1927 HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): December 16 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 22 1927, to Dec 16th 1927, that I last saw h-- alive on Dec 15th. and that death occurred, on the date stated above, at 7 30 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) John Hough, M. D.

12/16 1927 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem Date of Burial Dec 19 27

20 UNDERTAKER: Joseph B Cook ADDRESS 537 Park Ave

C 15 1927

tion should be carefully supplied. AGE should be stated EXACTLY. If unknown, APPROXIMATE. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28461

CERTIFICATE OF DEATH.

E 28461

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 9 N. Fourth St. Brooklyn. St. 25-15 Ward

2-FULL NAME Elois McCall.

(a) RESIDENCE NO. 9 N. Fourth St. Brooklyn. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female.	White.	Single.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) August 6, 1927.

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	0	4	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Thomas McCall.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Bertha M. Pitts.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia.

14 Informant Thomas McCall.

(Address) 9 N. Fourth St. Brooklyn.

15 1927 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 16, 1927. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency. congenital.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Einhardt M. D. (Coroner)

12/16 1927 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery Date of Burial Dec 17 19 27

20 UNDERTAKER George Schnaal ADDRESS 2101 Eutaw Ave.

Fill out all information carefully and write plainly. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. - See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28462 CERTIFICATE OF DEATH. E 28462

1-PLACE OF DEATH Md Gen Hospital REGISTERED NO. 100-201

CITY OF BALTIMORE: (No. Madison & Lin ST. W. WARD) 4229

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby William B Smith

(a) RESIDENCE NO. 340 Stinson St, ST. East WARD Md.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. - 3 mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Wh	Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 13, 192[illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	3	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) 340 Stinson St (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Leod Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Beasley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Virginia Reed (Address)

15 Filed C 16 1927, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15 192[illegible]

17 I HEREBY CERTIFY, That I attended deceased from 12-15-2[illegible], 19 — to 12-15-2[illegible], 19 —

that I last saw h[illegible] alive on 12-15- 192[illegible]

and that death occurred, on the date stated above, at [illegible]0 p m.

The CAUSE OF DEATH* was as follows:

Malnutrition, Gastric Disturbance

(duration) — yrs 3 mos — ds.

CONTRIBUTORY (Secondary) Bronco Pneumonia

(duration) — yrs — mos 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of None

Was there an autopsy? No

What test confirmed diagnosis? Clinical Course

(Signed) Jno A Tompkins M. D.

, 19 (Address) Md Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery DATE OF BURIAL Dec. 17 1927

20 UNDERTAKER George L. Schwartz ADDRESS [illegible]

mation should be carefully supplied. Age should be given in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28463

CERTIFICATE OF DEATH.

66 E 28463

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital St. 5-8 Ward)

2-FULL NAME John Keuvon

(a) RESIDENCE NO. Front & Hollins St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 1875

7 AGE: Years 52 Months 11 Days

IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stone Cutter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Md

PARENTS

10 NAME OF FATHER: Frank Keuvon

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Unknown

14 Informant: Edward Keuvon

(Address): 6423 Harford Ave

Filed DEC 16 1927 C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 14 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ac Alcoholism

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Cirrhosis

(duration) yrs. mos. 1 ds.

Dec 16 1927 (Signed) Geo Clinton Wade M. D.

(Coroner)

(Address) 1430 W Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Vincents Date of Burial: Dec 19th 1927

20 UNDERTAKER: Geo G. Cook ADDRESS: 1723 Park Ave

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

Graves V

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28464

E 28464

CERTIFICATE OF DEATH.

24-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 153 N Charles St. (Ward) 27-5

2-FULL NAME Thomas McLaughlin

(a) RESIDENCE NO. 153 N. Charles St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Coughlan

6 DATE OF BIRTH (month, day, and year) 1843

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
84	—		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Thomas McLaughlin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Cooper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mary Agnes Grace

(Address) 153 N. Charles St.

15 Filed C. HAMPSON JONES, M. D.

16 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/15 — 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 5 — 1927, to Dec 15 — 1927, that I last saw h[illegible] alive on 12/14 — 1927, and that death occurred, on the date stated above, at 8 [illegible] m.

THE CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 1 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) T. F. McLaughlin, M. D.

, 19 (Address) 1340 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL 12/17/1927

20 UNDERTAKER J. J. Fahey & Sons

ADDRESS 1315 Light St

C 16 1927

mation should be carefully supplied. Note CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

E 28465

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-002 ✓ E 28465

1-PLACE OF DEATH

City of BALTIMORE: (No. 114 E. Cross St. 24-33 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James T. Hempstead

(a) RESIDENCE NO. 114 E. Cross St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 80 yrs. 8 mos. 9 da. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret B. Hempstead

6 DATE OF BIRTH (month, day, and year): April 6, 1847

7 AGE: Years 80 Months 8 Days 9 IF LESS than 1 day ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: James Hempstead

11 BIRTHPLACE OF FATHER (City or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Mary A. Prickett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs Birkley Jones

(Address) 114 E Cross St

15 DEC 16 1927 C. HAMPSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1927: Dec 14

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1927 to Dec 14, 1927

that I last saw h— alive on Dec 13, 1927

and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Cirrhosis Stomach & Lung Carcinoma

(duration) yrs. 3 mos. 14 da.

CONTRIBUTORY (Secondary) Appendicitis

(duration) yrs. mos. 2 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H E h Campbell M. D.

Dec 16 1927 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem — Date of Burial: Dec 17 1927

20 UNDERTAKER: Margaret A. Hynes — ADDRESS: 1402 Light St

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28466

CERTIFICATE OF DEATH.

E 28466

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 728 Kirsch Court St., 11-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Frances Hayes

(a) Residence No. 728 Kirsch Court St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Hayes

6-DATE OF BIRTH (month, day and year) Not Known

7-AGE. 49 yrs. mos. ds.

If LESS than 1 day. hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer.

9-BIRTHPLACE (city or town) Cambridge (State or Country) Md

PARENTS.

10-NAME OF FATHER. Not Known

11-BIRTHPLACE OF FATHER (city or town) (State or Country).

12-MAIDEN NAME OF MOTHER. Not Known

13-BIRTHPLACE OF MOTHER (city or town) Not Known (State or Country).

14- (Informant) Samuel Hayes

(Address) 728 Kirsch Court

15- C 17 1927 C. HAMPSON JONES, M. D. Registrar.

Per Asst

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 12-16-27

17- I HEREBY CERTIFY, That I attended deceased from Dec 11, 1927 to Dec 15 1927

that I last saw her alive on Dec 14, 1927,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L. E. Romes M. D.

12-16-, 1927 (Address) 822 N. Bond St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Calvery Cem DATE OF BURIAL. 12/17, 1927

20-UNDERTAKER. Bryon Wright ADDRESS 1218 McElderry St

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 28467

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28467

CERTIFICATE OF DEATH.

164

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1010 N. Linkham ST., 7-13 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Johnson

(a) RESIDENCE NO. 1010 N. Linkham WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE C.

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fred Johnson.

6 DATE OF BIRTH (month, day, and year) Jan. 10 1865

7 AGE Years 62 Months 11 Days 4 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Linkman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Gertude Collins (Address) 1010 N. Linkham

15 DEC 17 1927 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 14. 12. 1927

17 I HEREBY CERTIFY, That I attended deceased from February 24 1927 to December 14 1927.

that I last saw h alive on Dec 14 1927.

and that death occurred, on the date stated above, at 2-10 p. m.

The CAUSE OF DEATH* was as follows:

Senility and Inanition

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Congestion of Lungs

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? — — — —

Did an operation precede death? — Date of — —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Thomas J. Simms, M. D.

, 19 (Address) 1025 N Wolfe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lamel Cemetery

DATE OF BURIAL Dec. 17, 1927

20 UNDERTAKER Wm. R. A. Elliott

ADDRESS 1517 Eastlandan

CAUSE OF DEATH to plain terms, so that it may be properly TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 28468

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28468

CERTIFICATE OF DEATH.

113

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2425 Madison Ave. ST. 13-54 (WARD)

2-FULL NAME Kate M. Stith

(a) RESIDENCE No. 2425 Madison Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	SINGLE

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar. 1st 1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		9	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Edward Stith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Kate Hicks.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Kate Stith (Address) 2425 Madison Ave.

15 Filed DEC 17 1927, 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16 1927

17

I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1927, to Dec 16, 1927, that I last saw him alive on Dec. 16, 1927, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH was as follows:

Rickets and Marasmus with Malnutrition Gastritis

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Rickets

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. J. Hall, M. D.

, 19 (Address) 426 E. 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cemt.	Dec. 17, 19 2
20 UNDERTAKER Wm. R. C. Elliott	ADDRESS 725 Lanvale

CAUSE OF DEATH to plain terms, so that it may be properly classified. TION is very important See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

28469

CERTIFICATE OF DEATH.

90 E 28469

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 141 N. Curley St. St. 6-11 Ward)

2-FULL NAME Richard A. Cook

(a) RESIDENCE NO. 141 N. Curley St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Katherine Cook

6 DATE OF BIRTH (month, day, and year) Oct. 23, 1878

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	49	1	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) City School 0 30

(c) Name of employer Balto. City

9 BIRTHPLACE (city or town)

(State or country) Virginia

PARENTS

10 NAME OF FATHER Richard Cook

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia

14 Informant Mrs. Katherine Cook

(Address) 141 N. Curley St.

15 Filed DEC 17 1927 C. HANSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15, 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency-Probably Valvular. History of Arthritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. S. H. Cook M. D.
(Coroner)

12/16/27 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem Date of Burial 12/19/27

20 UNDERTAKER Philip Herwig ADDRESS 2016 Orleans St.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28470

CERTIFICATE OF DEATH.

187-E 28470

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hosp. St. 1-7 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Conrad Hoerner

(a) RESIDENCE NO. 3 S. East Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 18/1880

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	47	1	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborar

(b) General nature of industry, business, or establishment in which employed (or employer) Footes & Co

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto Md.

PARENTS

10 NAME OF FATHER Conrad Hoerner

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Pittioff

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Barbara Seitz

(Address) 3 S. East Ave

15 DEC 17 1927 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 14, 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage in spinal canal-Fractured back bone -accidently hurt while adjusting belt at Foote cannery C.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Paten M. D.

(Coroner)

12/16/27 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the state ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Schwartz Cem. Date of Burial 12/17/27

20 UNDERTAKER Philip Herwig ADDRESS 2016 Orleans St.

DEC 17 1927

If the stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

E 28471

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 28471

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 2635 E. Madison St., 7-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ada Geis

(a) RESIDENCE NO. 2635 E Madison St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 2 1926

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min..
	1	4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) City

(State or country)

PARENTS

10 NAME OF FATHER John W. Geis

11 BIRTHPLACE OF FATHER (City or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Margaret Bailey

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant John Geis

(Address) 2635 E. Madison

15 G. HAMPSON JONES, M. D.

Registrar

DEC 17 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16/27

17

I HEREBY CERTIFY, That I attended deceased from Dec 2, 19 27, to Dec 16, 19 27,

that I last saw h[illegible] alive on Dec 16, 19 27,

and that death occurred, on the date stated above, at 2.45 P m.

The CAUSE OF DEATH* was as follows:

Pernicio Pneumonia

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Pernicio Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John W Greene M. D.

Dec 17, 19 27 (Address) 918 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn — Date of Burial 12/17 1927

20 UNDERTAKER Philip Herring — ADDRESS 2016 Orleans

U.S.—WHITE PAPER, WHITE INK. This information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28472

E 28472

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 832 N. Carey St. 16-23 WARD)

2-FULL NAME Elizabeth Forrester

(a) RESIDENCE NO. 832 N. Carey ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced, (write the word) Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carrington Forrester

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic.

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Edward Griffin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Susan E. Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Robt. C. Forrester

(Address) 832 N. Carey

15 Filed 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/15/1923

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1923, to Dec. 15 1923,

that I last saw h[illegible] alive on Dec. 15 1923,

and that death occurred, on the date stated above, at 8:00 m

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

& Paralysis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

Dec. 19 23 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL 12/18/23

20 UNDERTAKER Emmert Henry ADDRESS [illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FC

Spec.—1-12-23—M&T—500 Bks.

E 28473

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

179 E 28473

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) H 913 W Fayette ST. 5 8 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henrietta Jackson

(a) RESIDENCE NO. 913 W Fayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Jackson

6 DATE OF BIRTH (month, day, and year): Jan 9-1858

7 AGE — Years: 69 Months: 11 Days: 5 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress, Cloth

(b) General nature of industry, business, or establishment in which employed (or employer): Woolen Mfg Co

(c) Name of employer: Mrs Peppler 3909 Hawthorne

9 BIRTHPLACE (city or town) (State or country): Anne Arundel Co Md

PARENTS

10 NAME OF FATHER: Johns Manns

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Abbie Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Carrie H Ford (Address): 913 Fayette St

15 Filed DEC 17 1927, 19 — C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 14 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 14, 1927, to Dec 14, 1927, that I last saw her alive on Dec 12, 1927, and that death occurred, on the date stated above, at 11.10 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary): Arterio Sclerosis

(duration) 1 yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical-Urine

(Signed) Wm. H. Wright M. D.

Dec 17, 1927 (Address) 1209 Presstman St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 12/17 1927

20 UNDERTAKER: Samuel F. Hemsley

ADDRESS 578 W. Saddle St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 28474

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28474

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospital St., 9-18 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah E. Johnson -

(a) RESIDENCE NO. 1904 Hope St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 3-5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Johnson

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. H.W.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland -

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country) Ireland -

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Hospital Records (Address)

15 C. HAMPSON JONES, M. D. (Registrar)

DEC 17 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-15 1927

17 I HEREBY CERTIFY, That I attended deceased from 12-13- , 1927, to 12-15 , 1927, that I last saw her alive on 12-15 , 1927, and that death occurred, on the date stated above, at 9 45 A. m.

The CAUSE OF DEATH* was as follows:

Ruptured appendix

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) General Peritonitis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 12-13-27

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno. A. Sprague M. D.

, 19 (Address) 1111 Gwynns Falls Pkwy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL Dec 19 1927

20 UNDERTAKER George J. Ruth — ADDRESS 1735 Harford Ave

Form ——— 10-H ———

C. B. [illegible] mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 28475

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28475

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3304 Echodale St. 27th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Annie E. Grover

(a) RESIDENCE NO. 3304 Echodale ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65+ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND of~~ or) WIFE of Mr Thos. J Grover

6 DATE OF BIRTH (month, day, and year) Apr 7. 1870

7 AGE: Years 57 | Months 8 | Days 7 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER Mr Thos Drury

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Miss A. Tiel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger Italy

14 Informant Thos J Grover

(Address) 3304 Echodale Ave

15 Filed DEC 17 1927, 19 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16th 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 13th, 1927, to Dec 16th, 1927, that I last saw her alive on Dec 16th, 1927, and that death occurred, on the date stated above, at 11:30 a m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus, Chr Nephritis (duration) 8 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lab. test

(Signed) A C Monninger, M. D.

12/16, 1927 (Address) 323 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: 12/19 1927

20 UNDERTAKER: H M Cole — ADDRESS: 832 Edmondson Ave

MAYOR should be carefully supplied. ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28476

E 28476

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1413 (Street) Fourman St. (Ward) 15-22

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael Cuddy

(a) RESIDENCE NO. 1413 Fourman ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Catherine

6 DATE OF BIRTH (month, day, and year): Dec 25 1849

7 AGE: Years 77 | Months 11 | Days 19 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): O+O

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimor Md

PARENTS

10 NAME OF FATHER: Thomas Cuddy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Sarah (Unknown)

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: John Wilder (Address) 1413 Fourman St

15 C. HAMPSON JONES, M. D.

C 17 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 17 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec. 14 1927 to Dec 14 1927

that I last saw him alive on Dec. 14 1927

and that death occurred, on the date stated above, at 7.40 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic

Contributory Infirmities

(duration) 5 yrs. 2 mos ds.

CONTRIBUTORY (Secondary): Senility

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Mark V. Gill M. D.

19 (Address) 21 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill

DATE OF BURIAL: Dec 16 1927

20 UNDERTAKER: William Cook

ADDRESS: 502 E Nor

mation should be carefully supplied. ANS... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement TION is very important. See instructions on back of certificates. OCCUPA-

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28477

CERTIFICATE OF DEATH.

101-001

E 28477

1-PLACE OF DEATH Franklin Square Hosp.

CITY OF BALTIMORE: (No. Fayette & Calhoun ST., 11-69 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alex S. Lucas.

(a) RESIDENCE NO. 311 S. Harrison Sq. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1870

7 AGE: Years 57; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: fireman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Crown Cork & Seal Co.

9 BIRTHPLACE (city or town) (State or country): Clarke Co. Md.

PARENTS

10 NAME OF FATHER: Sam Lucas

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER: Clara Hogg

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address)

DEC 17 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 13 1927

17

I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1927, to Dec 13, 1927.

that I last saw him alive on Dec 13, 1927

and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 20 ds.

CONTRIBUTORY (Secondary) Arterio sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Elizabeth B Shuman M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: PUBLIC CEMETERY

DATE OF BURIAL: DEC 19 1927

20 UNDERTAKER: Commissioner Health

ADDRESS

THE MOSHER PRT. CO. BALTO.

INSTRUCTIONS—WRITE LEGIBLY. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should fill out CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28478

CERTIFICATE OF DEATH.

E 28478

101-04

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1443 E Monument St. (Ward) 5-E

2-FULL NAME Nathan Young

(a) RESIDENCE No. 1443 E Monument St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	C	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 26, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	6	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Steavador

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Rosia Fryd

(Address) 1443 E Monument St

15 Dec 17 1927 . 19 C. HAMPTON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 9 . 1927 . to Dec 14 . 1927 .

that I last saw him alive on Dec 14 . 1927

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J Young M. D.

Dec 19 (Address) 1429 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem

DATE OF BURIAL Dec 19 27

20 UNDERTAKER Parker & Sullivan

ADDRESS 1515 E Eager

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 28479 HEALTH DEPARTMENT—CITY OF BALTIMORE E 28479

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hosp. 12-49 (WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kathryn Corrine Leight

(a) RESIDENCE NO. Abingdon Md. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ~

6 DATE OF BIRTH (month, day, and year) March 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ~ None

(b) General nature of industry, business, or establishment in which employed (or employer) ~

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Abingdon Md

PARENTS

10 NAME OF FATHER Robert H. Leight

11 BIRTHPLACE OF FATHER (city or town) (State or country) Abingdon Md

12 MAIDEN NAME OF MOTHER Mary Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Abingdon Md

14 Informant Mother

(Address)

15 Filed DEC 17 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-16 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 13, 1927 to Dec 16, 1927 that I last saw h alive on 12-16, 1927 and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Acute Hemorrhagic Purpura.

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of 12-15-27

Was there an autopsy? No. What test confirmed diagnosis? Operation

(Signed) Frank R. Morris, M. D.

, 19 (Address) Union Mem. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Abingdon Cemty — DATE OF BURIAL Dec 18 1927

20 UNDERTAKER Howard K. Malone — ADDRESS Abingdon

mation should be carefully supplied. ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28480

CERTIFICATE OF DEATH.

101 E 28480

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 808 Cathedral ST. 11-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliza Bertus Higginton

(a) RESIDENCE No. 808 Cathedral ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 11 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse (Private)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Canada

PARENTS

10 NAME OF FATHER Thomas Wigginton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Canada

12 MAIDEN NAME OF MOTHER Jane Caufield

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Canada

14 Informant (Address) John Hinkley 808 Cathedral St

15 Filed DEC 17 1927 C. HARRISON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1927, to Dec. 17, 1927, that I last saw h E/S alive on Dec. 17, 1927, and that death occurred, on the date stated above, at 2.05 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) 1129 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Crandall Prince Edward Island

DATE OF BURIAL Dec 21 19

20 UNDERTAKER John C. Mitchell & Sons

ADDRESS 1900 Eutaw Place

N. B.—WRITE PLAINLY. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 28481

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28481

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2646 E Oliver St ST. 6-16 WARD)

2-FULL NAME Mary. Kubska.

(a) RESIDENCE NO. 2646 E Oliver St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jacob. Kubska

6 DATE OF BIRTH (month, day, and year) Dec 12 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	0	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Antonette Stupka

(Address) 2646 E Oliver St

15 Filed DEC 17 1927 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 16 1927

17

I HEREBY CERTIFY, That I attended deceased from July 16, 1927, to Dec 16, 1927, that I last saw h alive on Dec 15, 1927, and that death occurred, on the date stated above, at 8½ a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis Uremia

(duration) yrs. mos 30 ds.

CONTRIBUTORY (Secondary) Chronic Cystitis Nephritis

(duration) yrs. mos. 30 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No } Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinic

(Signed) Thos. F. Stevens, M. D.

12/19, 1927 (Address) 2878 Hartford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem

DATE OF BURIAL Dec 19 1927

20 UNDERTAKER H. McCauley

ADDRESS 2238 E Pratt

B.—WRITE PLAINLY, WITH CONFIRMATION mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shou CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 28482

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28482

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 248 S. Castle St., 7-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adam Zaykiewicz

(a) Residence No. 248 S. Castle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) 12/4/07

7-AGE, 18 yrs. mos. 4 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Upholstering

(b) General nature of industry, business, or establishment in which employed (or employer) Union Bed Co.

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER Joseph Zaykiewicz

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Poland

12-MAIDEN NAME OF MOTHER, Catherine Hunas

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Md.

14- (Informant) J. M. Zaykiewicz

(Address) 248 S. Castle St.

15- Date received DEC 17 1927 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 16 27

17- I HEREBY CERTIFY, That I attended deceased from Dec. 8 1927 to Dec 16 1927 that I last saw h[illegible] alive on Dec. 16 1927 and that death occurred, on the date stated above, at 9 40 P. M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Edward Kenworthy M. D.

12/17, 1927 (Address) 2539 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, St Ignatius Cem- | DATE OF BURIAL, Dec 19 1927

20-UNDERTAKER, George A. Weber | ADDRESS 2205 Eank St

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

'20 E 6 30 28483 HEALTH DEPARTMENT—CITY OF BALTIMORE E 28483

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 17-25 WARD)

REGISTERED No. 30

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julius Rini

(a) RESIDENCE NO. 651 N. Franklin ST. WARD City

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Rini

6 DATE OF BIRTH (month, day, and year) 6-3-91

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	5	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Frederick Rini

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Records — JOHNS HOPKINS HOSPITAL

(Address)

15 Filed DEC 18 1922 H. Wade, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 30, 1927, to Dec 17, 1927, that I last saw him alive on Dec 17, 1927 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Amyloid disease

Acute Peritonitis

2 years ? (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fungus infection. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) Lyman Mears, M. D.

19 · 17 1927 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	12 21 1927
20 UNDERTAKER	ADDRESS
J. M. Cook	507 E. Lexington

mation should be carefully supplied. AGE should be stated EXACTLY. If unknown, approximate. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH E 28484 — REGISTERED NO. E 28484

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2401 Springfield Ave ST. (WARD) 15-58

2-FULL NAME Sarah Patieloff

(a) RESIDENCE No. 2401 Springfield Ave ST., ... WARD ...

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 37 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Patieloff

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jane Seyrlinan

(Address) 2401 Springfield Ave

Filed DEC 18 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/17 1927

17 I HEREBY CERTIFY, That I attended deceased from 12/1 1927, to 12/17 1927

that I last saw her alive on 12/17 1927

and that death occurred, on the date stated above, at 8:30 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic Cardiovascular Disease

(duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) 2 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? ...

(Signed) A. Allen Sussman M. D.

12/17 1927 (Address) 2340 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale Cem — DATE OF BURIAL 12/18 1927

20 UNDERTAKER Jack Lewis — ADDRESS 1409 E Baltimore St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

Cadlick

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28485

CERTIFICATE OF DEATH.

74-001

REGISTERED NO. E 28485

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1619 Moreland ave St. 15-68 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nathan cadlick

(8) RESIDENCE NO. 1619 Moreland ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rebecca Cadlick

6 DATE OF BIRTH (month, day, and year): about 1875

7 AGE: Years 49 | Months — | Days — | IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer): Own

(c) Name of employer

9 BIRTHPLACE (city or town) Russia

(State or country)

PARENTS

10 NAME OF FATHER: Joseph Cadlick

11 BIRTHPLACE OF FATHER (city or town) Russia

(State or country)

12 MAIDEN NAME OF MOTHER: Cadlick

13 BIRTHPLACE OF MOTHER (city or town) Russia

(State or country)

14 Informant: Jack Leurs

(Address) 1439 Eastern Ave

Filed DEC 18 1927 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/16 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) no other disease

(duration) yrs. mos. ds.

(Signed) C. H. Hennessy M. D.

(Coroner)

Dec 19 27 (Address) 2572 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Herman Pum Date of Burial 12/18 1927

20 UNDERTAKER: Jack Leurs ADDRESS 1439 Eastern Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks. Stanislaus Wroblewski

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28486 — CERTIFICATE OF DEATH. — E 28486

1-PLACE OF DEATH Md General Hospital — REGISTERED NO. 1001

CITY OF BALTIMORE: (No.) Madison & Linwood Sts. (Ward) — (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Wroblewski

(a) RESIDENCE NO. 1403 Hull St. — WARD — Balto Md.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 8, 1921

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	7	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer): none
(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS
10 NAME OF FATHER: John Wroblewski
11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland
12 MAIDEN NAME OF MOTHER: Adela Krawczyk
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant (Address): Mrs Jos Ruck

15 Filed DEC 18 1927. — C. HAROLD JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16 1927

17 I HEREBY CERTIFY, That I attended deceased from 12-14-27, 19 , to 12-16-27, 19 ,
that I last saw h live on 12-16-27, 19 ,
and that death occurred, on the date stated above, at 12 40 P m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) yrs. mos. 1 ds.
CONTRIBUTORY (Secondary) Bronco Pneumonia
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of none
Was there an autopsy? No
What test confirmed diagnosis? Clinical Course

(Signed) C. C. Zumwinkle M. D.
, 19 (Address) Mrs. Home Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem. — DATE OF BURIAL: 12 1927

20 UNDERTAKER: John M Weber — ADDRESS: 1813 Bank

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS BLANK MUST NOT BE FOLDED. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28487

CERTIFICATE OF DEATH

E 28487

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 806 S Bond St. St. 3-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Tomas Sasiadek

(a) RESIDENCE NO. 806 S Bond St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Sasiadek

6 DATE OF BIRTH (month, day, and year) Dec. 21 1854

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	72	11	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Labor

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER Mark Sasiadek

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Rose Sasiadek

(Address) 806 S Bond St.

15 Filed DEC 18 1927 CHARLES JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Dec 16 1927

17 I HEREBY CERTIFY, That I attended deceased from November 26 1927 to December 16 1927

that I last saw him alive on December 15 1927

and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) Post conpensation heart

(duration) yrs. mos. 8 ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Caleb N Athey, M. D.

Dec 18 1927 (Address) 108 Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
St Stanislaus Rec	19 27
20 UNDERTAKER	ADDRESS
John M Weber	1803 Bank

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 28488

CERTIFICATE OF DEATH

E 28488

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1707 Bank St. St. 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James J Jackson

(a) RESIDENCE NO. 1707 Bank St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 22 1848

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	79		25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Machinist 031

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Pittsburgh Pa.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Albert Jackson

(Address) 1707 Bank St.

15 Filed DEC 18 1927 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 17 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 8, 1927, to Dec 17, 1927, that I last saw him alive on Dec 16, 1927, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace Fiske, M. D.

12/18, 1927 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pittsburgh P. A. Dec 19 1927

Date of Burial

20 UNDERTAKER John M. Weber

ADDRESS 1812 Bank

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 17-2 [illegible] Blks.

E 28489

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28489

CERTIFICATE OF DEATH

47

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 2500 W. Lanvale St. (If Ward) 90-68

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mariana L. Symmes

(a) RESIDENCE NO. 2500 W. Lanvale St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jany 4, 1858

7 AGE: Years 69 Months 11 Days 12 IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Phila

(State or country) Pa.

PARENTS

10 NAME OF FATHER Timothy Symmes

11 BIRTHPLACE OF FATHER (City or town) Penna

(State or country)

12 MAIDEN NAME OF MOTHER Eliz. Lorman

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Nellie M. Geo

(Address) 2500 W. Lanvale St

15 Filed DEC 18 1927 C. H. Mitchell JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Dec 16 1927

17 I HEREBY CERTIFY, That I attended deceased from Sept 30 1927 to Dec 16 1927

that I last saw h... alive on Dec 16 19 27

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Acute Carcinoma Pulmonalis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma

(duration) yrs. 1 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Wm F McCall M. D.

19 (Address) 3400 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cem. Date of Burial: Dec 19 1927

20 UNDERTAKER: C. H. Mitchell Sons ADDRESS: 1426 Eutaw Pl

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28490

CERTIFICATE OF DEATH

90

E 28490

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 4118 Gunther Ave St. Gardenville Ward 36-41

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John. L. Gagliardi

(a) RESIDENCE NO. 4118 Gunther Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. — mos. — ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth 44 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Adelaide Gagliardi

6 DATE OF BIRTH (month, day, and year) January 27 1860

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min..
	67	10	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of indostry, business, or establishment in which employed (or employer) Stone Mason

(c) Name of employer

9 BIRTHPLACE (city or town) Italy

(State or country)

PARENTS

10 NAME OF FATHER Bartolomeo Gagliardi

11 BIRTHPLACE OF FATHER (City or town) Italy

(State or country)

12 MAIDEN NAME OF MOTHER Margaret Carelli

13 BIRTHPLACE OF MOTHER (city or town) Italy

(State or country)

14 Informant Mrs Adelaide Gagliardy

(Address) 4118 Gunther Ave.

15 Filed ..... 19 ..... Registrar

DEC 18 1927.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 16 1927

17 I HEREBY CERTIFY, That I attended deceased from Sept 20 1927 to Dec. 16 1927.

that I last saw him alive on Dec. 16 1927.

and that death occurred, on the date stated above, at 12-10 P.M.

The CAUSE OF DEATH* was as follows:

Mitral Valvular Heart Disease

(duration) yrs. 7 mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Karl Lisham M. D.

12/17. 1927 (Address) 1823 N. Mount St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — Data of Burial Dec 20 1927

20 UNDERTAKER Henry Hoeck Sons — ADDRESS 1801 E Eager St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28491 — REGISTERED NO. E 28491

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 100 East 23rd St. (Ward) 17-50

2-FULL NAME Mrs Georgia Chambers

(a) RESIDENCE NO. Steubenville Ohio St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred since Birth yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fletcher E Chambers

6 DATE OF BIRTH (month, day, and year) June 22 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	6	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Steubenville, Ohio

PARENTS

10 NAME OF FATHER Wm R Peters

11 BIRTHPLACE OF FATHER (city or town) (State or country) Steubenville Ohio

12 MAIDEN NAME OF MOTHER Mary J. Stier

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Steubenville Ohio

14 Informant Mr Fletcher E Chambers (Address) Steubenville Ohio

15 Filed DEC 18 1927 H. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 28 1927 to Dec 17 1927.

that I last saw h alive on Dec 17 1927.

and that death occurred, on the date stated above, at 9.50 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. about 1 mos ds.

CONTRIBUTORY (Secondary) Arterio sclerosis - myocardial degeneration (duration) yrs ? mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H G Beck & John E Leggett M. D.

, 19 (Address) 100 E. 23rd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Steubenville Ohio — DATE OF BURIAL Dec 21 1927

20 UNDERTAKER John B Spence — ADDRESS 1325 N Carolina St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

King

3337

HEALTH DEPARTMENT—CITY OF BALTIMORE

2 0 7 E 28492

CERTIFICATE OF DEATH.

101-001

E 28492

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: ~~No.~~ JOHNS HOPKINS HOSPITAL ST. 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John King

(a) RESIDENCE No. 1323 E. Fayette St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
Male	Col-	Married

5a If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Hattie King

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	32			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) O+O

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Honolulu

PARENTS

10 NAME OF FATHER ——— Honolulu

11 BIRTHPLACE OF FATHER (city or town) (State or country) Honolulu

12 MAIDEN NAME OF MOTHER ———

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed DEC 18 1927 H. [illegible] M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec-14, 1927, to Dec 16, 1927, that I last saw him alive on Dec-16, 1927, and that death occurred, on the date stated above, at 5:30 P.m.

The CAUSE OF DEATH* was as follows:

Acute lobar pneumonia
left lower lobe

(duration) ✓ yrs. ✓ mos 10 ds.

CONTRIBUTORY (Secondary) None (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home; all address above

Did an operation precede death? No Date of ✓

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) [illegible] M. D.

, 19 (Address) Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: asbury cemetery — DATE OF BURIAL: Dec 19, 19 27

20 UNDERTAKER: Edward Bryan — ADDRESS: 1691 orleans st

N.B.—All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

10-002

E 28493

CERTIFICATE OF DEATH

REGISTERED NO. E 28493

1-PLACE OF DEATH

City of BALTIMORE: (No. Sydenham Hospital St. 76-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anita Krasiy

(a) RESIDENCE NO. 3315 Toone St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. da. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 30, 1924

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	3	8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER John Krasiy

11 BIRTHPLACE OF FATHER (City or town) (State or country) Fla.

12 MAIDEN NAME OF MOTHER Sophie Jakubczyk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant John Krasiy (Address) 3315 Toone St

15 Filed DEC 18 1927 H. JOHNS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 16, 1927, to Dec 16, 1927, that I last saw her alive on Dec 16, 1927, and that death occurred, on the date stated above, at 8 10/9 m.

The CAUSE OF DEATH* was as follows:

Nasal, Tonsillar & Pharyngeal Diphtheria

(duration) yrs. mos 6 da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Negson G. Tull M. D.

12/18 1927 (Address) Sydenham Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Greenmount Cem. Dec 18 1927

20 UNDERTAKER — ADDRESS

George A. Weber 425 Park Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28494

CERTIFICATE OF DEATH.

145-001

E 28494

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital (ST.) 4-7 (WARD)

2-FULL NAME Mary Dougherty

(a) RESIDENCE NO. 7 Dale Lane (ST.) ... WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of William Dougherty

6 DATE OF BIRTH (month, day, and year) July 24 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	37	4	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) General

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Nicholas Simms

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Johanna Sparks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Sarah Layfield

(Address) 624 Lemmon St

15 Filed DEC 18 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 13, 1927, to Dec 15, 1927, that I last saw h[illegible] alive on Dec 15, 1927, and that death occurred, on the date stated above, at 7:00 m.

The CAUSE OF DEATH* was as follows:

a Chronic Medical Supervision

(duration) ... yrs. ... mos 3 ds.

CONTRIBUTORY (Secondary) Hypertension Mercy Hospital

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? At Her Home

Did an operation precede death? No Date of None

Was there an autopsy? Post Mortem Examination

What test confirmed diagnosis? Laboratory findings

(Signed) C. P. Smith, M. D.

12/15, 1927 (Address) 720 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL Dec 20 1927

20 UNDERTAKER John J Bowen & Son

ADDRESS 90 Holliday St

N. B.—WRITE PLAINLY, with pen and ink. AGE should be stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Blks.

E 28495 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

17 E 28495

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hospital ST., 13-5 WARD)

2-FULL NAME William M Busch

(a) RESIDENCE No. 2525 Frances ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mumford C Busch.

6 DATE OF BIRTH (month, day, and year) Nov 15 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	62	1	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Trucker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Emma K K

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mrs. Marie Schumacher
(Address) 1327 Edmondson Ave

Filed DEC 18 1927 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16th 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Suicide by laceration of throat & both wrists

about 1 hr

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy (Coroner) M. D.

(Address) 23 7 E Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL 12 19 1927

20 UNDERTAKER E H B Hart — ADDRESS 1158 N Eutaw St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E28496 HEALTH DEPARTMENT—CITY OF BALTIMORE E28496.

CERTIFICATE OF DEATH. 100 E 28496

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., 4-B-30 WARD)

2-FULL NAME Cecil A. Shreeve

(a) RESIDENCE No. 501 W. Lombard st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Shreeve

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Shreeve

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records (Address)

15 Filed DEC 16 1927 19 C. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 16, 1927

17

I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1927, to Dec. 16, 1927, that I last saw him alive on Dec. 16, 1927 and that death occurred, on the date stated above, at 1.05 a. m.

The CAUSE OF DEATH* was as follows:

Pneumococcus Endocarditis
Pneumococcus Meningitis
Pneumococcus Bronchopneumonia
4 weeks (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical + Autopsy

(Signed) L. [illegible] M. D.

12-16-27 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sandy Mount Burial Ground

DATE OF BURIAL Dec 19 1927

20 UNDERTAKER W. M. Routson

ADDRESS 2258 N. Smith

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

28497

E 28497

CERTIFICATE OF DEATH.

43

E 28497

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST. 1-3 WARD)

2-FULL NAME Patrick Feeney

(a) RESIDENCE NO. 633 S. Pattern Parkway ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year): May 4 1880

7 AGE: Years 47 Months 7 Days 12 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): 015

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: John Feeney

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ire

12 MAIDEN NAME OF MOTHER: Bridget Mallet

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ire

14 Informant: John Feeney

(Address): [illegible]

Filed DEC 15 1927, 19 C. HARRISON JONES, M. D. Registrar

By Paul

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/16/27 19

17 I HEREBY CERTIFY, That I attended deceased from 12/11/27, 19, to 12/16/27, 19, that I last saw him alive on 12/16/27, 19, and that death occurred, on the date stated above, at 6:30 P m.

The CAUSE OF DEATH* was as follows:

Carcinomatosis

of Tongue (Primary)

(duration) yrs. 1/2 mos ds.

CONTRIBUTORY (Secondary) ~~Pneumothorax~~ Pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. Lawrence Fahrney M. D.

, 19 (Address) St. Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenbathedral Com

DATE OF BURIAL: 12/17/1927

UNDERTAKER: J. J. Moran

ADDRESS 3009 E Baltimore

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

28498

CERTIFICATE OF DEATH.

E 28498
1-PLACE OF DEATH

E 28498
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: No. 3039 Eastern ave ST. 1-7 WARD)

2-FULL NAME J. Austin McGinity

(a) RESIDENCE No. 3039 Eastern ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 19 1908

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19		28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work College

(b) General nature of industry, business, or establishment in which employed (or employer) Student

(c) Name of employer U of Maryland

9 BIRTHPLACE (city or town) (State or country) Balt Md

PARENTS

10 NAME OF FATHER John J McGinity

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt Md

12 MAIDEN NAME OF MOTHER Mary A Rowland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt Md

14 Informant J. J. McGinity

(Address) 3039 Eastern ave

15 Filed DEC 16 1927 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15 1927

17 I HEREBY CERTIFY, That I attended deceased from Jan 1902 to Dec 14 1927.

that I last saw him alive on Dec 14 1927.

and that death occurred, on the date stated above, at 9.30 P m.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency

Endocarditis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Congenital

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Congenital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Dr Rose a Heart surgeon

(Signed) Dr Mohr M. D.

19 (Address) 301 Edmondson ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Com

DATE OF BURIAL 12/17/1927

20 UNDERTAKER J. A. Moan

ADDRESS 2a E Baltimore

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28499

CERTIFICATE OF DEATH.

E 28499
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Bon Secours Hosp'l ST., 20-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Douthitt

(a) RESIDENCE No. 2021 39th St. ST. Washington D. C. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Harry Douthitt.

6 DATE OF BIRTH (month, day, and year) about 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about 52	?	?		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer None

PARENTS

9 BIRTHPLACE (city or town) (State or country) Unknown

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hosp. Records

(Address)

15 Filed DEC 18 1927 E. HAMPTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18 1927

17 I HEREBY CERTIFY, That I attended deceased from Mar 18 1927 to Dec 18 1927, that I last saw her alive on Dec 18 1927, and that death occurred, on the date stated above, at 2.25 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Cervix

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Radium Ulceration of Bladder (duration) 1 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? Yes Date of June 17, 1927

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Histopical

(Signed) George O Eaton M. D.

, 19 (Address) Bon Secours Hospl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington D.C.

DATE OF BURIAL 12/19 1927

20 UNDERTAKER Harry H Wilkes

ADDRESS 1521 W Lafayette

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28500

CERTIFICATE OF DEATH.

37-001

E 28500

REGISTERED NO.

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Gilhaun & Fayette ST. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Doris O'Brien

(a) RESIDENCE NO. 1145 W Saratoga ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 30, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	6	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md
(State or country)

PARENTS

10 NAME OF FATHER Thomas Walter O'Brien

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Frederick, Md

12 MAIDEN NAME OF MOTHER Mary Sturgeon

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore, Md

14 Informant Mrs Mary O'Brien
(Address) 316 Parrish Street

15 Filed DEC 19 1927 H. HARRIS JONES, M. D. Registrar
By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 17 1927

17

I HEREBY CERTIFY, That I attended deceased from Dec 13, 1927, to Dec 17, 1927,

that I last saw her alive on Dec. 17, 1927,

and that death occurred, on the date stated above, at 11:45 P. m.

The CAUSE OF DEATH* was as follows:

Miliary tuberculosis (Primary)
& tuberculous meningitis

(duration) yrs. 2 mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Dec. 13, 1927

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Elizabeth B Sherman M. D.

, 19 (Address) Franklin Sq. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Hampden — DATE OF BURIAL 12/20 1927

20 UNDERTAKER William Cook — ADDRESS Fort Ave

MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 28501 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 28501

REGISTERED NO.

1-PLACE OF DEATH South Balto. Gen. Hospital

CITY OF BALTIMORE: (No.) 1211 Light St. (St.) 24-33 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillie Mabel Lowman

(a) RESIDENCE NO. Rock Hall Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ~~5~~ yrs. mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary A Lowman

6 DATE OF BIRTH (month, day, and year): March 13-1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	59 years.	9	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Oyster Shucker.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Charles Ashley & Son.

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: John Lowman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Talbot Md

12 MAIDEN NAME OF MOTHER: Margaretta Cromwell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs Mary Lowman (Address) 2546 Fagg Place

15 Filed: DEC 19 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-17-1927

17 I HEREBY CERTIFY, That I attended deceased from 11-19, 1927, to 12-17, 1927, that I last saw h[illegible] alive on 12-17, 1927, and that death occurred, on the date stated above, at 12.35 P. m.

The CAUSE OF DEATH* was as follows:

Immediate Septicemia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Infected Hand

(Duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? Rock Hall. Md.

Did an operation precede death? Yes. Date of 11-19-27.

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) E. Thomsen M. D.

19 (Address) South Balto Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oaklawn Cemetery — DATE OF BURIAL: 12/19 1927

20 UNDERTAKER: Thomas Cook — ADDRESS: 502 North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

Bartholomee

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28502

CERTIFICATE OF DEATH.

78 E 28502

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2312 Ruskin Ave ST. 15-60 WARD)

2-FULL NAME Rufus J. Bartholomee Jr

(a) RESIDENCE NO. 2312 Ruskin Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 2 1927

7 AGE Years 1 Months 3 Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) Child

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Rufus J Bartholomee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Meads, Flora

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Rufus J Bartholomee (Address) 2312 Ruskin Ave

15 Filed DEC 19 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec. 10th, 1927, to Dec. 17th, 1927, that I last saw him alive on Dec 17th, 1927, and that death occurred, on the date stated above, at 11:50 P.M.

The CAUSE OF DEATH* was as follows:

Status Epilepticus

(Convulsions)

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) Edward C. Weigand M. D.

12/18, 1927 (Address) 2227 N. Fulton Ave Balto. Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Dec 20 19

20 UNDERTAKER

ADDRESS 501 Park Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-002

E 28503

CERTIFICATE OF DEATH.

E 28503

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 125 Welcome Alley St. 22-30 Ward)

2-FULL NAME Florence J.T.Ross.(C)

(a) RESIDENCE NO. 125 Welcome Alley. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. ---------- How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Single.

3a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	48	----------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labofer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Hercules Ross.(C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Irene Cornish.(C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant: Annie Ross.(C) sister.

(Address) 910 N. Franklin St.

15 Filed DEC 15 1927 C. H. [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) December 16, 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Influenza.

Acute dilatation of the Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M Krimkandt M. D.

(Coroner)

12/17/27 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem. Date of Burial Dec 20 1927

20 UNDERTAKER John H Owens ADDRESS 538 Dolphin

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 28504

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91-001

E 28504

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1619 Latrobe St. 14-20 Ward)

2-FULL NAME Robert Long.

(a) RESIDENCE NO. 1619 Latrobe St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occ'd yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (Write the word): Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 13 1877

7 AGE — Years: 50 — Months: 2 — Days: 4 — IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town): Easton
(State or country): Md

PARENTS

10 NAME OF FATHER: David Long

11 BIRTHPLACE OF FATHER (city or town):
(State or country): Md

12 MAIDEN NAME OF MOTHER: Ellen Auer

13 BIRTHPLACE OF MOTHER (city or town):
(State or country): Md

14 Informant: Martha Long
(Address): 1619 Latrobe St

15 Filed DEC 15 1920 HARRY A. MILS Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 16 1920

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and from information received, find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Thoracic aneurism

Duration: Dec. 14 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Hemorrhage - sudden (duration) yrs. mos. ds.

(Signed) W. T. Riley M. D.
(Coroner)
Dec. 17, 1920 (Address) 1059 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Easton Md

Date of Burial: 12/19 1920

20 UNDERTAKER: Samuel Hensley

ADDRESS: Easton

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28505

CERTIFICATE OF DEATH.

E 28505

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 501 S. 12th St.; 26 Nov 27 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Wroblewski

(Residence in Baltimore: No. 501 S. 12th St.; yrs. Life mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Child

6-DATE OF BIRTH: Feb (Month) 26 (Day) 1927 (Year)

7-AGE: yrs. 9 mos. 21 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS:

10-NAME OF FATHER: Frank Wroblewski

11-BIRTHPLACE OF FATHER, (State or Country): Poland

12-MAIDEN NAME OF MOTHER: Rhoneliabizeswicz

13-BIRTHPLACE OF MOTHER, (State or Country): Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Wroblewski

(Address) 501 S. 12th Sth

15-

Filed DEC 18 1927 193.. M. D.

Registrar.

CORONER'S CERTIFICATE OF DEATH

16-DATE OF DEATH, December (Month) 17 (Day) 1927 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro. Enteritis

Duration yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Inanition

Duration yrs. mos. 14 ds.

(Witness) M. D.

(Coroner)

193.. (Address) 145 N. Eutaw

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Stanislaus Cem. DATE OF BURIAL: Dec 19 1927

20-UNDERTAKER: Stephen J. Thalkowski ADDRESS 1000 S. Kenwood Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28506

CERTIFICATE OF DEATH.

43

E 28506

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bello City Hospital 3-4 WARD)

2-FULL NAME Andrew Puza (Puza)

(a) RESIDENCE No. 434 S. Bond, ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced ~~Husband of or Wife of~~ —

6 DATE OF BIRTH (month, day, and year) Nov. 30/1872

7 AGE: Years 55 | Months | Days 1916 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Joseph Puza

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant Leonard Rosanowicz

(Address) 434 S. Bond St

15 Filed DEC 19 1927 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-16 1927

17 I HEREBY CERTIFY, That I attended deceased from 10-31-, 1927, to 12-16, 1927.

that I last saw him alive on 12-16-, 1927

and that death occurred, on the date stated above, at 4:30 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Left Bronchus Left and Floor of Mouth

Duration mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 11-5-27

Was there an autopsy? No

What test confirmed diagnosis? Pathological Sections

(Signed) J. Blumenthal M. D.

12/19 1927 (Address) Bello City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary — DATE OF BURIAL 12/20 1927

20 UNDERTAKER William Fiaschetti — ADDRESS 418 East

INSTRUCTIONS.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28507

CERTIFICATE OF DEATH.

124 E 28502

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 3627 Old York Road St., 9-46 (WARD)

2-FULL NAME Rebecca J. Bowen

(a) RESIDENCE NO. 3627 Old York Road ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. 7 mo. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 10-1837

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	6	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

PARENTS

10 NAME OF FATHER William Bowen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary A. Bowen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Wm H. Bowen
(Address) 3627 Old York Road

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 18- 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 2, 1927, to Dec 18, 1927, that I last saw h— alive on Dec 18, 1927, and that death occurred, on the date stated above, at 8 45 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis — High Blood pressure
Ch. Bl. Nephritis
a. Myocarditis

(duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) D. W. Bishop, M. D.

12/19, 1927 (Address) 520 Sherwood Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Prospect Hill Gorsuch — DATE OF BURIAL Dec. 20 1927

20 UNDERTAKER Horace H. Burgee — ADDRESS 3624 Falls Road

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 28508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 28508

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4015 Church St. (ST., 12-52 WARD)

2-FULL NAME Samuel C. McCleary

(a) RESIDENCE No. 4015 Church St. ST., 13 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth C. McCleary

6 DATE OF BIRTH (month, day, and year) July 5- 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	79	5	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Gardener

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Co. Maryland

PARENTS

10 NAME OF FATHER Benjamin McCleary

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Elizabeth C. McCleary (Address) 4015 Edmondson Ave

15 Filed DEC 19 1927 19 M. Wm. S. Lyons M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 16 1927.

17 I HEREBY CERTIFY, That I attended deceased from Dec. 10 1927 to Dec. 16 1927 that I last saw h[illegible] alive on Dec. 16 1927 and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency 1

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Aortic Sclerosis 2 yrs. mos. ds.

(duration)

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical exam

(Signed) C Fleagle M. D.

12/17/27 (Address) 3701 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery DATE OF BURIAL Dec 19 1927

20 UNDERTAKER Horace H. Burgue ADDRESS 3631 Falls Rd.

N.B. WRITE PLAINLY, WITH CARBON PAPER. THIS IS A PERMANENT RECORD. EACH ITEM OF INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

28509

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

154-002

E 28509

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Ho ST. 1014 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Azato

(a) RESIDENCE No. 1001 Rear Ensor ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Baby

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 16th 1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	2.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country)

PARENTS

10 NAME OF FATHER Joseph Azato

11 BIRTHPLACE OF FATHER (city or town) Italy (State or country)

12 MAIDEN NAME OF MOTHER Rose Costantino

13 BIRTHPLACE OF MOTHER (city or town) Alexandria La (State or country)

14 Informant Jos Azato (Address) 1001 R Ensor

Date received DEC 19 1927 H. [illegible] M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-18 1927

17

I HEREBY CERTIFY, That I attended deceased from Oct 18 1927 to Dec 18 1927,

that I last saw h e alive on Dec 18 1927,

and that death occurred, on the date stated above, at 5 PM m.

The CAUSE OF DEATH* was as follows:

Heart failure

one

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) H Lawrence Fahrney M. D.

1927 (Address) St Joseph Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	12/19 1927
20 UNDERTAKER	ADDRESS
Geo J Ruth	1736 Harford ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28510

CERTIFICATE OF DEATH.

66

E 28510

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospitals 7-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Wilson

(a) RESIDENCE NO. 754 W Mulberry St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1892

7 AGE: Years 35 Months Days IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country)

PARENTS

10 NAME OF FATHER James Wilson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) md

12 MAIDEN NAME OF MOTHER Mary E Vogens

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Ollie Wilson

(Address) 754 W. Mulberry St

Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15 1927

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ac Alcoholism

(duration) 2 days mos. 1 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. ds.

Dec 19 27 (Signed) G. C. Bladel M. D.

19 (Address) 1436 Guilford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cem Date of Burial Dec 20 1927

20 UNDERTAKER John H Woodcock ADDRESS 1027 Lombard Hill

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 19 1927 H.D.C.

Registrar

Spec.—1-12-23—M&T—500 Blks.

E 28511 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28511

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 16-37 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ernest Baum

(a) RESIDENCE NO. Homeopathic - Chase Station, Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 8/ /1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	4	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Inspector

(b) General nature of industry, business, or establishment in which employed (or employer) ?

(c) Name of employer ?

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER not ascertained

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER not ascertained

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Patient (Address)

15 Filed DEC 19 1927 HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 11, 1927, to Dec 16, 1927.

that I last saw him alive on Dec 16, 1927

and that death occurred, on the date stated above, at 11:55 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage, left with right Hemiplegia

Lobular pneumonia (duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Hypertension (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys. Exam

(Signed) Charles Boyd, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cem. DATE OF BURIAL 12/19/27, 19

20 UNDERTAKER J. Walter Jenkins ADDRESS 1633 E Monument

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28512

9E 28512

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1626 St. W. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarence Moffett

(a) RESIDENCE NO. City Hospital ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of or) WIFE of: single

6 DATE OF BIRTH (month, day, and year): ? ? 1875

7 AGE: 52 Years | Months: ? | Days: ? | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Unknown Moffett

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Records

(Address)

15 Filed DEC 19 1927 MARRON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-16 1927

17

I HEREBY CERTIFY, That I attended deceased from 11-19 1927 to 12-16 1927

that I last saw him alive on 12-16 1927

and that death occurred, on the date stated above, at 9.00 P m.

The CAUSE OF DEATH* was as follows:

Chr myocarditis

Acute Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) arteriosclerosis & hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) C. Holmes Boyd, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Dec 19 1927

20 UNDERTAKER: Harry H. Dorsey — ADDRESS: 1500 W Lombard

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001 E 28513

28513 REGISTERED NO.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1825 S. Charles St. (Ward) 27-44

2-FULL NAME Philip E. Spies.

(a) RESIDENCE NO. 2 Stratmore Ave. Hamilton. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. 5 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, XXXXXXXXXXXXX HUSBAND of XXXXXXXX Carrie Spies.

6 DATE OF BIRTH (month, day, and year) July 14, 1884

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	48	5	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Rice Bakery.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Louis H. Spies.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Martha Wendel.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Louis H. Spies. (brother)

(Address) 752 E. Fort Ave.

Filed DEC 19 1927 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 17, 1927.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

(Signed) Otto M Reinhardt M. D.

(Coroner)

12/19 1927 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery Date of Burial Dec. 20 1927

20 UNDERTAKER Frederick Lassahn Sons ADDRESS Hamilton Ave.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28514

CERTIFICATE OF DEATH.

41-002

E 28514

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 617 S Bond St., 7-4 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josef Gleba.

(a) RESIDENCE NO. 617 S Bond St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Gleba,

6 DATE OF BIRTH (month, day, and year) Unknown,

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	62	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Russia,

(State or country) Poland,

PARENTS

10 NAME OF FATHER Casimir Gleba,

11 BIRTHPLACE OF FATHER (city or town) Russia,

(State or country) Poland,

12 MAIDEN NAME OF MOTHER Eva [illegible]

13 BIRTHPLACE OF MOTHER (city or town) Russia,

(State or country) Poland,

14 Informant Josephine Gleba, (Wife)

(Address) 617 S. Bond St

15 Filed DEC 19 1927 19 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

Dec 17/27 19 Signed G E Glader M. D.

(Coroner)

(Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

St. Stanislaus Cemetery — Dec. 20 19 27.

20 UNDERTAKER — ADDRESS

Wm F. Sadowski — 705 S. Ann St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 28515

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 28515

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2620 Greenmount St., 12 Ward)

2-FULL NAME Mrs Goomley

(a) RESIDENCE NO. 2620 Greenmount St. 12 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unknown 1872

7 AGE: Years 55 Months Days

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Cake

(c) Name of employer: Bakery Dept

9 BIRTHPLACE (city or town)

(State or country): Ireland

PARENTS

10 NAME OF FATHER: Mr Goomley

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: Bridget Lowery

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Ireland

14 Informant: Mrs Cornelius

(Address): 2317 Holland St

14a Filed DEC 19 1927 C. HAMPTON [illegible] Registrar

15 Registered by: Rose

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/17 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows: Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Acute Cardiac failure

(duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner)

12/18 1927 (Address) 2672 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem Date of Burial: Dec 20 1927

20 UNDERTAKER: John J Bowan & Son ADDRESS: 901 Hollins

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28516

E 28516 DEATH

REGISTERED NO. E 28516

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1630 Webster ST. 24-34 (WARD) 100-001

2-FULL NAME Margaret E Dunhoff.

(a) RESIDENCE NO. 1630 Webster. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Nicholas Dunhoff

6 DATE OF BIRTH (month, day, and year): Jan. 31st 1878

7 AGE: Years 49 Months 10 Days 19

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: at home.

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Michael Krause

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Mrs Knorbel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mr. Nicholas Dunhoff 1635 Webster St

15 Filed DEC 19 1927 P. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): DEC. 18th 27

17

I HEREBY CERTIFY, That I attended deceased from Dec 10, 1927 to Dec 18 1927

that I last saw h alive on Dec 15, 1927

and that death occurred, on the date stated above, at 5A m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H E Campbell M. D.

19 27 (Address) 1644 Mason

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross a A Co. DATE OF BURIAL: 12-31, 1927

20 UNDERTAKER: E & B Hasle ADDRESS: 115 E West St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

E 28517

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28517

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 318 S. Gilmor St. St. 14-28 Ward) 10/09

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Geadys C. Adams

(a) Residence No. 318 S. Gilmor St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Aug. 20 1927

7-AGE. 3 yrs. mos. 29 ds. If LESS than 1 day hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Baltimore, Md

PARENTS

10-NAME OF FATHER Chas. D. Adams

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Md.

12-MAIDEN NAME OF MOTHER Helen V. Adams

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Cambridge Md.

14- (Informant) Chas. D. Adams

(Address) 318 S. Gilmor St

15- 19

DEC 19 1927

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 12/19/27

17- I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1927 to Dec 19 1927

that I last saw her alive on Dec 19 1927

and that death occurred, on the date stated above, at 5.30a m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) about yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) C. L. Nichols M. D.

19 (Address) 130 S. Gilmor St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. London Park Cemetery DATE OF BURIAL. Dec. 20 1927

20-UNDERTAKER. George L. Schwartz ADDRESS 1101 Eutaw Ave.

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 28518

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28518
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2013 Wilkens Ave WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herbert G. Strickhouser

(a) RESIDENCE NO. 2013 Wilkens Ave ST.; WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Jennie L. Strickhouser

6 DATE OF BIRTH (month, day, and year) Oct. 21 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	1	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) York Pa

PARENTS

10 NAME OF FATHER William Strickhouser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Annie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Jennie L. Strickhouser (Address) 2013 Wilkens Ave

15 Filed DEC 19 1927 16 HAROLD JONES, M. D. Registrar

P. F.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-17 1927

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1927, to Dec 16 1927.

that I last saw him alive on Dec 16, 1927.

and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Signs & Symptoms

(Signed) [illegible] M. D.

12/19, 1927 (Address) 34 S Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery DATE OF BURIAL Dec 21, 1927

20 UNDERTAKER George L. Schwab ADDRESS 1901 Eutaw Pl.

DEC 19 1927

P. F.

NOTE.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 7-17-26—A Co.—200 Bks.

E 28519

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

E 28519

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1300 E Chase St. 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William A. Mitchell

(a) RESIDENCE NO. 1300 E Chase St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) ~~WIFE of~~: Nettie E. Mitchell

6 DATE OF BIRTH (month, day, and year): July 10 1862

7 AGE: Years 65 Months 5 Days 9 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: B & O.

(b) General nature of industry, business, or establishment in which employed (or employer): Carpenter. 015

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Annapolis. Md

PARENTS

10 NAME OF FATHER: Lenthel Mitchell

11 BIRTHPLACE OF FATHER (City or town) (State or country): Annapolis Md

12 MAIDEN NAME OF MOTHER: Mt Kenna

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Mt Kenna

14 Informant: Mrs. Nettie E. Mitchell

(Address) 1300 E Chase St

15 Filed DEC 15 1927 By C. HAUGHEY JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 19 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 13 1927 to Dec 19 1927 that I last saw ~~him~~ alive on Dec 18 1927 and that death occurred, on the date stated above, at 3:40 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) John Dorsey M. D.

Dec 27 1927 (Address) 936 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Thomas Cemetery Annapolis Md — Date of Burial: Dec. 31 1927

20 UNDERTAKER: Henry Hoeck Son — ADDRESS: 1301 E Eager St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28520

CERTIFICATE OF DEATH.

188-804 E 28520

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Harford Ave & B & O R.R. 9-4th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Fowler

(a) RESIDENCE NO. Unknown St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
about	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work unknown

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Unknown

PARENTS

10 NAME OF FATHER "

11 BIRTHPLACE OF FATHER (city or town)

(State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) "

14 Informant Police Dept.

(Address)

C 19 1927 C. HAMPSON (Signed) Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7/27

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock- Hemorrhage. Rt foot cut off & other injuries. Run over by train while (probably) trying to board freight Train at Harford Ave and B & O R.R.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. W. Collins M. D.

(Coroner)

12/16/27 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 19

20 UNDERTAKER ADDRESS

UNIVERSITY OF MARYLAND

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.-1-10-21—M&T—1500 Bks.

E 28521

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28521

159-003

CERTIFICATE OF DEATH.

REGISTERED NO. 19-26

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Leigh

(a) RESIDENCE NO. Selma Ave, Hale Park Md ST. WARD 1

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 13 1927

7 AGE — Years — Months — Days: 2 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: James Philip Leigh

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Maryland

12 MAIDEN NAME OF MOTHER: Mildred Frankie

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mildred Leigh

(Address): Selma Ave, Hale Park Md

15 Filed DEC 19 1927. C. HAMPSON JONES, M. D. Registrar

Per 1991

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 17 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 13 1927 to Dec 17 1927 that I last saw h[illegible] alive on Dec 17 1927 and that death occurred, on the date stated above, at 4 30 P m.

The CAUSE OF DEATH* was as follows:

Congenital malformation of intestines with obstruction

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Dec 17 27

Was there an autopsy? Yes

What test confirmed diagnosis? Operation

(Signed) Margaret B. Baldwin, M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

N. B.—WRITE PLAINLY with indelible pencil. Do not abbreviate any information. AGE should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

DEC 19 1927

[boilerplate] UNIVERSITY OF MARYLAND ... Commissioner of Health

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28522

E 28522

CERTIFICATE OF DEATH.

161-07

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3027 W Lanvale St. Ward) 16-67

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME 5 Yr-6 month Fortus

(Residence in Baltimore: No. 8 Jefferson Ct and margaret E Franz St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
male	white	

6-DATE OF BIRTH, Dec 17, 1921.
(Month) (Day) (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, ...hrs. or 2 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work....
(b) General nature of industry, business, or establishment in which employed (or employer)....

9-BIRTHPLACE, (State or Country),

PARENTS.

10-NAME OF FATHER, Jefferson Cecil Franz

11-BIRTHPLACE OF FATHER (State or Country), Md'

12-MAIDEN NAME OF MOTHER Margaret E Franz

13-BIRTHPLACE OF MOTHER (State or Country), Balt.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)....

(Address)....

15-

Filed ....., 191.. ....., Registrar.

DEC 19 1927

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 17, 1927
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....191.., to ....191..,
that I saw h~~e~~ alive on ....191..,
and that death occurred, on the date stated above, at ....m.
The CAUSE OF DEATH* was as follows:

5 Yr-6 month Fortus

....(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)....

....(Duration)....yrs....mos....ds.

(Signed) Jos. H. Zierten M. D.

Dec 19, 1927 (Address) 1123 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?....

Former or usual residence....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191..
20-UNDERTAKER	ADDRESS

Commissioner Health

Per Wm. E. RUDALL

UNIVERSITY OF MARYLAND

DEC 19 1927

If—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 28523

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28523

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Memorial Hospital — REGISTERED NO. 129

CITY OF BALTIMORE: (No.) 33rd & Calvert ST., 13-57 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Eva Merson

(a) RESIDENCE NO. 1418 Millrose Road, ST. Hamsden Balt. Md WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Mr Harry Merson

6 DATE OF BIRTH (month, day, and year) Feb 28, 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	33,	9	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER William A Allen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Lina Hogan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Harry Merson.

(Address) 1418 Millrose Road

15 1927 G. HARRISON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18, 1927.

17

I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1927, to Dec. 18, 1927,

that I last saw her alive on Dec. 18, 1927

and that death occurred, on the date stated above, at 8.40 P. m.

The CAUSE OF DEATH* was as follows:

Nephritis-acute.

(duration) ?, yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy

(Signed) Palmer F. C. Williams, M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Marys Hampden — DATE OF BURIAL Dec 21 1927

20 UNDERTAKER Shenowethlon — ADDRESS 3615 Clipper

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 28524

74-001.

E 28524

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1114 Guilford Ave. St., 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John J. Gahagan Sr.

(a) RESIDENCE NO. 1114 Guilford St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 Yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bridget Gahagan

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 68 Months — Days — IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Laborer, O40

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Ireland

PARENTS

10 NAME OF FATHER: John J. Gahagan

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER: Mary Rachel

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant: Thomas Gahagan

(Address) 1114 Guilford Ave.

15 Filed C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 3 1927 to Dec 19 1927

that I last saw h alive on Dec 19 1927

and that death occurred, on the date stated above, at 4:45 m.

The CAUSE OF DEATH* was as follows:

Paralysis

(duration) yrs. 16 mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 1 day ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. E. Richardson M. D.

Dec 19 1927 (Address) 1120 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

Date of Burial 12/21 1927

20 UNDERTAKER: Chas. F. Marckson

ADDRESS 1111 Mondawmin Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

DEC 19 1927

Spec.—1-12-23—M&T—500 Bks.

E 28525

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28525

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 9-45 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert S. Leggett

(a) RESIDENCE NO. 3510 Harford Avenue ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or ~~Divorced~~ (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Marie F. Leggett

6 DATE OF BIRTH (month, day, and year) 5-4-66.

7 AGE: Years 60 | Months 8 | Days 13 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Real Estate

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Andrew Leggett

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Margaret Roberts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant: Records

(Address)

15 [illegible] C. HAMILTON JOHNS, M. D.

Registrar

C 19 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec-17 1927

17

I HEREBY CERTIFY, That I attended deceased from December 2, 1927, to Dec. 17, 1927,

that I last saw him alive on Dec. 16, 1927

and that death occurred, on the date stated above, at 6 30 A. m.

The CAUSE OF DEATH* was as follows:

Rt. Bundle Branch Block -

Pulmonary or Coronary Occlusion.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) 1 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) C. Hamilton Johns, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE- Cathedral Cemetery

DATE OF BURIAL 12/20/27

20 UNDERTAKER Chas F. Brandt & Son

ADDRESS 118 W Mt Royal Ave

Name should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28526

CERTIFICATE OF DEATH.

129 E 28526

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 1012 Compton St. 24-23 WARD)

2-FULL NAME Leonard Thomas Butcher

(a) RESIDENCE NO. 1012 Compton ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced. (write the word) Widower

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary A. Butcher

6 DATE OF BIRTH (month, day, and year) July 1 1833

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or min.
94	5	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Oyster

(b) General nature of industry, business, or establishment in which employed (or employer) Measurer

(c) Name of employer Balt St Wharf

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Matthew Butcher

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Wales

14 Informant Madge Della (Address) 1012 Compton St

15 C. HAMPSON JONES, M. D. Registrar

C 19 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12. 18, 1927

17

I HEREBY CERTIFY, That I attended deceased from 12. 5, 1927, to 12-18, 1927

that I last saw him alive on 12. 18, 1927

and that death occurred, on the date stated above, at 12-45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) dont know yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) E. Edward Norris, M. D.

12/18, 1927 (Address) 107 East West St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL M. E. National — DATE OF BURIAL 12/21/1927

20 UNDERTAKER Freeman Cook — ADDRESS 502 W North Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU- TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28527

E 28527

CERTIFICATE OF DEATH.

46.

1-PLACE OF DEATH 1930 Edmondson Ave.

CITY OF BALTIMORE: (No. 1930 ST. 16-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret A. Tudor,

(a) RESIDENCE NO. 1930 Edmondson Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow.

5a If married, widowed, or divorced (or) WIFE of: John C Tudor

6 DATE OF BIRTH (month, day, and year): Oct. 9, 1845

7 AGE: Years 82 Months 2 Days 8 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Anne Arundel Co.

PARENTS

10 NAME OF FATHER — Johnson.

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant: Mrs. Lillian B. Johnson

(Address) 2665 W. Baltimore St.

15 12/19 1927 C. HAMPSON JONES, M. D. Registrar

Per ACH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): December 17, 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1927 to Dec. 17, 1927 that I last saw her alive on Dec. 17, 1927 and that death occurred, on the date stated above, at 11.45 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Breast.

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 912 N. Monroe St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm A. Shaw M. D.

12/18 1927 (Address) 1201 Guilford Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: Dec 20 1927

20 UNDERTAKER: Harry R Menaco — ADDRESS: 1204 Ridgewood

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

C 19 1927

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28528

CERTIFICATE OF DEATH.

E 28528

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 218 S. Furrow St. (or Ward) 20-69

2-FULL NAME Salvatore Fertitta

(a) RESIDENCE NO. 218 S. Furrow St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rose Fertitta

6 DATE OF BIRTH (month, day, and year): Dec. 30, 1870

7 AGE: 56 Years Months 11 Days 16 If LESS than day.....hrs. or.....min.

57

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Fruit Dealer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Itlay

PARENTS

10 NAME OF FATHER: Andrew Fertitta

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Italy

12 MAIDEN NAME OF MOTHER: Concetta Fertitta

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Italy

14 Informant: Son (Andrew Fertitta)

(Address): 892 W. Balto. St.

19 1927 C. RAMSAY JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 18, 1927 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by Investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Thos. B. Horton M. D. (Coroner)

Dec 19 1927 (Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: CATHEDRAL CEMETRY Date of Burial 12/20 1927

20 UNDERTAKER: ~~Jos. Fusco~~ J. F. Rutty ADDRESS 1735 Hanover St BALTO. MD.

Cut off at least one-half inch of the left end of this certificate. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 28529 HEALTH DEPARTMENT—CITY OF BALTIMORE E 28529

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1522 N. Walke St. (WARD) 8-17

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alberta - M - Krebs.

(a) RESIDENCE NO. 1522 N. Walke ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Charles H. Krebs.

6 DATE OF BIRTH (month, day, and year): Aug. 2. 1865

7 AGE: Years 62. Months 4 Days 15 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: John H. Hurley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balt.

12 MAIDEN NAME OF MOTHER: Mary E Downs

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balt.

14 Informant: Charles H. Krebs

(Address): 1522 N. Walke st

15 Filed 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 17 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 16 1927 to Dec 17 1927.

that I last saw her alive on Dec 17 1927.

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Chr Valvular Heart Disease

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Cardiac Asthenia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wells White M. D.

12/19 1927 (Address) 800 N Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery. DATE OF BURIAL: Dec. 20 1927

20 UNDERTAKER: Geo. J. Kreta ADDRESS: 1735 Hayford

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

C 19 1927

Spec—1-12-23—M&T—500 Blks.

Hugo J. Gemignani, Jr.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28530

E 28530

CERTIFICATE OF DEATH.

REGISTERED NO. 8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 306 E. 32nd st. ST. 12-50 WARD)

2-FULL NAME Hugo J. Gemignani, Jr.

(a) RESIDENCE No. 306 E. 32nd st. ST. ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 15, 1921

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	6	5	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Hugo Gemignani

11 BIRTHPLACE OF FATHER (city or town) Italy
(State or country)

12 MAIDEN NAME OF MOTHER Kathryn Uddig

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Hugo Gemignani
(Address) 306 E. 32nd St.

15 FILED DEC 19 1927 C. H. RANDALL, U. S. Registrar. By ..... Asst.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 19 19 27

17

I HEREBY CERTIFY, That I attended deceased from ~, 19 27, to Dec 19, 19 27.

that I last saw h- alive on Dec 18, 19 27

and that death occurred, on the date stated above, at 7. ·45 A. m.

The CAUSE OF DEATH* was as follows:

Scarlet fever

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Sudden heart failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

19 (Signed) John Rutherford, M. D.

19 1927 (Address) 11 E. Chase Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL 12/20 19 27

20 UNDERTAKER Harold Cook

ADDRESS 102 E. Biddle St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 28531

12 E 28531

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) C. Balto Gen Hosp. ST. 4-25 WARD)

2-FULL NAME ~~George~~ Leo Wilhelm Dankmeyer

(a) RESIDENCE NO. 264 W. Fayette ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): ~~Married~~ Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lillian Dankmeyer

6 DATE OF BIRTH (month, day, and year): April 1, 1879

7 AGE: Years 48 Months 6 Days 21 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Wm Dankmeyer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Anna Hinkel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant: Elmer Dankmeyer (Address) 311 Cathedral St

DEC 20 1927

Registered ... 19... C. HARRY ... M. D.

Registrar

No. ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 18 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct. 6 1927, to Dec. 18 1927

that I last saw him alive on Dec. 18 1927

and that death occurred, on the date stated above, at 5.45A m.

The CAUSE OF DEATH* was as follows:

Hypertensive Cardio-Vascular Disease

Chronic Nephritis (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Acute Dilatation (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clin Exam

(Signed) Louis T. Levy M. D.

1927 (Address) N. Balto Med Hos

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem.

DATE OF BURIAL: Dec 20 1927

20 UNDERTAKER

ADDRESS: Norell Pa

CAUSE OF DEATH in plain terms, so that it may be properly classified Exact statement of OCCUPATION is very important See instructions on back of certificates.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

160

E 28582 CE OF DEATH

REGISTERED NO. E 28532

CITY OF BALTIMORE (No. 309 Birchwood Ave. St.) 27-43 (WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth Cronin

(Residence in Baltimore: No. 309 Birchwood Ave. St.: 0 yrs. 0 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: F.

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (If so write the word): ✓

6-DATE OF BIRTH: Dec 14 (Month), (Day), 1927 (Year)

7-AGE: 0 yrs. 0 mos. 4 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: ✓
(b) General nature of industry, business, or establishment in which employed (or employer): ✓

9-BIRTHPLACE (State or country): 309 Birchwood Ave

PARENTS

10-NAME OF FATHER: Chester M. Cronin

11-BIRTHPLACE OF FATHER (State or country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Grace Jones

13-BIRTHPLACE OF MOTHER (State or country): Washington D.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chester M. Cronin

(Address) 309 Birchwood Ave.

15. DEC 20 1927 C. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec (Month) 18 (Day), 1927 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1927, to Dec 18, 1927, that I saw her alive on Dec 16, 1927, and that death occurred, on the date stated above, at 8. a m.

The CAUSE OF DEATH* was as follows:

Congenital weakness

(Last Cause unknown)

(Duration) — yrs. — mos. 3 ds

Contributory (SECONDARY) ✓

(Duration) yrs. mos. ds.

(Signed) S. A Dodds M. D.

Dec 19, 1927 (Address) 904 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Dec. 20, 1927

20-UNDERTAKER: Wm. J. Tackney Sons — ADDRESS: N. Y. Pa

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28533

CERTIFICATE OF DEATH.

E 28533

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 227 N. Eurley ST., 6-11 WARD)

2-FULL NAME Bridget Ann Heiser.

(a) RESIDENCE NO. 227 N. Eurley. ST., 6 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. 11 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Frederick Heiser

6 DATE OF BIRTH (month, day, and year) Jan 7th 1865

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	11	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work.

(b) General nature of industry, business, or establishment in which employed (or employer) At Home.

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER George Garlen

11 BIRTHPLACE OF FATHER (city or town) Germany.
(State or country)

12 MAIDEN NAME OF MOTHER Bridget O. Donnell

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

14 Informant Frederick Heiser (Husband)
(Address) 227 N Eurley St.

15 Filed DEC 20 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 16th 1927

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1926 to Dec 16 1927

that I last saw he alive on Dec 16 1927

and that death occurred, on the date stated above, at 12/39 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver
ascites,

(duration) 1 yrs. 8 mos. 2 wks

CONTRIBUTORY (Secondary) Acute + Mitral insufficiency
General anasarca (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Phy exam. —

(Signed) Louis F Krumrein M. D.

19 (Address) 722 N. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel Cemetery	Dec. 20 1927

20 UNDERTAKER Lilly + Zeiler

ADDRESS 403 S. Arlington Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 28534

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 ✓ E 28534

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3936 Elm Ave St. 13-52 Ward)

2-FULL NAME Edna Liona Smith

(a) RESIDENCE NO. 3936 Elm Ave. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Child

6 DATE OF BIRTH (month, day, and year) Aug 2, 1927

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		4	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.

(State or country)

PARENTS

10 NAME OF FATHER George W. Smith

11 BIRTHPLACE OF FATHER (city or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Pearl Mackenzie

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant George W. Smith

(Address) 3936 Elm Ave

Filed DEC 20 1927 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/18 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

thereon and from the evidence obtained by said Inquest

find that said deceased came to h... death (Inquest, autopsy or inquiry.)

on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Dr. H. Bruns M. D.

(Coroner)

12/19 1927 (Address) 3672 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs.,..... mos.,..... ds. In the State..... yrs.,..... mos.,..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
St. Marys Hampden	Dec 20 '27

20 UNDERTAKER Thenowethon Son

ADDRESS 3615 Eastern Ave

(Should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.)

(tion should be carefully supplied. AGE should

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28535

CERTIFICATE OF DEATH.

31 E 28535

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 126 N. Montford St. 6-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie H. Rollins

(a) Residence No. 126 N. Montford St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Charles J. Rollins

6-DATE OF BIRTH (month, day and year) Mar. 1 1897

7-AGE, 30 yrs. 9 mos. 16 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Louis H. Hoffman

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Christine Waiman

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Charles J. Rollins

(Address) 126 N. Montford Ave

15- Date DEC 20 1927 1927 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec. 17 1927

17- I HEREBY CERTIFY, That I attended deceased from May 1 1927 to Dec 17 1927

that I last saw h~~e~~r alive on Dec 17 1927,

and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical exam and History

(Signed) Knight Reynolds, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Oak Lawn County

DATE OF BURIAL, Dec 20 1927

20-UNDERTAKER. Geo C. Keller & Son

ADDRESS 2534 Hfferson

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28536

CERTIFICATE OF DEATH.

90 ✓

REGISTERED NO. E 28536

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2211 Gough St. 1-3 Ward)

2-FULL NAME Patrick H. Kane

(a) RESIDENCE NO. 2211 Gough St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of): Marian Kane

6 DATE OF BIRTH (month, day, and year): Apr 19-1881

7 AGE — Years: 46 Months: 8 Days: 7 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stockbroker

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer

9 BIRTHPLACE (city or town): Balt

(State or country)

PARENTS

10 NAME OF FATHER: James Kane

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: Ellen Duffy

13 BIRTHPLACE OF MOTHER (City or town)

(State or country): Ireland

14 Informant: Marian Kane

(Address): 2211 Gough St

Filed DEC 26 1927 19 C. HARRY JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 17 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Mitral Stenosis

(duration) yrs. mos. 6 wks

CONTRIBUTORY (Secondary): Broken Compensation

(duration) yrs. mos. 1 ds.

(Signed) Geo C. Willard Blake M. D.

(County)

Dec 19 27 19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Levbath-Valhem — Date of Burial: 12/29/27

20 UNDERTAKER: J. G. Moran — ADDRESS: 3 Aisquith

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

E 28537

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

112 E 28537

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1509 N Eden St. 9-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Elizabeth Jamar

(a) RESIDENCE NO. 1509 N Eden St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. — mos. — ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 9, 1841

7 AGE: Years 86 Months 5 Days 9

IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Elkton Md

(State or country)

PARENTS

10 NAME OF FATHER: John Jamar

11 BIRTHPLACE OF FATHER (City or town): Elkton, Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Hudson

13 BIRTHPLACE OF MOTHER (city or town):

(State or country)

14 Informant: Mrs Catherine Catuap

(Address) 1504 N Eden St

15 Filed ..... 19 ..... Registrar

DEC 20 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Dec 18. 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 12, 1927, to Dec 18, 1927, that I last saw h[illegible] alive on Dec 18, 1927, and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Atherosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo W Conway M. D.

(Address) 814 Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION~~ OR REMOVAL: Mt Olivet — Date of Burial: Dec 21 1927

20 UNDERTAKER: Geo W Little — ADDRESS 2700 Edmondson Ave

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

Martin F Fabian

E 28538

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

187-007

E 28538

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. 24-35 Ward)

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martin F. Fabian.

(a) RESIDENCE NO. 1608 E. Clement St. Ward

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rose Diegel Fabian

6 DATE OF BIRTH (month, day, and year) May 3/1882

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	45	7	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker 603

(b) General nature of Industry, business, or establishment in which employed (or employer) Ebersberger Bakery

(c) Name of employer 509 N. Gay St

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Matthias Fabian

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Wife

(Address)

Filed DEC 20 1927 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17/27

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock-Crushed both arms & intra-abdominal injuries- Accidentally caught in dough mixing machine at 509 N. Gay St.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) J. H. Cater (Coroner) M. D.

12/19/27 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery Date of Burial 12/21 1927

20 UNDERTAKER Maynard G Flynn ADDRESS 1422 Light St

Be sure that every question on this certificate is answered. Name should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28539

CERTIFICATE OF DEATH.

101-001

REGISTRAR'S NO. E 28539

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 713 N. Mount St. (Ward) 16-22

2-FULL NAME Elijah Spence

(a) RESIDENCE NO. 713 N. Mount St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: colord

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Addie Spence

6 DATE OF BIRTH (month, day, and year): about 1888

7 AGE: Years 39 Months Days IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): General

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): N. C.

PARENTS

10 NAME OF FATHER: Alfred Spence

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. C.

12 MAIDEN NAME OF MOTHER: Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Don't Know

14 Informant: Addie Spence

(Address) 550 Wilson alley

Registrar

DEC 29 1927

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 19 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) No history

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D. (Coroner)

Dec 20 1927 (Address) 2572 Edmondson ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem Date of Burial Dec 29 27

UNDERTAKER: Hunt Eaton ADDRESS 916 E ave

Tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

Balto

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28540

CERTIFICATE OF DEATH.

1009-001

10 E 28540

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Lawrence Balto. ST. [illegible] WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME 573 Dolphin St

(a) RESIDENCE NO. 573 Dolphin St ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): August 1920

7 AGE: Years 1 | Months 6 | Days 9 | If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): 573 Dolphin Balto. Md

PARENTS

10 NAME OF FATHER: James Bates

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Lottie James

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Mrs Bates

(Address): 573 Dolphin St

Filed DEC 29 1920 HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 18 1920

17 I HEREBY CERTIFY, That I attended deceased from Dec. 10th 1920 to Dec. 18th 1920

that I last saw h— alive on Dec 17th 1920

and that death occurred, on the date stated above, at 7:30 A.M.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Hill, M. D.

(Address) 724 Monroe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: Dec 20 1920

20 UNDERTAKER: Edward Eaton

ADDRESS 916 Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 28541 HEALTH DEPARTMENT—CITY OF BALTIMORE E 28541

720

CERTIFICATE OF DEATH

1-PLACE OF DEATH Maryland Penitentiary Registered No. 101

City of BALTIMORE: (No. 954 Forrest St. 10 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Arthur Swann

(a) Residence No. Pisgah Md St., Ward

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Feb 22 1907

7-AGE. 20 yrs. 6 mos. 18 17 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9-BIRTHPLACE (city or town) Pisgah

(State or Country) Charles Co Maryland

PARENTS.

10-NAME OF FATHER. John Swann

11-BIRTHPLACE OF FATHER (city or town) Pisgah

(State or Country) Md

12-MAIDEN NAME OF MOTHER. Jennie Simmons

13-BIRTHPLACE OF MOTHER (city or town) Cheltenham

(State or Country) Md

14-

(Informant) Mrs A. Swann

(Address) Md Penitentiary

15-

Filed Sept 20 1927 W. A. Southerland

Registrar.

C 20 1927

C. H. Lewis M. D.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept 9 1927

17. I HEREBY CERTIFY, That I attended deceased from March 11 19 27 to Sept 9 19 27

that I last saw h. alive on Sept 7 19 27

and that death occurred, on the date stated above, at 12 A m.

The CAUSE OF DEATH* was as follows:

Dislocation 7 left Cervical vertebrae

Hanged by order of court

Immediate (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Leonard Edwards M D

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Glenwood Md

DATE OF BURIAL. Sept 10 1927

20-UNDERTAKER. James Penney

ADDRESS Mason Springs Md

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 28542

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28542

CERTIFICATE OF DEATH

1-PLACE OF DEATH Maryland Penitentiary Registered No. 101

City of BALTIMORE: (No. 954 Forest St. St. 10-15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ollie Simmons

(a) Residence No. 716 Westminster St. Ward 1

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Feb 2 1908

7-AGE 19 yrs. 6 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9-BIRTHPLACE (city or town) Charles Co. (State or Country) Maryland

PARENTS.

10-NAME OF FATHER, Philip Simmons

11-BIRTHPLACE OF FATHER (city or town) Charles Co. (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Frances Nelson

13-BIRTHPLACE OF MOTHER (city or town) Charles Co. (State or Country), Maryland

14- (Informant) Ollie Simmons (Address) 716 Westminster

15- Filed Sept 10 1927 W. H. Sutherland Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept 7 1927

17- I HEREBY CERTIFY, That I attended deceased from March 19 1927 to Sept 9 1927

that I last saw h[illegible] alive on Sept 9 1927

and that death occurred, on the date stated above, at 12:40 P. m.

The CAUSE OF DEATH* was as follows: Dislocation of left cervical vertebrae Fracture (Contributory) Immediate

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas W Edmunds M. D.

, 19 (Address) 954 Forest St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Edgewood Md DATE OF BURIAL Sept 10 1927

20-UNDERTAKER James Penney ADDRESS Main St Laurel Md

SEP 10 1927 C. H. [illegible] JONES, M. D.

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28543

CERTIFICATE OF DEATH.

E 28543

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH U. S Marine Hospital No 1 21-21 ST. (WARD)

CITY OF BALTIMORE: (No.

2-FULL NAME James Burke

(a) RESIDENCE NO. 422 Hamburg St Balt. Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? 8 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 2, 1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	20	6	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant

(c) Name of employer St. Paul to Rio

9 BIRTHPLACE (city or town) (State or country) Virgin Islands

PARENTS

10 NAME OF FATHER Eustace Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virgin Islands

12 MAIDEN NAME OF MOTHER Sara Lorenzo

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Panama

14 Informant (Address) Self 422 Hamburg St Balt. Md

15 Filed DEC 28 1927 H. A. Koontz, M. D. Registrar

Dup

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 20, 1927 to Dec 16, 1927 that I last saw him alive on Dec 16 1927 and that death occurred, on the date stated above, at 8 Noon m.

The CAUSE OF DEATH* was as follows:

(a) Interstitial Pulmonary Tuberculosis Chronic active

(b) Epilepsy, Petit mal type

(duration) Years yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings, laboratory tests

(Signed) Ralph Horton M. D.

(Address) U S Marine Hospital No 1 Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem DATE OF BURIAL Dec 1927

20 UNDERTAKER E. L. Roy Stapleford ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28544

CERTIFICATE OF DEATH.

E 28544

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Retreat ST. 26-63 WARD

2-FULL NAME Ella Metz

(a) RESIDENCE NO. Mt Hope Retreat ST., 28th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 9 mos. 0 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 23. 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or .... min.
	64 65	0 11	0 25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) X

(c) Name of employer X

9 BIRTHPLACE (city or town) (State or country) Catonsville Md.

PARENTS

10 NAME OF FATHER Aug. Metz

11 BIRTHPLACE OF FATHER (city or town) (?) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Dietz

13 BIRTHPLACE OF MOTHER (city or town) (?) (State or country) Germany

14 Informant Records of Mt Hope Retreat (Address) Mt Hope Md.

15 Filed DEC 20 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov, 1927, to Dec 17, 1927, that I last saw her alive on Dec 17, 1927, and that death occurred, on the date stated above, at 1.20 P m.

The CAUSE OF DEATH* was as follows:

Paralysis - R. Hemiplegia

(duration) 2 yrs. 0 mos 4 ds.

CONTRIBUTORY (Secondary) Pre-senile Psychosis

(duration) 2 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Balto Md

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J Flannery, M. D.

19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL Dec 20 1927

20 UNDERTAKER John O. Hutchins ADDRESS Lore & Goodman

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 28545

HEALTH DEPARTMENT—CITY OF BALTIMORE E 28545

CERTIFICATE OF DEATH.

111-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1925 Etting ST. 11-20 WARD)

2-FULL NAME Minnie Byrd

(a) RESIDENCE. No. 1925 Etting ST., WARD.
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: Col
5 Single, Married, Widowed, or Divorced (write the word): married

6a If married, widowed, or divorced: HUSBAND of (or) WIFE of George H. Byrd

6 DATE OF BIRTH (month, day, and year): 1893

7 AGE: Years 34; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS
10 NAME OF FATHER: M. Carter
11 BIRTHPLACE OF FATHER (city or town) (State or country): Va
12 MAIDEN NAME OF MOTHER: Louisa Jackson
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: George H. Byrd
(Address): 1925 Etting St.

15 Filed DEC 20 1927 HAROLD J. ROSS, M. D. Registrar
By RLK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 19 — 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 15, 1927, to Dec 19, 1927, that I last saw h[illegible] alive on Dec 18, 1927, and that death occurred on the date stated above, at 3:30 P m.

The CAUSE OF DEATH was as follows:

Gastric ulcer

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): According to history 6 W

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinic

(Signed) W. J. Coleman M. D.

(Address) 2039 McCulloh

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loan Wharf Va.
DATE OF BURIAL: 12/21/27

20 UNDERTAKER: Jno. Geo. H. Holland
ADDRESS: 1629 Druid Hill Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Medical attendant must be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

Spec.—1-12-23—M&T—500 Bks.

E 28546

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28546

CERTIFICATE OF DEATH.

46 28546.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp ST. 27-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Dolle

(a) RESIDENCE NO. 4502 Arlington Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Frank Dolle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Sleeter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Hospital Records

Filed DEC 20 1927 C. BRAXTON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 17 1927.

17 I HEREBY CERTIFY, That I attended deceased from Nov 10, 1927, to Dec 17, 1927, that I last saw him alive on Dec. 17, 1927, and that death occurred, on the date stated above, at 10,10 P. m.

The CAUSE OF DEATH* was as follows:

Carcinomatosis

Primary source undetermined

Contributory (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? Yes Date of 1920

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy & Clinical

(Signed) L. E. Madden, M. D.

12-15 1927 (Address) Balto City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem. DATE OF BURIAL Dec 20 1927.

20 UNDERTAKER Wendell Stoppel ADDRESS 500 Edmondson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 28547 HEALTH DEPARTMENT—CITY OF BALTIMORE E 28547

101-801

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 815 Somerset St. 10-14 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida Hill

(a) RESIDENCE NO. 815 Somerset ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 26 1907

7 AGE — Years: 20 — Months: 6 — Days: 26 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: George Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Nodie Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Nodie Hill

(Address) 815 Somerset St.

15 Filed DEC 20 1927 C. H. [illegible], M. C. S., Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18 1927

17

I HEREBY CERTIFY, That I attended deceased from Dec 11, 1927, to Dec 18, 1927.

that I last saw h[illegible] alive on Dec 18 1927

and that death occurred, on the date stated above, at 1.45 A m.

The CAUSE OF DEATH* was as follows:

Uremic Poisoning

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) [illegible] M. D.

12-18 1927 (Address) 508 Somerset St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Calvary — DATE OF BURIAL: Dec 19 1927

20 UNDERTAKER: Mrs. P. A. Elliott — ADDRESS 712 Ashland Ave

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28548

CERTIFICATE OF DEATH.

E 28548

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1118 Riverside Dr. St., Ward 24-33

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William J. Dougherty

(a) Residence No. 1118 Riverside Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 10 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Single

If married, widowed, or divorced, HUSBAND of (or) WIFE of: Elizabeth Dougherty

6-DATE OF BIRTH (month, day and year): Feb 15th 1868

7-AGE. 57 yrs. 10 mos. 4 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Fireman

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore

PARENTS

10-NAME OF FATHER: Thomas D. Dougherty

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Henrietta Boteler

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Maryland

14-(Informant) Elizabeth J. Dougherty

(Address) 1118 Riverside Dr.

15-Filed DEC 20 1927 By HAROLD J. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Dec 19, 1927

17-I HEREBY CERTIFY, That I attended deceased from Sept 1 1927 to Dec 19 1927 that I last saw him alive on Dec 19, 1927 and that death occurred, on the date stated above, at 7 A.M.

The CAUSE OF DEATH* was as follows:

Coronary Sclerosis

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Carcinoma of Stomach

(Duration) yrs. 6 mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Surgical

(Signed) I. F. Hamburger M. D.

12/19/27 (Address) 1 E Read St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem | DATE OF BURIAL: Dec 22 1927

20-UNDERTAKER: E. Schumann & Son | ADDRESS 1039 Hanover

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

162 E 28549

REGISTERED NO.

E 28549

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St. 6-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Fleischman

(a) RESIDENCE NO. 2400 E. Fairmount Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White (Jewish)

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12 - 18 - 27

7 AGE — Years | Months | Days | IF LESS than 1 day 17 hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Joseph Fleischman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Mollie Klavansky

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Hosp Records

(Address)

Filed DEC 20 1927 G. HAMILTON, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Dec 19, 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 18, 1927, to Dec 19, 1927, that I last saw him alive on Dec 19, 1927, and that death occurred, on the date stated above, at 3:10 p m.

The CAUSE OF DEATH* was as follows:

Hemorrhage of the New Born

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm Schuman, M. D.

12-19, 1927 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Mt Carmel — Date of Burial 12-20-1927

20 UNDERTAKER: Jack Levin — ADDRESS 1139 E Balto

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28550

CERTIFICATE OF DEATH.

90 E 28550

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) Edgewood Ave (St.) Powhatan (Ward) 15-61

2-FULL NAME George Conrad Mueller

(a) RESIDENCE NO. 342 Powhatan Ave (St.) Ward

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sallie P. Mueller

6 DATE OF BIRTH (month, day and year): Nov. 21 1850

7 AGE: Years 77 Months 0 Days 27 26 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: George Mueller.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaret ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mr. S. Roy Mueller

(Address) 342 Powhatan Ave

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 15, 192 7

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease.

(duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) no history

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hanson M. D. (Coroner)

Dec. 17 192 7 (Address) 2572 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem. Date of Burial: Dec 20 19 27

20 UNDERTAKER: E. A. Pickrel Sons ADDRESS: North & Pa

DO NOT WRITE IN THIS SPACE. ALL BLANKS should be carefully supplied. ALL should be written LEGIBLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1261 C 330

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28551

CERTIFICATE OF DEATH.

100-001

E. 28551

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) JOHNS HOPKINS HOSPITAL (St.) 79 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Allen B. Wrisley.

(a) RESIDENCE NO. 203 (St.) Saint Charles Rd. - (Ward) Lanham, Ill.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of: Mrs. Elizabeth L. Wrisley.

6 DATE OF BIRTH (month, day, and year): Sept. 20, 1837.

7 AGE: Years 90 Months 2 Days 29 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Gill, Mass.

PARENTS

10 NAME OF FATHER: Alvah - Wrisley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Gill, Mass.

12 MAIDEN NAME OF MOTHER: Clarissa Barnard,

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Shelburne, Mass.

14 Informant (Address) JOHNS HOPKINS HOSPITAL

DEC 20 1927

(Filed) C. PAGE JONES, M. D. (Registrar) Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 19 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 15 1927, to Dec. 19 1927.

that I last saw him alive on Dec. 19 1927

and that death occurred, on the date stated above, at 7.50 P. m.

The CAUSE OF DEATH* was as follows:

Benign Prostatic Hypertrophy.

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes. Date of Nov. 25, 1927.

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) C. Jones, M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Chicago Ill.

DATE OF BURIAL: 12/20 1927.

UNDERTAKER: Wright & Donahue

ADDRESS: 424 N. Broadway

TION is very important See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 28552

CERTIFICATE OF DEATH.

E 28552

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1800 Lanvale St. Ward 20

2-FULL NAME Carroll Clayton

(a) RESIDENCE NO. 1800 Lanvale St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 19 1927

7 AGE: Years — Months: 6 — Days — IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

10 NAME OF FATHER: Gradon Clayton

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md

12 MAIDEN NAME OF MOTHER: Bessie Lukes

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

PARENTS

14 Informant: Anna Clayton

(Address): 1800 Lanvale St

15 Filed DEC 29 1927 19

C. [illegible] Nelms, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 14, 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) and the verdict of the jury find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Whooping Cough

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D. (Coroner)

Dec 14 1927 Address) 2572 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Date of Burial Dec 17 1927

20 UNDERTAKER: Emma Hensley ADDRESS: 1 N Eddew

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

Summers.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28553

CERTIFICATE OF DEATH.

9 0 E 28553

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3613 Greenmount ave ST., 9-47 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph J Summers

(a) RESIDENCE NO. 3613 Greenmount ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C. Summers

6 DATE OF BIRTH (month, day, and year) Feb. 4-1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	10	14	

8 OCCUPATION OF DECEASED.

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Insurance

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Samuel Summers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Margaret Frank

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Mary C. Summers

(Address) 3613 Greenmount ave

15 Filed DEC 20 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 18th 1927

17 I HEREBY CERTIFY, That I attended deceased from March 1st, 1925, to December 18th 1927, that I last saw h alive on December 18th, 1927, and that death occurred, on the date stated above, at 5P m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) 2 yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) J. E. Lilly, M. D.

Dec 19 1927 (Address) 501 E. Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL Dec 21 1927

20 UNDERTAKER George W. Zirkler — ADDRESS 1737 E. Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupa-
TION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Rks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 28554

90 E 28554

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1538 S. Charles (Ward) 12-19

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barbara Barrett.

(a) RESIDENCE NO 1538 S. Charles St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1866

7 AGE: Years 61 Months Days If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Ireland

(State or country)

PARENTS

10 NAME OF FATHER Patrick Barrett.

11 BIRTHPLACE OF FATHER (City or town) Ireland

(State or country)

12 MAIDEN NAME OF MOTHER Ellen Cope

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant John Mere (Address) 1535 S. Charles St.

DEC 20 1927

19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18 - 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1927, to Dec 18, 1927.

that I last saw h alive on Dec 18, 1927.

and that death occurred, on the date stated above, at 3 A.M.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? —

(Signed) John A. Schepeunk M. D.

19 (Address) 1337 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bonnie Brae Date of Burial Dec 12/21 1927

20 UNDERTAKER Lupow ADDRESS Mrs Mary O'Connor 1416 Park Ave

Should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 28555

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28555

1-PLACE OF DEATH

City of BALTIMORE: (No.) University Hospital 19-27 (Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Perry

(a) Residence No. 11 N. Strieker St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 12/16/27

7-AGE. yrs. mos. 2 ds.

If LESS than 1 day, hrs. or 5 min.? 1

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Myron Lee Perry

11-BIRTHPLACE OF FATHER (city or town) (State or Country). W. Va

12-MAIDEN NAME OF MOTHER. Irma Fletcher

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Baltimore Md.

14-

(Informant)

(Address)

15-

Filed DEC 20 1927 C. HAMPSON JONES, Registrar.

Per

Instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 12/18/27

17- I HEREBY CERTIFY, That I attended deceased from 12/16 1927 to 12/18 1927 that I last saw h alive on 12/18 1927 and that death occurred, on the date stated above, at 8.50 P. m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John T. Hibbitt M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Emerald Hill DATE OF BURIAL, 19

20-UNDERTAKER ADDRESS

Spec.—12-9-25—A Co.—200 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28556

CERTIFICATE OF DEATH.

161-001

E 28556

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 647 S. Bremerd St. (Ward) 12

2-FULL NAME Meredith Powers Jr.

(a) RESIDENCE NO. 647 S. Bremerd St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Mal

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 19 1927

7 AGE: Years — Months — Days — IF LESS than 1 day hrs. 15 or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER Meredith Powers

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Wisconsin

12 MAIDEN NAME OF MOTHER Knipple

13 BIRTHPLACE OF MOTHER (city or town) Ireland

(State or country) Ind.

14 Informant Ph. Artigan

(Address)

15 Filed C. HAMPSON JONES, M. D. Registrar

DEC 20 1927 Per 1993 CCH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 19 27

17 I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1927, to Dec. 20, 1927, that I last saw h— alive on Dec. 20, 1927, and that death occurred, on the date stated above, at 12. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Ph. Artigan M. D.

, 19 (Address) 2942 E Baylis

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Date of Burial 19

20 UNDERTAKER Commissioner Health

ADDRESS

Dep. Wm. E. WEGMAN

DEC 20 1927

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

UNIVERSITY OF MARYLAND

Spec.–7-17-26—A Co.—200 Bks.

E 28557.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001

100 E 28557

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2700 E Preston St. 8th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie T Powers

(a) RESIDENCE NO. 2700 E Preston St. 8 Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Jo Powers

6 DATE OF BIRTH (month, day, and year): Oct 14—1877

7 AGE: Years 50 Months 2 Days 3 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: Peter Grogan

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: Kath Kane

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Ireland

14 Informant: A T Powers

(Address) 2700 E Preston St

Filed JUN 20 1927

C. HARRISON JONES, M. D. Registrar

Our Ref. RKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/17 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1927, to Dec 17, 1927, that I last saw her alive on Dec 17, 1927, and that death occurred, on the date stated above, at 4:15 m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) A T Powers M. D.

. 19 (Address) 2700 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (3) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Vincents Cem

Date of Burial: 12/20 1927

20 UNDERTAKER: Chas E. Maus

ADDRESS: 1801 W Lanvale St

NOTE—Answer questions carefully, supplying data as required. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 28558 HEALTH DEPARTMENT—CITY OF BALTIMORE E 28558

CERTIFICATE OF DEATH

1-PLACE OF DEATH Union Memorial Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 23-31 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Russel F. Taylor

(a) RESIDENCE NO. 801 S. Howard ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar. 6. 1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer John Epton

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Gordon Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Blanche Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Blanche Davis Taylor

(Address) Hebron P.O. Va.

15 Filed DEC 20 1927 C. HAMPSON JONES, M. D. Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 16, 1927, to Dec 19, 1927, that I last saw h alive on Dec 19, 1927 and that death occurred, on the date stated above, at 10 ½ P. m.

The CAUSE OF DEATH* was as follows:

Mastoiditis

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Brain abscess.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Dec 19th 1927

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Palmer F. C. Williams, M. D.

12/19 1927 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Christ Church Cem. Middleburg Co Va. DATE OF BURIAL Dec 22 1927

20 UNDERTAKER Harry A. Comacost ADDRESS 4204 Ridgewood Ave

TION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28559

CERTIFICATE OF DEATH

E 28559

REGISTERED NO.

1-PLACE OF DEATH Linden Av. & Lake Shore

City of BALTIMORE: (No. Riviera Apts. 3 F. 13-59 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Matilda B. Putzel.

(a) RESIDENCE NO. Riviera Apts. 3 F. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Putzel

6 DATE OF BIRTH (month, day, and year) April 28, 1863

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	64	7	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) New York

PARENTS

10 NAME OF FATHER John L. Butzel

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Bavaria.

12 MAIDEN NAME OF MOTHER Elizabeth Herman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Bavaria.

14 Informant Mr. John Putzel

(Address) Fords Lane

20 1927 C. HAMPSON JONES, M. D. Registrar

Per CBM

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 19, 1927

17 I HEREBY CERTIFY, That I attended deceased from Jan 19, 1926, to Dec 19, 1926, that I last saw h[er] alive on Dec 19, 1926, and that death occurred, on the date stated above, at 11[10] P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of left Breast

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) General carcinomatosis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of Jan 19-26

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) Irwin S. Haupt, M. D.

12/29, 1927 (Address) The Esplanade

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Har Sinai Cem. Date of Burial: 12.21. 1927

20 UNDERTAKER: Baird Sondheim ADDRESS: 1124 W. Mt. Royal Ave

This should be carefully answered. Avoid using abbreviations. Write plainly in ink. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 28560

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28560

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3312 Walbrook Avenue ST., 15-67 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura Emerick

(a) RESIDENCE NO. 3312 Walbrook Avenue ST., WARD Resident

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 3 mos. 19 ds. How long in U. S., if of foreign birth? 70 yrs. 3 mos. 19 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Emerick

6 DATE OF BIRTH (month, day, and year) August-23-1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3	~~19~~ 25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework None

(b) General nature of industry, business, or establishment in which employed (or employer) at home None

(c) Name of employer None

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER William Airey

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Eliza Youngman

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Mrs. Thomas C. Maynard (daughter)

(Address) 3312 Walbrook Ave

15 Filed DEC 20 1927 G. HANSELL JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) DEC 18 1927

17

I HEREBY CERTIFY, That I attended deceased from May 5 .1927. to DEC 18 .1927.

that I last saw her alive on DEC 18 .1927

and that death occurred, on the date stated above, at 6.45 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of abdominal glands, involving epigastric region & pelvic & hip bones.

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical & usual tests

(Signed) H. E. Knipp, M. D.

12/19. 1927 (Address) 4029 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	12-21-27 19
20 UNDERTAKER STEWART & MOWEN COMPANY	ADDRESS 1000 W. North Ave

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

TO

E 28561 HEALTH DEPARTMENT—CITY OF BALTIMORE E 28561

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6-E-26th.Street ST. 12-50 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katharine Linthicum Coleman

(a) RESIDENCE NO. 6-E-26th.Street ST. 12 WARD Resident

(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. 2 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of J.Meredith Coleman

6 DATE OF BIRTH (month, day, and year) Sept-25-1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Charles C.Linthicum

11 BIRTHPLACE OF FATHER (city or town) Mayslick (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Mary J.Miller

13 BIRTHPLACE OF MOTHER (city or town) Howard Co. (State or country) Maryland

14 Informant Mrs.Marguerite E.Chambers(sister)

(Address) 6-E-26th.Street

15 Filed DEC 20 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 9, 1927, to Dec 18, 1927, that I last saw her alive on Dec 18, 1927 and that death occurred, on the date stated above, at 11.45 pm

The CAUSE OF DEATH* was as follows:

Kidney Stone, Arteriosclerosis with hypertension.

Cerebral hemorrhage. Intermittant 2 mo. claudication (duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) E. M. Thomas M. D.

, 19 (Address) 806 N Fulton Ave. Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Dec-21-27 19
20 UNDERTAKER	ADDRESS
[illegible] & MOWEN COMPANY	[illegible]

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 28562

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28562

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 12-19 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Harriet K. Dean

(a) RESIDENCE NO. 219½ North Av. ST. WARD Resident

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Probably-1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
About 51	—	—		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Registered Nurse

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) New York.

PARENTS

10 NAME OF FATHER not known

11 BIRTHPLACE OF FATHER (city or town) not known (State or country) not known

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) not known (State or country) not known

14 Informant Miss Creep-(friend) (Address) 2118 N Charles St.

15 DEC 29 1927, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/19/1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 19, 1927, to Dec 19, 1927, that I last saw her alive on Dec 19, 1927 and that death occurred, on the date stated above, at 8 40 m

The CAUSE OF DEATH* was as follows:

Cerebral Hemmhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Palmer F. C. Williams, M. D.

12/19 1927 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery | DATE OF BURIAL Dec-21/1927

20 UNDERTAKER Stewart & Co. | ADDRESS Balto. Md

TION is very important See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28563

CERTIFICATE OF DEATH.

19 E 28563

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) City Hospital St. 26-37 Ward)

2-FULL NAME Mary White

(a) RESIDENCE NO. 5005 O Donnell St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female 4 Color or Race: White 5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of: Arthur M. White

6 DATE OF BIRTH (month, day, and year): Dec 15 98

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	29		2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country)

PARENTS

10 NAME OF FATHER: Andrew Haas

11 BIRTHPLACE OF FATHER (city or town): Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Mary

13 BIRTHPLACE OF MOTHER (city or town): Md.

(State or country)

14 Informant: Arthur M. White

(Address) 5005 O'Donnell St.

Dec 20 1927 C. HAMILTON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH was as follows:

Self Induced Abortion - (3 months)

Duration: yrs. mos. 25 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

Dec 19 1927 (Signed) G. C. Hodges M. D.

(Address) 1430 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel Date of Burial 12/21/27

20 UNDERTAKER: Philip Henry ADDRESS 2016 Orleans St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28564

CERTIFICATE OF DEATH.

129

E 28564

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 337 (St.) Scott (WARD) 21-29

2-FULL NAME Augusta N. Snyder

(a) RESIDENCE NO. 337 Scott ST. ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Andrew Snyder

6 DATE OF BIRTH (month, day, and year): Oct 7, 1851

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
76	2	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Henry Guise

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Margaret Bush

(Address) 337 Scott St

15 Filed 12/20 1927 C. HAMPSON JONES, M. D. Registrar

Per Neb

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 19 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 21, 1927, to Dec. 19, 1927, that I last saw h[e]r alive on Dec 18, 1927, and that death occurred, on the date stated above, at 6.30 A. m.

The CAUSE OF DEATH* was as follows:

Interstitial nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral stenosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. Ruby Storey, M. D.

12/9. 1927 (Address) 729 Park. Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem — DATE OF BURIAL: Dec 21 1927

20 UNDERTAKER: Mrs Nus John M Teufel & Son — ADDRESS: 801 W. Fayette

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

Bond ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28565

CERTIFICATE OF DEATH.

10-001

E 28565

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 9-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susan Estelle Grant.

(a) RESIDENCE NO. 1316 W. Lafayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: ?

6 DATE OF BIRTH (month, day, and year): ?

7 AGE: Years 25 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Georgia

PARENTS

10 NAME OF FATHER: Wallis ?

11 BIRTHPLACE OF FATHER (city or town) (State or country): Georgia

12 MAIDEN NAME OF MOTHER: Madden ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Georgia

14 Informant (Address): Reeves.

15 20 1927 C. MARSHALL JONES, M. D. Registrar

Put P.B.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/13/1927

17

I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1927. to Dec 13, 1927.

that I last saw h alive on Dec 13, 1927.

and that death occurred, on the date stated above, at 10.10 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Symptoms

(Signed) C. Melvin Boyd, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cem — DATE OF BURIAL: 12-20-1927

20 UNDERTAKER: Jos. M. Skinner — ADDRESS: 1625 E. Mad. St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 28566 HEALTH DEPARTMENT—CITY OF BALTIMORE E 28566

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Md General Hospital REGISTERED NO. 129

CITY OF BALTIMORE: (No. Madison & Linden WARD) 5224

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes Flora

(a) RESIDENCE NO. 1 Edmondson Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced. (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Flora

6 DATE OF BIRTH (month, day, and year) Feb 9. 1880

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
46	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None.

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Edgewood Md

PARENTS

10 NAME OF FATHER Richard Edmondson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Georgiana Stone

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Next of kin

(Address)

15 Filed DEC 20 1927 C. HAMPSON JONES, Registrar

Per RRR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19 1927

17 I HEREBY CERTIFY, That I attended deceased from 12-17-27, to 12-19-1927, that I last saw h[illegible] alive on 12-19-1927, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Uraemia Nephritis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Anemia & Cirrhosis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Course

(Signed) [illegible] M. D.

, 19 (Address) Md Glenburnie

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery DATE OF BURIAL 12/21 1927

UNDERTAKER Montgomery & Ford ADDRESS Md

Edw. J. McNabb Laurel

CAUSE OF DEATH to be plain terms, so that it may be properly classified. EXACT STATEMENT OF OCCUPATION IS very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28567

CERTIFICATE OF DEATH.

E 28567

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2201 E. Biddle St. (ST.) (WARD) 8 16

2-FULL NAME Morris Japko

(a) RESIDENCE NO. 2201 E. Biddle St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 20 1922

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work DD

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto city Md

PARENTS

10 NAME OF FATHER Ben Japko

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Mary Schwartzberg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Ben Japko

(Address) 2201 E. Biddle St.

Filed DEC 21 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1927, to Dec. 20, 1927, that I last saw h— alive on Dec. 20, 1927, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Congenital heart disease

(duration) life yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Nathan H Shpritz, M. D.

, 19 (Address) 1830 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herrun Run

DATE OF BURIAL 12/21 19 27

20 UNDERTAKER Jack Lewis 1439 E Balto St

ADDRESS

TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28568

CERTIFICATE OF DEATH.

129

E 28568

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 236 N. Payson St., 20-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Grimby Price

(a) RESIDENCE NO. 236 N. Payson St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Irving Price

6 DATE OF BIRTH (month, day, and year): June 1-1840

7 AGE — Years: 87 — Months: 6 — Days: 16 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired 045

(b) General nature of industry, business, or establishment in which employed (or employer): Oyster Business

(c) Name of employer

9 BIRTHPLACE (city or town): Oxford

(State or country): Maryland.

PARENTS

10 NAME OF FATHER: John Price.

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Unknown

14 Informant: Albert W. Schmidt

(Address): 1711 Rockrill Ave.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 17 19 27

17

I HEREBY CERTIFY, That I attended deceased from Dec 5, 19 27, to December 17, 19 27,

that I last saw him alive on December 17, 19 27,

and that death occurred, on the date stated above, at 5:20 P m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary): Chronic Parenchymatous Nephritis

(duration) unknown yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical signs & symptoms

(Signed) Chas. H. Roland, M. D.

12-18-19 27 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet — Date of Burial 12/21 19 27

20 UNDERTAKER: H. W. Cook — ADDRESS 502 Hooke

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

DEC 21 1927 P.M. RLC

Cor.—12-8-25—A Co.—200 Bks.

E 28569

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

66 E 28569

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 657 W. Lex St. 4-25 Ward)

2-FULL NAME William Grosd

(a) RESIDENCE NO. 657 W. Lex St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1866

7 AGE: Years 61; Months; Days; IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Pa

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Unknown

14 Informant: Lena M. Wright

(Address): 640 W. Franklin St

15 Filed DEC 21 1927 H. HAMBLETON, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 10 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) Inquiry and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ac Alcoholism

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. ds.

(Signed) G C Bladel M. D.

(Address) 1431 Druid

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmons — Date of Burial: Dec 21 1927

20 UNDERTAKER: W M Cook — ADDRESS: 502 E North Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

E 28570 OF DEATH

REGISTERED E 28570

City of BALTIMORE: (No. Church Home & Infirmary 27-48 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Elizabeth Schroeder

(a) RESIDENCE NO. 712 McCabe Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles J. Schroeder

6 DATE OF BIRTH (month, day, and year) May 16/1878

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	49	7	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Mrs. E.T.Grimm

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Herman Rhinehardt

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline Wagner

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Mrs. Edward G. Grimm

(Address) 1605 Montpelier St

15 Filed DEC 21 1927 H.M. [illegible] Registrar

By [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Dec 19/27

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Apoplexy)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [signature] M. D.

(Coroner)

12/20/27 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Date of Burial 12/21 1927

20 UNDERTAKER H. L. Cook ADDRESS 502 E North Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28571

CERTIFICATE OF DEATH.

9 E 28571

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No.) Calhoun & Fayette ST. 4-26 WARD)

2-FULL NAME Julia Engleman.

(a) RESIDENCE No. 744 W. Baltimore ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of.

6 DATE OF BIRTH (month, day, and year): Sept 17 1874

7 AGE: Years 53 Months 3 Days 3 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Carroll Co. Md.

PARENTS

10 NAME OF FATHER Polman Engleman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER Celia Deel.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: David W. Engleman (Address) 2317 Fulton Ave

DEC 21 1927 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 20 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1927, to Dec. 20, 1927, that I last saw h.r alive on Dec. 20, 1927, and that death occurred, on the date stated above, at 11:45 A m.

The CAUSE OF DEATH* was as follows:

Generalized arteriosclerosis chronic

Left side hemiplegia due to cortical softening

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial degeneration

Inanition of [illegible]

(duration) yrs. mos 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Elizabeth B. Sherman M. D.

, 19 (Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Westminster Md

DATE OF BURIAL: 12/22 1927

20 UNDERTAKER: W. M. Cook

ADDRESS: 402 E. Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact location of accident or violence must be given. INFORMATION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

113

E 28572

REGISTERED No. E 28572

1-PLACE OF DEATH

City of BALTIMORE: (No. 1552 Leslie St. 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Matthews Cox Sales

(a) RESIDENCE NO. 1552 Leslie St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 1, 1927

7 AGE Years 6 Months 19 Days

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto Md

(State or country)

PARENTS

10 NAME OF FATHER Arthur Sales

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Lancaster Co Va

12 MAIDEN NAME OF MOTHER Elnora Cox

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Lancaster Co Va

14 Informant Elnora Cox

(Address) 1552 Leslie St

15 Filed DEC 21 1927 HARRY N. JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 18, 1927, to Dec 20, 1927, that I last saw h[e] alive on Dec 19, 1927, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

(a) Acute Bulbo Enteritis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) ✓

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? ✓

What test confirmed diagnosis? ✓

(Signed) [illegible] M. D.

12/20 1927 (Address) 1715 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — Date of Burial 12/21 1927

20 UNDERTAKER Thomas E. Kelson — ADDRESS 1303 Preston St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE E 28573

E 28573

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1800 Sargeant ST. 21-24 WARD)

2-FULL NAME Gertrude E Hilt

(a) RESIDENCE No. 1300 Sargeant ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Christian Hilt

6 DATE OF BIRTH (month, day, and year) April 16 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	8	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Geo Krans

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Edel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Herman Finkes

(Address) 1300 Sargeant St

15 Filed , 19 C. HAMPSON JR. Registrar

DEC 21 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1927, to Dec 17, 1927, that I last saw h alive on Dec 17, 1927 and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Indefinite (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry Glassman M. D.

Dec 21 1927 (Address) 2057 Druid Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL Dec 21 1927

20 UNDERTAKER W M Routson

ADDRESS 2238 N Mont

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

28574

CERTIFICATE OF DEATH.

1927 E 285

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St., 1-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Waters

(a) RESIDENCE NO. 719 N. Carolina St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: Years 30 Months Days If LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Fireman

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): N. C.

(State or country)

PARENTS

10 NAME OF FATHER: D. Waters

11 BIRTHPLACE OF FATHER (city or town):

(State or country): N. C.

12 MAIDEN NAME OF MOTHER: [illegible]

13 BIRTHPLACE OF MOTHER (city or town):

(State or country):

14 Informant: Helen Waters

(Address): 719 Carolina

Filed 1927 C. HARRY JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Feb 15 '27

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage due to fracture of skull Homicidal

Shock or hemorrhage (duration) hrs. yrs. mos. ds.

CONTRIBUTORY (Secondary) [illegible]

(duration) yrs. mos. ds.

$20 (Signed) [illegible] M. D. (Coroner)

, 19 27 (Address) 1039 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury — Date of Burial: Dec 21 1927

20 UNDERTAKER: John W Henderson — ADDRESS 150 E Monument

DC 21 1927

IF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28575

CERTIFICATE OF DEATH.

118-8-01

E 28575

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH So. Balt. Gen. Hospital

CITY OF BALTIMORE: (No.) 1213 Light (St.) (8-17) (Ward)

2-FULL NAME James Edgar Boston

(a) RESIDENCE NO. 1621 N Dallas ST ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of: Juliana Boston

6 DATE OF BIRTH (month, day, and year): Sept 25, 1872

7 AGE: Years 55 Months 2 Days 25 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Davison Chem. Co.

9 BIRTHPLACE (city or town) (State or country): Balt. Md.

PARENTS

10 NAME OF FATHER: James E Boston - Md

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Elizabeth Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): James Edgar Boston 1621 N Dallas st

Filed Dec 21 1927 C. HAYWARD MYERS, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 18 1927

17

I HEREBY CERTIFY, That I attended deceased from Dec 14, 1927, to Dec 18, 1927,

that I last saw him alive on Dec 18, 1927,

and that death occurred, on the date stated above, at 9 30 Pm.

The CAUSE OF DEATH* was as follows:

Fulmer - after bilateral inguinal herniotomy - operated on Dec 15

Died suddenly on 3rd day -

Cardiac Embolism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Bilateral Inguinal Herniotomy

? (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of Dec 15 1927

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frederic I. D. Mack M.D. M. D.

1927 (Address) 1213 Light St. Balt-Md. So. Balt. Gen. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury

DATE OF BURIAL: Dec 22 1927

20 UNDERTAKER: John W Henderson

ADDRESS 1502 E Monument

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

Aaron Chase.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28576

CERTIFICATE OF DEATH.

135 E 28576

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST., 10-14 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Aaron Chase

(a) RESIDENCE NO. Haslewood Ave between Chase & Monument ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman Oil

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ..... (State or country) Maryland

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Maryland

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Maryland

14 Informant ..... (Address) Records

15 Filed DEC 21 1927 H. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/17/1927

17 I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1925, to Dec. 17, 1927, that I last saw him alive on Dec 17, 1927 and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Prostatic Hypertrophy (Benign) and obstruction with Urinary Retention.

Acute (duration) yrs. 3 mos ..... ds.

CONTRIBUTORY (Secondary) Enlargement of Prostate

Chronic (duration) 5 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes.

What test confirmed diagnosis? (Autopsy)

(Signed) C. Holmes Offutt M. D.

..... 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel cemetery — DATE OF BURIAL Dec 21 1927

20 UNDERTAKER Lattie Gross — ADDRESS 1435 Mcelderry.

Spec.—1-12-23—M&T—500 Blks.

20 9339 E 28577

HEALTH DEPARTMENT—CITY OF BALTIMORE E 28577

CERTIFICATE OF DEATH.

REGISTERED NO. 113

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL ST. 18th WARD)

CITY OF BALTIMORE: (No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Boy Thomas

(a) RESIDENCE NO. 611 - E 4th St - ST. WARD Laurel - Md -
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 10-2-27

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2 mos	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) J H H

PARENTS

10 NAME OF FATHER Clarence Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md -

12 MAIDEN NAME OF MOTHER Edna Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md -

14 Informant Records -
(Address) JOHNS HOPKINS HOSPITAL

15 Filed 12 1927, 19 C. H. [illegible], Registrar

Par [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 15 1927, to Dec 19 1927, that I last saw him alive on Dec 19 1927 and that death occurred, on the date stated above, at 6 40 P m.

The CAUSE OF DEATH* was as follows:

Acute pulmonary edema

(duration) yrs. mos. 3 hours ds.

CONTRIBUTORY (Secondary) Marasmus, acute gastro-intestinal indigestion (duration) yrs. mos 2 wks

18 Where was disease contracted if not at place of death? Here & at home

Did an operation precede death? No Date of

Was there an autopsy? Yes What test confirmed diagnosis? Physical exam & autopsy

(Signed) J. S. Bennett, M. D.

Dec 19 1927 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Murdock Md — DATE OF BURIAL 12/22/27

20 UNDERTAKER L Floyd Taiser — ADDRESS Laurel Md

Spec.—1-10-21—M&T—1500 Bks.

Welmer.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28578

CERTIFICATE OF DEATH.

91-002

E 28578

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1125 N. Fulton ST. 16-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Henry Welmer

(a) RESIDENCE NO. 1125 N. Fulton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Jenny E Welmer

6 DATE OF BIRTH (month, day, and year) 7. 27. 1843

7 AGE	Years	Months	Days 23	If LESS than 1 day, hrs. or min.
	84	4	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Co.

PARENTS

10 NAME OF FATHER John Welmer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Eliza Wells

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Co

14 Informant Jane Mary Snyder

(Address) 1125 N Fulton

15 Filed DEC 21 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12. 20 1927

17 I HEREBY CERTIFY, That I attended deceased from Jan. 3 1927 to Dec. 20 1927, that I last saw him alive on Dec 19 1927, and that death occurred, on the date stated above, at 5. a. m.

The CAUSE OF DEATH* was as follows:

Senile degeneration - Cerebral Sclerosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? None

(Signed) E. H. Beeton M. D.

12.20. 1927 (Address) 1st Washington Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's County Hawkins Dec 23/27

UNDERTAKER: A S Marshall ADDRESS: 3539 Gall Road

TION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 28579

CERTIFICATE OF DEATH

E 28579

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 910 N. Bond St. 16-22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Jones

(a) RESIDENCE NO. 918 N. Bond St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Martha Ann Jones

6 DATE OF BIRTH (month, day, and year): Aug 10th 1864

7 AGE: Years 63 Months 4 Days 8 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Ice Carrier

(c) Name of employer: Montgomery Co

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Samuel Jones

11 BIRTHPLACE OF FATHER (City or town) Montgomery Co (State or country) Md

12 MAIDEN NAME OF MOTHER: Sarah Offley

13 BIRTHPLACE OF MOTHER (City or town) Montgomery Co (State or country) Md

14 Informant: Mrs. Alice C. Jones (Address) 2211 Druid Hill Ave

Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Dec 18th 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 15th 1927 to Dec 18th 1927 that I last saw h[illegible] alive on Dec 18th 1927 and that death occurred, on the date stated above, at 6:00 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary): Acute Dilatation of Heart

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Dr. E. T. Jones M. D.

19 (Address) 1137 Lemmon

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — Date of Burial: Dec 21 1927

20 UNDERTAKER: John H. Todd — ADDRESS 1027 Pitts

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 28580

PLACE OF DEATH E 28580

REGISTERED NO.

CITY OF BALTIMORE: (No.) 125 S. Ellwood Ave (Ward) 1-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-FULL NAME George F. Fleischman

(a) RESIDENCE No. 125 S. Ellwood Ave ST., 1 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of the late Elizabeth F. Fleischman

6 DATE OF BIRTH (month, day, and year) Nov 20th 1849

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	1	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Philipp F. Fleischman

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Anna M. Koenig

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant John G. Fleischman
(Address) 125 S. Ellwood Ave.

15 Filed Dec 21 1927 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19th 1927

17 I HEREBY CERTIFY, That I attended deceased from October 10, 1927, to Dec 19th, 1927, that I last saw h alive on Dec 19, 1927, and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urine Analysis

(Signed) A. H. Bondrick, M. D.

Dec 20 1927 (Address) 2221 E. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cemetery — DATE OF BURIAL: Dec 23 1927

20 UNDERTAKER: Libby & Geiser — ADDRESS: 703 S. Wolfe St

Spec.—1-12-23—M&T—500 Bks.

E 28581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28581
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITAL ST., 76-37 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary C. Bartholow

(a) RESIDENCE No. 6204 Eastern Ave. WARD 26
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Elizabeth Bartholow

6 DATE OF BIRTH (month, day, and year): Feb. 10th 1860

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
67	10	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Dust Cleaner

(b) General nature of industry, business, or establishment in which employed (or employer): Balto. City

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland.

PARENTS

10 NAME OF FATHER: Geo. Bartholow

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Caroline ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): West Virginia

14 Informant (Address): Records

Filed DEC 21 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/19/1927

17 I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1927, to Dec. 19, 1927

that I last saw him alive on Dec. 19, 1927

and that death occurred, on the date stated above, at 11:30 P.M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary): Myocarditis, Senile

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Gross & Lab.

(Signed) C. Stowell Bryd, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery

DATE OF BURIAL: Dec 23 1927

20 UNDERTAKER: Zilly & Zeiler

ADDRESS: 403 S. Wolfe St

TION IS VERY important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 28582 HEALTH DEPARTMENT—CITY OF BALTIMORE E 28582

CERTIFICATE OF DEATH.

REGISTERED NO. 57

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2811 Elliott ST., 1-1 WARD)

2-FULL NAME Catharine R. Sullivan

(a) RESIDENCE No. 2811 Elliott ST., 1 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph E. Sullivan

6 DATE OF BIRTH (month, day, and year): Jan 30th 1873

7 AGE: Years 54 Months 11 Days 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Charles Ervan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Liza H. Evand

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md

14 Informant: Joseph E. Sullivan

(Address) 2811 Elliott St.

15 Filed DEC 21 1927 H. M. Powell Jr. U.S. M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 20th 1927

17 I HEREBY CERTIFY, That I attended deceased from Decemb. 18, 1927, to Decemb 20, 1927, that I last saw her alive on Decemb 20, 1927, and that death occurred, on the date stated above, at 4 25 P m.

The CAUSE OF DEATH* was as follows:

Edema Pulmonum

myocardial degeneration

(duration) 24 hours yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetis mellitus, Cerebral Hemorrhage (duration) 0 yrs. mos. 36 Hours

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Joseph A. Kendlatt M. D.

(Address) 3109 Connell St. Balto, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fairwood Cemetery — DATE OF BURIAL: Dec 24 1927

20 UNDERTAKER: Lilly & Zeller — ADDRESS: 403 N. Wolfe St

Spec.—1-12-23—M&T—500 Blks.

Otho Ruckman

2 E 4 2 7 7
2 E 28583

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X86 E 28583

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (If not in a hospital, give NO.) JOHNS HOPKINS HOSPITAL ST. 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Otto Ruckman

(a) RESIDENCE NO. Christopher West ST. 2d — WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) West 2d -

PARENTS

10 NAME OF FATHER Otto Ruckman

11 BIRTHPLACE OF FATHER (city or town) W-2d (State or country)

12 MAIDEN NAME OF MOTHER Martha McClung

13 BIRTHPLACE OF MOTHER (city or town) W-2d (State or country)

14 Informant Records - (Address) JOHNS HOPKINS HOSPITAL, M. D.

15 Filed DEC 21 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec-21 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec-18 1927, to Dec 21 1927, that I last saw h[illegible] alive on Dec. 21st 1927, and that death occurred, on the date stated above, at 9:50 A. m.

The CAUSE OF DEATH* was as follows:

mastoiditis, right

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Meningitis & Septicemia Streptococcus

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of

Was there an autopsy? yes

What test confirmed diagnosis? Blood culture

(Signed) Wm. Colvert. M. D.

, 19 (Address) JOHNS HOPKINS HOSPITAL

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ronsenerle 2d 2a — DATE OF BURIAL 11/21/27

20 UNDERTAKER Joseph Ahrens — ADDRESS 221 Ann

Spec.—1-10-21—M&T—1500 Blks.

E 28584

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28584

CERTIFICATE OF DEATH.

159-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balt. Gen. Hosp ST. 15-16 WARD)

2-FULL NAME Baby Boy Kendall

(a) RESIDENCE NO. 1863 Moreland Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	newborn

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 20 1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or 30 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Haedon Kendall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mabel Fletcher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs. F. Kendall

(Address) 1863 Moreland Ave

15 Filed DEC 21 1927 A.M. P.M. [illegible] S. H. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 20 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1927, to Dec. 20, 1927,

that I last saw him alive on Dec. 20, 1927,

and that death occurred, on the date stated above, at 1:30 P.M.

The CAUSE OF DEATH* was as follows:

Asphyxia Livida

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? newborn

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? did not breathe

(Signed) William M. Tolson M. D.

, 19 (Address) South Balto Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Grove

DATE OF BURIAL 12/21 1927

20 UNDERTAKER J. J. Tobey & Son

ADDRESS 1310 Eutaw

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—MAT—500 Blks.

E 28585 HEALTH DEPARTMENT—CITY OF BALTIMORE E 28585

CERTIFICATE OF DEATH.

90

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 224 N Milton St. 6-10 WARD)

2-FULL NAME Christian F Lehner

(a) RESIDENCE No. 224 N Milton ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 29-1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	6	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engraver on Stone

(b) General nature of industry, business, or establishment in which employed (or employer) 080

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Christian Lehner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Bertha Bronek

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Bertha Lehner

(Address) 224 N Milton ave

Filed DEC 21 1927 Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 18, 1927, to Dec 20, 1927,

that I last saw her alive on Dec 19, 1927

and that death occurred, on the date stated above, at 2:30 a. m.

The CAUSE OF DEATH* was as follows:

Acute congestion of Lungs

(duration) hrs. mos. ds.

CONTRIBUTORY (Secondary) Heart failure due to valvular lesion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Dec 20 1927 Alfred Sagl, M. D.

(Address) 709 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL Dec 23 1927

20 UNDERTAKER John Cullen

ADDRESS 2005 Eutaw

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28586

CERTIFICATE OF DEATH

84

REGISTERED NO. E 28586

1-PLACE OF DEATH

City of BALTIMORE: (No. 1109 E. Preston St. 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nicholas J. Peters

(a) RESIDENCE NO. 1109 E Preston St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. 11 mos. 1 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth M. Peters

6 DATE OF BIRTH (month, day, and year) January 19 1867

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	60	11	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clothing Cutter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER John Peters

11 BIRTHPLACE OF FATHER (City or town) Germany

(State or country)

12 MAIDEN NAME OF MOTHER Mary Paulus Dec 7, 1927

13 BIRTHPLACE OF MOTHER (city or town) Germany

(State or country)

14 Informant Mr. Elizabeth M. Peters

(Address) 1109 E Preston St

15 Filed DEC 27 1927 19 C. H. [illegible] Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 20 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 26 1927 to Dec 20 1927

that I last saw him alive on Dec 20 1927

and that death occurred, on the date stated above, at 8:50 a m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

Dec 27, 1927 (Address) 1501 E Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Holy Redeemer Cemetery	Dec 23 1927
20 UNDERTAKER	ADDRESS
Henry Hoeck & Sons	1301 E Eager St

very important. See instructions on back of certificates.

Be sure to print legibly, so that it may be properly classified. Exact statement of OCCUPATION is

Spec.—1-12-23—M&T—500 Blks.

E 28587. HEALTH DEPARTMENT—CITY OF BALTIMORE 100-001

CERTIFICATE OF DEATH. E 28587

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore Gen Hosp (ST.) 435-5 (WARD)

2-FULL NAME Phillip Sacks

(a) RESIDENCE NO. 1110 E. Lombard ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? 16 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Sacks

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years 68; Months —; Days —; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Phillip Sacks

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Jack Louis 1439 E. Baltimore St

Filed DEC 21 1927 HARRY H. JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 21 1927

I HEREBY CERTIFY, That I attended deceased from Dec 7, 1927, to Dec 21, 1927

that I last saw him alive on Dec. 21, 1927

and that death occurred, on the date stated above, at 1.40 A.M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin. Exam

(Signed) Louis I. Lavy, M. D.

12/21, 1927 (Address) W. Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rehrersburg

DATE OF BURIAL: 12/24 1927

20 UNDERTAKER: Jack Louis

ADDRESS: 1439 E Balto St

TION is very important See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28588

CERTIFICATE OF DEATH

E. 28588

REGISTERED NO. .....

1-PLACE OF DEATH

City of BALTIMORE: (No. 518 Arlington Ave Ward 24-47

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Matilda Marton

(a) RESIDENCE NO. 518 Arlington Ave Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Martin

6 DATE OF BIRTH (month, day, and year) Nov 5 1860

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
	67	1	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) .....

(State or country) Ireland

PARENTS

10 NAME OF FATHER William Cadden

11 BIRTHPLACE OF FATHER (City or town) .....

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Stafford

13 BIRTHPLACE OF MOTHER (city or town) .....

(State or country) Ireland

14 Informant Miss Mary E Martin

(Address) 518 Arlington ave

DEC 21 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Dec 18 - 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 19-7, to Dec 18, 19-7, that I last saw h[er] alive on Dec 18/27, 19 ....., and that death occurred, on the date stated above, at 6[10] A. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

Hemorrhage Rt side brain

..... (duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY .....

(Secondary)

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted .....

If not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W A Wheaton M. D.

, 19 (Address) 4309 Ofk Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

London Park — Dec 21 19 7

20 UNDERTAKER — ADDRESS

John F Denny — 715 Light St

Filed 19 ..... Registered .....

P.M. RMC

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28589

CERTIFICATE OF DEATH.

16-2231

REGISTERED NO. E 28589

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) (Ward)

2-FULL NAME Arcenia Roy Laurens

(a) RESIDENCE No. 1421 Lawrence st. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	26			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waitress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Walker Roy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records (Address)

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 19, 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1927, to Dec. 19, 1927,

that I last saw her alive on Dec. 19, 1927

and that death occurred, on the date stated above, at 8 P. M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tbc.

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Tbc. Laryngitis

one end (duration) weeks mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical + Autopsy

(Signed) L. E. Madden M. D.

12-20 1927 (Address) Balto. City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Dec-23 1927
20 UNDERTAKER	ADDRESS
Virginia A. Brooks	463 N. Carey St

281 17 930

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28590

CERTIFICATE OF DEATH

57 E 28590

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1624 Lancaster St. St. 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine ~~Przybylski~~ Przybylski

(a) RESIDENCE NO. 1624 Lancaster St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1869

7 AGE: Years 58 Months Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Frances Przybyiski

(Address) 1624 Lancaster St.

15 Filed DEC 21 1927, 19

By [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Dec 19 1927

I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1927, to Dec 19, 1927, that I last saw her alive on Dec 18, 1927, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) 1 yrs. 6 mos ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? C. S. & S.

(Signed) John J. Kroger, M. D.

. 19 (Address) 2629 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary — Date of Burial: Dec 23 1927

20 UNDERTAKER: John M Weber — ADDRESS: 1503 Hanover

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 28591

HEALTH DEPARTMENT—CITY OF BALTIMORE E 28591

CERTIFICATE OF DEATH.

× 100-001

1-PLACE OF DEATH JOHNS HOPKINS HOSPI

CITY OF BALTIMORE: (No. ____ ST., 7-9 WARD)

REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Price

(a) RESIDENCE NO. ____ ST., ____ WARD ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 7 ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Sula D Price

6 DATE OF BIRTH (month, day, and year) Mar 25-1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	57	8	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lumber dealer

(b) General nature of industry, business, or establishment in which employed (or employer) ____

(c) Name of employer ____

9 BIRTHPLACE (city or town) (State or country) S C

PARENTS

10 NAME OF FATHER J W Price

11 BIRTHPLACE OF FATHER (city or town) (State or country) S C

12 MAIDEN NAME OF MOTHER ____

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ____

14 Informant Records

(Address) JOHNS HOPKINS HOSPI

15 1927 Per 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/21 1927

17

I HEREBY CERTIFY, That I attended deceased from Dec 14, 1927, to Dec 21, 1927, that I last saw him alive on Dec 21, 1927, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Chronic Alcoholism

(duration) ____ yrs. 6 mos ____ ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ____ yrs. ____ mos. 7 ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? no Date of ____

Was there an autopsy? yes.

What test confirmed diagnosis? laboratory

(Signed) F. Lindsay Miller M. D.

12/24/27 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Douglas Georgia — DATE OF BURIAL 12/21 1927

20 UNDERTAKER William Cook — ADDRESS 502 E Nash

Spec.—1-12-23—M&T—500 Bks.

E 28592

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28592

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1530 N. Pool- ST., 8-16 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Henry Otten

(a) RESIDENCE NO. 1530 N. Pool- ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 1, 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER William Otten

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Emma Meyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant William Otten

(Address) 1530 N. Pool-

15 Filed JAN 21 1927, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 19, 1927, to Dec 21, 1927, that I last saw him alive on Dec. 20, 1927, and that death occurred, on the date stated above, at 2:30 a m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jacob Fishn, M. D.

Dec 21, 1927 (Address) 1823 N. Mast. 28.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Holy Cross Brooklyn Dec 23 1927

20 UNDERTAKER — ADDRESS

H. Lee Cole 502 E. 20th St.

Cor.—12-9-25—A Co—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28593

CERTIFICATE OF DEATH.

74-901

E 28593

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital St. 26-37 Ward)

2-FULL NAME Emma Johnson

(a) RESIDENCE NO. 924 - 4th St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced (or) WIFE of: Unknown Johnson

6 DATE OF BIRTH (month, day, and year): ? ? 1877

7 AGE: Years 50 Months — Days — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto

(State or country): Md.

PARENTS

10 NAME OF FATHER: Andrew Badger

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md

12 MAIDEN NAME OF MOTHER: Catherine Smith

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md

14 Informant: Elroy Johnson

(Address) 924 So. Fourth St.

15 Filed ..... 19 ..... Registrar

1927 [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 20 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Coroner, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Cerebral Hemorrhage (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. ds.

Dec 21/27 (Signed) G C Blades M. D.

(Address) 1432 W Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cem. Date of Burial: 12/24/27

20 UNDERTAKER: Harry A Wetzler ADDRESS 1531 W Lexington

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 28594 HEALTH DEPARTMENT—CITY OF BALTIMORE E 28594

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL St. 3-5 71-0 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Jordan

(a) RESIDENCE NO. 1111 Eaton St. St. City Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE: Years 47 | Months | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: John Jordan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va —

12 MAIDEN NAME OF MOTHER: Mary Coleman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va —

14 Informant: Records — (Address) JOHNS HOPKINS HOSPITAL BALTO. MD.

15 Filed DEC 21 1927, 19 1996 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 9 1927 to Dec 14 1927

that I last saw him alive on Dec 14 1927

and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:

Meningitis, cerebrospinal

(duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary) Submitted Abscess

(duration) — yrs. — mos. 6 ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? Yes Date of Dec 9, 1927

Was there an autopsy? Yes

What test confirmed diagnosis? Blood Exam

(Signed) I. H. Nelson Swenk M. D.

Dec 17 1927 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: DEC 20 1927

20 UNDERTAKER: Commissioner Health

ADDRESS

E 28595

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28595

CERTIFICATE OF DEATH.

REGISTERED NO. 100

1-PLACE OF DEATH

CITY OF BALTIMORE: JOHNS HOPKINS HOSPITAL ST. 4-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marvin Brandon

(a) RESIDENCE NO. 31 S Calvert ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 7-17-27

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	05	—1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Estelle Brandon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Records JOHNS HOPKINS HOSPITAL

15 Filed DEC 21 1927 1997 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 18 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1927, to Dec 18, 1927, that I last saw h[illegible]live on Dec 18, 1927 and that death occurred, on the date stated above, at 3 00 A.M.

The CAUSE OF DEATH* was as follows:

Pneumonia, acute primary broncho-pneumonia. bilateral

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) J. S. Bennett, M. D.

Dec 20 1927 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL DEC 21 1927

20 UNDERTAKER

ADDRESS

Bureau of Vital Statistics

Spec.—1-12-23—M&T—500 Bks.

28596 76 HEALTH DEPARTMENT—CITY OF BALTIMORE E 28596

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL St. 15-21 100-201 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mildred GRIFFITH

(a) RESIDENCE NO. 1931 Ridgewood Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Bch

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11-27-27

7 AGE: Years 0 Months 0 Days 18 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md -

PARENTS

10 NAME OF FATHER Roy Griffith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Frances Warren

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Records

(Address)

Filed DEC 21 1927 Registrar

1998

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec - 15 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 13, 1927, to Dec 15, 1927, that I last saw h 21 alive on Dec - 15, 1927 and that death occurred, on the date stated above, at 3 45 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia,

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia - bronchio

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Date of

Was there an autopsy? yes

What test confirmed diagnosis? None.

(Signed) J. S. Bennett, M. D.

Dec 16 1927 (Address) John Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JOHNS HOPKINS HOSPITAL

DEC 20 1927

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28597

CERTIFICATE OF DEATH.

38 E 28597

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St., 7-13 Ward)

2-FULL NAME Joe Barton

(a) RESIDENCE NO. Phila. Road & Golden Ring Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...mins.
	About 43 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Lottie Shaney

(c) Name of employer Philadelphia Rd. & Golden Ring

9 BIRTHPLACE (city or town) Unknown

(State or country)

PARENTS

10 NAME OF FATHER "

11 BIRTHPLACE OF FATHER (city or town)

(State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) "

14 Informant Lottie Shaney,

(Address) Phila. Road & Golden Ring

15 Filed ..., 19... SAMSON JONES M. D. Registrar

1990 Amended

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1927 December 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said his (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Sero-fibrinous meningitis (Probably luetic) (duration) ...yrs. ...mos. ...ds.

(Signed) J. S. N. Carter M. D.

(Coroner)

Dec. 20, 1927 508 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL NS HOPKINS HOSPITAL Date of Burial DEC 21 1927

20 UNDERTAKER ADDRESS

Commissioner Health

For Asst. E. WOJDALL

very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 28598 HEALTH DEPARTMENT—CITY OF BALTIMORE E 28598

CERTIFICATE OF DEATH.

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 23-32 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Baby Girl Sullivan

(a) Residence No.... 1705 E. Hanover St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 12/13/27

7-AGE, ... yrs. ..... mos. 4 ds.

If LESS than 1 day, 21 hrs. or 40 min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, John Warner Sullivan

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore, Md

12-MAIDEN NAME OF MOTHER, Edna Eckhardt

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore, Md.

14- (Informant).....

(Address).....

15- Filed 1927 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 12/18/27

17- , I HEREBY CERTIFY, That I attended deceased from 12/13, 1927, to 12/18, 1927, that I last saw her alive on 12/18, 1927, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis?.....

(Signed) Geo. L. Hubbitts M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. DATE OF BURIAL, ... 19....

20-UNDERTAKER. ADDRESS

Commissioner Health.

UNIVERSITY OF MARYLAND

DEC 21 1927

2000

Spec.—1-12-23—M&T—500 Bks.

E 28599

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28599

CERTIFICATE OF DEATH.

REGISTERED NO. 4-25 531

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Baltimore City Hospitals ST. E. B. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cora Lee

(644 W. Fairmount ave)

(a) RESIDENCE NO. ~~650 Fairmount ave E.~~ ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lawrence Lee

6 DATE OF BIRTH (month, day, and year) 1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Operator

(b) General nature of industry, business, or establishment in which employed (or employer) Rag factory

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Albert Sykes

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Eva Grill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records

(Address)

15 Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 20, 1927

17 I HEREBY CERTIFY, That I attended deceased from May 7, 1927, to Dec. 20, 1927, that I last saw her alive on Dec. 20, 1927, and that death occurred, on the date stated above, at 8.45 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Spontaneous pneumothorax

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) L. E. Madden, M. D.

12-20-27 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hampton Va

DATE OF BURIAL Dec 21 19 27

20 UNDERTAKER Mrs. R. A. Elliott

ADDRESS 1725 Ashland

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28600 E 28600

CERTIFICATE OF DEATH.

REGISTERED NO. 26.36 38

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) Baltimore City Hospitals ST., (OR WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jonathan W. Marriott

(a) RESIDENCE NO. Victoria Park, near River View ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Jonathan Marriott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records

(Address)

15 Filed 12-21 1927, 19 Registrar C. HAMILTON JONES M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 17, 1927

17 I HEREBY CERTIFY, That I attended deceased from June 21, 1924, to Dec. 17, 1927, that I last saw him alive on Dec. 17, 1927, and that death occurred, on the date stated above, at 6.45 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
Complicated Changes in Both Lungs

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Syphilis

(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) C. H. Marriott, M. D.

12-17, 1927 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
UNIVERSITY OF MARYLAND	DEC 21 1927
20 UNDERTAKER Commissioner Health.	ADDRESS

For Wm. F. Kroll

Spec.–7-17-26—A Co.—200 Bks.

E 28601

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001 ✓

E 28601

1-PLACE OF DEATH

REGISTERED NO. 1274

City of BALTIMORE: (No. 834 Hamilton St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vaca Moores Gover

(a) RESIDENCE NO. 834 Hamilton Terrace St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Louisa Gover

6 DATE OF BIRTH (month, day, and year): Jan. 22 - 1870

7 AGE: Years 57 Months 11 Days 28 — IF LESS than 1 day hrs. or min.

56 10 20

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Department of Health

(c) Name of employer: Baltimore City

9 BIRTHPLACE (city or town): Harford County

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Philip Gover

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Sally Moores

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Maryland

14 Informant: Agnes Gover

(Address): 834 Hamilton Terrace

DEC 21 1927

19 C. HAMPSON JONES, M. D.

Per ____ Registrar

very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 20 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1927, to Dec. 20, 1927, that I last saw h[illegible] alive on Dec. 20, 1927, and that death occurred, on the date stated above, at 6:30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) (acute Dilatation of Heart) @ Chronic Nephritis

(duration) 10 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edgar P. Sandrock M. D.

19 (Address) Medical Arts Building

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Spring Rock Cemetery Harford Co Md

Date of Burial: Dec 22 1927

UNDERTAKER: Maria Gauthrop

ADDRESS: 2859 Raynor Ave

Spec.—1-12-23—M&T—500 Bks.

E 28602 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28602

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS 6-10 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Valentine Ruppel

(a) RESIDENCE No. 524 N. Collington Ave Ward

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Divorced.

5a If married, widowed, or divorced HUSBAND of or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchmaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland ?

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant (Address) Records.

15 Filed , 19 , Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/20/1927

17 I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1927, to Dec 20, 1927.

that I last saw him alive on Dec 20, 1927

and that death occurred, on the date stated above, at 6.00 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia.

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? General - Symptoms

(Signed) C. Holmes Long M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Dec 22 19 27
20 UNDERTAKER	ADDRESS
Hunt Brothers	1900 Gilmor

C 21127 Filed Jan 5, 1928 Registrar

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

28603

CERTIFICATE OF DEATH.

E 28603

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1601 Hanley Av (St.) 8-45 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry A. Hupfeld.

(a) RESIDENCE No. 1601 Hanley Av ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Hupfeld

6 DATE OF BIRTH (month, day, and year) March 3 1872 ~~Oct. 17, 1870~~

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	9	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman Highway Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) Street repairing

(c) Name of employer Baltimore City

9 BIRTHPLACE (city or town) ..... Germany.
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) ..... Germany
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) ..... Germany
(State or country)

14 Informant ..... (Address) 1601 Hanley Ave.

15 Filed ..... C. HAMPSON JONES, M. D. Registrar
Per .....

21 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20th 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1927, to Dec 20, 1927, that I last saw him alive on Dec 18, 1927 and that death occurred, on the date stated above, at 4.10 A. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

..... (duration) yrs. 2 mos 12 ds.

CONTRIBUTORY (Secondary) Muscular Rheumatism

..... (duration) 1 yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Ballard P. Smith, M. D.

, 19 (Address) 709 Abington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Parkwood Cem.	Dec. 22, 1927
20 UNDERTAKER E. Leroy Stiffler	ADDRESS 125 E. North ave.

TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 28604

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28604

CERTIFICATE OF DEATH.

x 146

1-PLACE OF DEATH

City of BALTIMORE: (No. St Agnes Hospital 25-72 St. Ward)

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Margaret Wilhelm

(a) RESIDENCE NO. Shrewsbury Pa St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Femal	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence Wilhelm

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
34		—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER not given

11 BIRTHPLACE OF FATHER (city or town)

(State or country) " "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) " "

14 Informant Clarence Wilhelm

(Address) Shrewsbury Pa

Filed 1927 C. HAMDEN KIRK, M. D.

By Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 20 1927

17

I HEREBY CERTIFY, That I attended deceased from 12-14 1927, to 12-20, 1927,

that I last saw her alive on 12-20, 1927

and that death occurred, on the date stated above, at 10 P.m.

The CAUSE OF DEATH* was as follows:

Puerperal Peritonitis

(duration) yrs. 3 ds.

CONTRIBUTORY (Secondary) Cesarean Section

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 12/17/27

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frances D. Pedaglia M. D.

, 19 (Address) St Agnes' Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Shrewsbury, Pa. Date of Burial Dec. 21, 1927

20 UNDERTAKER E. Leroy Stiffler ADDRESS 125 E. North ave.

Very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 28605 — HEALTH DEPARTMENT—CITY OF BALTIMORE — E 28605

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) JOHNS HOPKINS HOSPITAL ST., 7-9 (WARD)

2-FULL NAME John Martini

(a) RESIDENCE NO. Carmen - Sonora ST., WARD Mexico
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3-27-45

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	82	8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER John Martini

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Eliz - Married

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant (Address) Family JOHNS HOPKINS HOSPITAL

15 Filed 21 1927 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct - 14, 1927, to Dec - 19, 1927, that I last saw him alive on Dec - 19, 1927 and that death occurred, on the date stated above, at 3 5-7 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolus
Broncho - Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Senile Psychosis Hypostatic

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of 11-2-27

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address) J. H. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL 12/22/27

20 UNDERTAKER Joseph Ahrens — ADDRESS 22 Mary

Spec.—1-12-23—M&T—500 Bks.

E 28606

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28606

CERTIFICATE OF DEATH.

REGISTERED NO. 24001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 Dukeland Avenue ST. 16-64 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alida Derrits

(a) RESIDENCE NO. 603 Dukeland Avenue ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 31, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	11	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Holland

PARENTS

10 NAME OF FATHER John DeRuyter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Holland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Holland

14 Informant Alida S. Filling

(Address) 603 Dukeland Avenue

15 Filed 12-21-1927 C. HAMPSON JONES, M. D. Registrar

Ref

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 19 19 27

17

I HEREBY CERTIFY, That I attended deceased from Dec 8, 1927, to Dec 14, 1927, that I last saw h[illegible] alive on Dec 18, 1927 and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Hemiplegia (Apoplexy)

Hypertension Arteriosclerosis

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema, Dukeland

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Norbert C Rehrt, M. D.

12/21/27, 19 (Address) 2151 Wilkens Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 12/22/27

20 UNDERTAKER Joseph B Cook

ADDRESS 1003 W. Baltimore St

Spec.—12-9-25—A Co.—200 Bks.

E 28607

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 E 28607

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 728 Presstman St. 15-21 Ward)

2-FULL NAME Charles Hockett

(a) RESIDENCE NO. 728 Presstman St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 22, 1884

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	43	10	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hostler

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER Charles Hackett

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md

14 Informant James Hackett

(Address) 728 Presstman St

15 Filed 1927 C. HAMPSON JONES, M. D. Registrar

Ref. R.F.J.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/20 1927

17

I HEREBY CERTIFY, That I attended deceased from Dec 10 1927, to Dec 20, 1927, that I last saw him alive on Dec 17, 1927, and that death occurred, on the date stated above, at 5:20 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. William Frey, M. D.

12/20, 1927 (Address) 728 Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery Date of Burial 12/22 1927

20 UNDERTAKER Thomas E. Kelson ADDRESS 1303 Presstman St

very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28608 E 28608

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1402 Harford ave St., 9th Ward)

Registered No. 001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Klein.

(a) Residence No. 1402 Harford ave St., 9th Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Agusta Klein.

6-DATE OF BIRTH (month, day and year) May 29-1863

7-AGE. 64 yrs. 6 mos. 20 ds. If LESS than 1 day ... hrs. or ... min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Barber

(b) General nature of industry, business, or establishment in which employed (or employer). —

(c) Name of employer. —

9-BIRTHPLACE (city or town) (State or Country). Balt.

PARENTS

10-NAME OF FATHER. Louis Klein

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. L. Lowman

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14- (Informant) Oscar Klein
(Address) 1414 E. Lanvale

15- Filed DEC 21 1927 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 18th 1927

17- I HEREBY CERTIFY, That I attended deceased from Dec 16th 1927 to Dec 18th 1927

that I last saw h[illegible] alive on Dec 18th 1927

and that death occurred, on the date stated above, at 12:45 A. M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) ... yrs. ... mos. 4 Hours

18-Where was disease contracted if not at place of death? no

Did an operation precede death? ... Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Louis E. Woodard M. D.

12/21, 1927 (Address) 530 E. North ave.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. New Cathedral Cem. DATE OF BURIAL. 12/22/27

20-UNDERTAKER. George J. Ruth ADDRESS 1735 Harford ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28609

CERTIFICATE OF DEATH.

66

E 23609

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mun Hosp. St. 23-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Hill

(a) RESIDENCE NO. 915 Hanover St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jennie Hill

6 DATE OF BIRTH (month, day, and year): June 15-1884

7 AGE: Years 43 Months 6 Days 4 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country) Va

PARENTS

10 NAME OF FATHER John Hill

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Unknown

14 Informant: Jennie Hill

(Address) 915 Hanover St

15 Filed 12-10-1927 C. HAMPSON JONES M. D. Registrar

Per BMC

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 9 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

AC Alcohol Poisoning

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

Dec 9 1927 (Signed) G C Glades M. D.

(Address) 1437 Division Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the state yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cem Date of Burial 19

20 UNDERTAKER: J. H. Elmore Sons ADDRESS 1051 Monument St.

Very Important. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 28610 — 179 — E 28610

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 413 W. Biddle St. 15-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Phillip Harris

(a) RESIDENCE NO. 1849 Lorman St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col'd

5 Single, Married, Widowed, or Divorced. (write the word): Child.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1924

7 AGE — Years: 3 — Months — Days — IF LESS than 1 day ....hrs. or ....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Wm Harris

11 BIRTHPLACE OF FATHER (City or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Rose Garrett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Rose Garrett (Address) 1849 Lorman St

15 Filed DEC 22 1927 19 C. H. WATSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-19 1927

17 I HEREBY CERTIFY, That I attended deceased from 12 17 1927 to 12 19 1927.

that I last saw h[illegible] alive on 12 19 1927

and that death occurred, on the date stated above, at 3 p m.

The CAUSE OF DEATH* was as follows:

Second degree burn
Over two thirds of body
Pneumonia (duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A. Carlson M. D.

(Address) 5 E Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — Date of Burial: DEC 23 1927

20 UNDERTAKER: Virginia A. Brooks — ADDRESS: 463 N Carey

very important. See instructions on back of certificates.

Form 6-8-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 28611

CERTIFICATE OF DEATH.

E 28611

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Nelmar Apts. Brookfield & Whitelock (St.) 13-59 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Lea Sachs

(a) RESIDENCE. No. Nelmar Apts. Brookfield & Whitelock WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rubin Sachs

6 DATE OF BIRTH (month, day, and year) unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Rubin Sachs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Blanch Chipman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) S. Sachs Brookfield & Whitelock St

DEC 22 1927 C. HA[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/21 1927

17 I HEREBY CERTIFY, That I attended deceased from 12/16, 1927, to 12/21, 1927, that I last saw h[illegible] alive on 12/21, 1927, and that death occurred, on the date stated above, at 7 40 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. Finberg, M. D.

12/21, 1927 (Address) 2520 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rest. DATE OF BURIAL: 12/22 1927

20 UNDERTAKER: Jack Levin ADDRESS: 1439 Eutaw St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28612

CERTIFICATE OF DEATH.

74-001

REGISTERED NO. E 28612

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1705 Ruxton ave (St.) 15-18 (Ward)

2-FULL NAME Lena Horwitz

(a) RESIDENCE NO. 1705 Ruxton ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth 36 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): widow

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wolf Horwitz

6 DATE OF BIRTH (month, day, and year): about 1857

7 AGE — Years: 70 — Months: — — Days: — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) Dec. 21, 1927 (State or country) Russia

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant: S. M. Horwitz (Address) 1705 Ruxton ave.

DEC 22 1927 C. HAMPSON, U. S. Deputy Registrar

For

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 21, 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the date stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Hennessy M. D. (Coroner)

Dec. 21, 1927 (Address) 2572 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs.,..... mos.,..... ds. In the State..... yrs.,..... mos.,..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Herman Park — Date of Burial: 12/22 1927

20 UNDERTAKER: Jack Lewis — ADDRESS: 1439 Eastern

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28613

CERTIFICATE OF DEATH.

181-003

E 28613

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3219 Walbrook Ave., 15-67 Ward)

2-FULL NAME Morton B. Edwards

(a) RESIDENCE NO. 3219 Walbrook Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male | 4 Color or Race: white | 5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Hattie S. Edwards

6 DATE OF BIRTH (month, day, and year): Dec. 11, 1872

7 AGE: Years 55 | Months | Days 9 | IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): 066

(c) Name of employer: National Piano Co.

9 BIRTHPLACE (city or town): Md.

(State or country)

Dec 21 1927

PARENTS

10 NAME OF FATHER Edward J. Edwards

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Clara B. Chambers

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant (Address) Mrs. Rosa Jones 3201 Fairview Ave

Filed DEC 22 1927 C. HAMPSON MILLER, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 20, 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxiation by gas.

Coal gas. (duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Gas escaped from furnace. (duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.

(Coroner)

Dec 21 1927 Address 2572 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the state ....yrs. ....mos. ....ds.

Where did disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park | Date of Burial: 12/22 1927

20 UNDERTAKER: Wm Cook | ADDRESS 522 Gay St

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28614

CERTIFICATE OF DEATH.

118-002

E 28614

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hospital 15-22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George T. Knight

(a) RESIDENCE NO. 1327½ N. Fulton Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male | 4 Color or Race: white | 5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Amelia Knight

6 DATE OF BIRTH (month, day, and year): Aug 31 1887

7 AGE: Years 40 | Months 3 | Days 19 | IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): 015

(c) Name of employer

9 BIRTHPLACE (city or town): Dec. 4, 1927

(State or country) Canada

PARENTS

10 NAME OF FATHER Robert Knight

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Canada

12 MAIDEN NAME OF MOTHER Grace Gadow

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Canada

14 Informant Amelia Knight

(Address) 1327½ N. Fulton Ave

15 Filed Dec. 22 1927 NAMES M. [illegible] Registrar

By [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 20, 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Obstruction

(duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) J. T. Hamilton, M. D. (Coroner)

(Address) 257 E. Lanvale Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet | Date of Burial: 12/23 1927

20 UNDERTAKER: [illegible] | ADDRESS: 500 E. Fayette

very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

49

E 28615

CERTIFICATE OF DEATH.

REGISTERED NO. E 28615

1-PLACE OF DEATH

City of BALTIMORE: (No. 2737 E Monument St., 9-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Henry Pitt man

(a) RESIDENCE NO. 2737 E Monument St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 Yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of): Mrs Mr Pitt man

6 DATE OF BIRTH (month, day, and year): Oct 12 1875

7 AGE	Years	Months	Days	IF LESS than 1 day ..hrs. or ..min.
	52	2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Toler maker

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Elite L. Co

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md.

PARENTS

10 NAME OF FATHER: Geo R Pitt man

11 BIRTHPLACE OF FATHER (city or town):

(State or country): West Indies

12 MAIDEN NAME OF MOTHER: Editha Smith

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country): Md

14 Informant: Mrs Mr Pitt man

(Address): 2737 E Monument St

15 Filed ..., 19.. Registrar

DEC 22 1927 per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 20 1927

17 I HEREBY CERTIFY, That I attended deceased from Sept 20, 1927, to Dec 20, 1927, that I last saw h[im] alive on Dec 20, 1927, and that death occurred, on the date stated above, at 11:50 P. m.

The CAUSE OF DEATH* was as follows:

Cancer of Bladder (Primary)

(duration) ... yrs. 3 mos. ... ds.

CONTRIBUTORY (Secondary)

as Uremia (duration) ... yrs. 2 mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Cystoscopic & X Ray

(Signed) J W Bowman, M. D.

(Address) 1728½ Eutaw Pl. 12-21 1927

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — Date of Burial 12/24/20

20 UNDERTAKER: Geo Lembach Son — ADDRESS: 525 N Fremont Ave

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 28616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

88

E 28616

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3460 Cardenas ave ST. 45 (WARD)

2-FULL NAME Annie O King

(a) RESIDENCE NO. 3460 Cardenas ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John J. King

6 DATE OF BIRTH (month, day and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Hugh Oconnor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ann Kenny

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant James Oconnor

(Address) 3460 Cardenas

15 Filed DEC 22 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19 1927

17

I HEREBY CERTIFY, That I attended deceased from Dec 1, 1927, to Dec 19, 1927,

that I last saw her alive on Dec 19, 1927,

and that death occurred, on the date stated above, at 10.P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) Gradual yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) Horace B Tilson M. D.

, 19 (Address) 318 S. Highland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rus Cathedral Bm

DATE OF BURIAL. 12/24/1927

20 UNDERTAKER J. J. Knoan

ADDRESS 300 E Balt

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

90

CERTIFICATE OF DEATH.

E 28617

1-PLACE OF DEATH

REGISTERED NO. E 28617

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. 4-24 ST., WARD)

2-FULL NAME Kazimeras Jasilionis
Charles Jasilionis

(a) RESIDENCE NO. 745 W. Lombard St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	? Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) Mch. 1872

7 AGE 55 Years — Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithuania

PARENTS

10 NAME OF FATHER Geo. Jasilionis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Maicikas ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

14 Informant (Address) Friends.

15 DEC 22 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/20/1927

17 I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1927, to Dec. 20, 1927, that I last saw him alive on Dec. 20, 1927, and that death occurred, on the date stated above, at 2.10 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis chronic
Arteriosclerosis
Hypertension

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Gross & Sub.

(Signed) C. Wilmer Boyd, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Dec. 23, 1927

20 UNDERTAKER: John Grebliauckas — ADDRESS: 423 S Paca St.

Spec.–7-17-26—A Co.—200 Bks.

E 28618

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

CERTIFICATE OF DEATH

E 28618 REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hosp St. 3-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maud Miles

(a) RESIDENCE NO. 731 S Pulaski St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 12/1901

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	26	4	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Churchfield md

(State or country)

PARENTS

10 NAME OF FATHER Oscar Miles

11 BIRTHPLACE OF FATHER (City or town)

(State or country) md

12 MAIDEN NAME OF MOTHER Annie Hayard

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) md

14 Informant Minnie Miles

(Address) 235 Locus St Churchfield

Filed DEC 22 1927 19 Registrar

Per RAUL

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20 19 27

17 I HEREBY CERTIFY, That I attended deceased from Dec 1 1927 to Dec 19 1927

that I last saw her alive on Dec 18 1927

and that death occurred, on the date stated above, at 6.30 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 19 ds.

CONTRIBUTORY (Secondary) Pulmonary

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Benjamin Lamm, M. D.

Dec 20 1927 (Address) Provident Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury

Date of Burial Dec 22 1927

UNDERTAKER John W Henderson

ADDRESS 1603 E Monument

very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 28619

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 ✓

REGISTERED E 28619

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 110 N. Kenwood Ave St. 6-10 Ward)

2-FULL NAME John W. Garmer

(a) RESIDENCE NO. 110 N. Kenwood Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widower

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Garmer

6 DATE OF BIRTH (month, day, and year) Nov 28/1869

7 AGE	Years	Months	Days 23	IF LESS than 1 day.....hrs. or.....min.
	58	0	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Policeman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Balto., City

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER John H. Garmer

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Christine Herald

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Helen Bradford (Daughter)

(Address) 110 N. Kenwood Ave

15 Filed DEC 22 1927 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21/27

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Valv. Insuffiiciency

(duration) more 6 yrs mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Keller M. D.

(Coroner)

12/21/27 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ev. Luth. Immanuel Cemetery Date of Burial Dec. 23 1927

20 UNDERTAKER Henry Sauder & Sons Inc ADDRESS 1710 Pleet St

Very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

28620

CERTIFICATE OF DEATH.

45 E 28620

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 19-27 ST. WARD)

BALTIMORE CITY HOSPITALS

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura Carter

(a) RESIDENCE NO. 223 Vincent ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	married

5a If married, widowed, or divorced HUSBAND of— or) WIFE of Geo. Washington Carter

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE 52 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas Preston

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Lidie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant (Address) Record

15 Filed DEC 22 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-20 1927

17

I HEREBY CERTIFY, That I attended deceased from 11-29, 1927, to 12-20, 1927, that I last saw h[illegible] alive on 12-20, 1927, and that death occurred, on the date stated above, at 5 30 P m.

The CAUSE OF DEATH* was as follows:

Hemorrhage - from Rectum

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Hypertention, arterio sclerosis, Cerebral (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam.

(Signed) C. [illegible] M. D.

, 19 (Address)

*State the **Disease Causing Death**, or in deaths from Violent Causes, state (1) **Means** and Nature of Injury, and (2) whether **Accidental, Suicidal,** or **Homicidal.** (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Calvary	12-23 1927

20 UNDERTAKER Joseph A Lively ADDRESS 409 N Mount St

Cor.—12-9-25—A Co.—200 Hks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28621

CERTIFICATE OF DEATH.

90 E 28621

REGISTERED NO.

1-PLACE OF DEATH Enroute

City of BALTIMORE: (No. St. Joseph Hospital St. 20-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herman Anderson

(a) RESIDENCE NO. 3214 E. Balto. St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced. (write the word): single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years about 38 Months Days IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Steam Fitter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Joseph Peters 3219 Myrtle Pl.

9 BIRTHPLACE (city or town)

(State or country): Norway

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): "

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): "

14 Informant: Joseph Peters

(Address): 3219 Myrtle Place

15 Filed 12/22/27 19 Per [illegible] Registrar

C 27 1927

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Dec 20/27

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest or inquiry)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. H. Watts (Coroner) M. D.

12/22/27 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE. (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel Date of Burial: Dec 22 1927

20 UNDERTAKER: John A. Moran ADDRESS: 300 E Balto St

Very Important. See Instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28622
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

179
REGISTERED NO. E 28622

City of BALTIMORE: (No.) Colonial Hospital W. 20

2-FULL NAME Geo. W. K. Wilson

(a) RESIDENCE NO. 2106 Penna. Ave (St.) Ward

(Usual place of abode)

(If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Length of residence in city or town where death occurred 5yr. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb. 9, 1924

7 AGE: Years 3 Months 10 Days 11

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country): Md.

PARENTS

10 NAME OF FATHER: Samuel Wilson

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Delia Harris

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md.

14 Informant: Delia Wilson Mother

(Address): 2106 Penna. Ave

Filed DEC 22 1927

Registrar

very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 20, 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

3rd degree burns of body

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) (Accidental) burning gas stove

(duration) yrs. mos. ds.

(Signed) D. T. Hennessy M. D.

(Coroner)

Dec 21 27 (Address) 25 N Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — Date of Burial: Dec 22 27

20 UNDERTAKER: Jno. M. Johnson — ADDRESS: 1234 Ellwood St.

Spec.—1-10-21—M&T—1500 Blks.

E 28623 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Md. Gen. Hosp

CITY OF BALTIMORE: (NO. 8-46 ST. WARD)

REGISTERED NO. 46 E 28623

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Margaret Desort

(a) RESIDENCE NO. 3118 Cliftwood Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Fem.	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Aug. Desort

6 DATE OF BIRTH (month, day, and year) July 5-1873

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54 yrs.	5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Manuel Homeck

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cincinnatti, Ohio

12 MAIDEN NAME OF MOTHER Doesn't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Hosp. Record

(Address)

15 Filed DEC 22 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21 19 27

17

I HEREBY CERTIFY, That I attended deceased from Nov. 29, 19 27, to Dec 21, 19 27.

that I last saw her alive on Dec. 21, 19 27.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

CONTRIBUTORY (Secondary) Edema of Lungs (duration) yrs. 8 mos ds.

18 Where was disease contracted if not at place of death? Home (duration) yrs. mos. ds.

Did an operation precede death? Yes Date of 11-30-27 12-19-27

Was there an autopsy? No

What test confirmed diagnosis? Clinical Evidence

(Signed) C. C. Burns M. D.

(Address) Md. Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cem. DATE OF BURIAL Dec 24 1927

20 UNDERTAKER George W. Zirkler ADDRESS 1737 E. Eager St.

FROM KEY imperfect: See INSTRUCTIONS OF CLERK OF CERTIFICATES.

Spec.—1-12 23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28624

CERTIFICATE OF DEATH.

38 E 28624

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 1/-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edwin H. Brown.

(a) RESIDENCE NO. 1810 Druid Hill Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lineman

(b) General nature of industry, business, or establishment in which employed (or employer) 023

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Wm. Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Kate Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) Records.

DEC 22 1927 Registered HAROLD J. LEVY, M.D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/19/1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 16, 1927, to Dec. 19, 1927

that I last saw him alive on Dec. 17, 1927,

and that death occurred, on the date stated above, at 3.10 A. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia - left - cerebral hemorrhage

Syphilis -

(duration) yrs. mos 4 ds

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? P

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Symptoms, Sub,

(Signed) C. Jewlett Boyd, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem DATE OF BURIAL 12/22/1927

20 UNDERTAKER Samuel Hensley ADDRESS 5 Baldwin

Spec.—1-12-23—M&T—500 Bks.

E 28625

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28625

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) ST. 28-65 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Small

(a) RESIDENCE NO. 10 Sampson Street WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 7-1906

7 AGE: Years 23 Months 3 Days 6

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) South Carolina

PARENTS

10 NAME OF FATHER Simon Small

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Carolina

12 MAIDEN NAME OF MOTHER Jane Sears

13 BIRTHPLACE OF MOTHER (city or town) (State or country) South Carolina

14 Informant (Address) Records

15 Filed DEC 22 1927 H. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH 18

16 DATE OF DEATH (month, day, and year) 12 / 18 / 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1927 to Dec 18, 1927.

that I last saw h— alive on Dec 15, 1927.

and that death occurred, on the date stated above, at 9:10 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. mos 6 ds

CONTRIBUTORY (Secondary) Pulmonary emphysema

(duration) yrs. 1 mos. 28 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Sputum - Sabin

(Signed) E. Holmes Boyd, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL 12/22/27

20 UNDERTAKER Samuel H. Linsley

ADDRESS 25 N Bethel

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28626

CERTIFICATE OF DEATH.

118-0021

E 28626

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) Providence Hospital Ward 16

2-FULL NAME Lewis Powell

(a) RESIDENCE NO. 734 N. Carroll St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Powell

6 DATE OF BIRTH (month, day, and year) Sept. 27, 1873

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	32			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butler

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Mrs. Eugene Levering

9 BIRTHPLACE (city or town)

(State or country) Md

PARENTS

10 NAME OF FATHER Lewis Powell

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Johnson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Mary Powell

(Address) 734 N. Carroll St.

15 Filed DEC 22 1927 Registrar

16 Made U. S. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 14, 192 7

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

acute Intestinal Obstruction.

(duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) no history.

(duration) ... yrs. ... mos. ... ds.

(Signed) J. J. Hennessy M. D.

(Coroner)

, 1927 (Address) 25 12 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Lukes Cemetery Md Date of Burial DEC 22 1927 19

UNDERTAKER Samuel J. Hennessy ADDRESS, 578 W. Bradley St

Very important. See instructions on back of certificate.

Spec.—1 10-21 M&T—1500 Blks.

E 28627 HEALTH DEPARTMENT—CITY OF BALTIMORE ~ E 28627

CERTIFICATE OF DEATH.

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 505 Cumberland ST. 14-59 (WARD)

2-FULL NAME Sarah A Pennington

(a) RESIDENCE NO. 505 Cumberland ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) St Mary's Co Md

PARENTS

10 NAME OF FATHER Henry Penn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Mary Mason

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Lewis Pennington

(Address) 505 Cumberland St

15 Filed DEC 22 1927 19 C. HAMILTON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 18 1927 to Dec 20 1927

that I last saw her alive on Dec 18 1927

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

CONTRIBUTORY (Secondary) Uraemia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home (duration) 3 yrs. mos. ds. before death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) S. O. Hughes M. D.

Dec 20 1927 (Address) 1432 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL DEC 23 1927

UNDERTAKER Samuel F Kennedy ADDRESS 578 N Broadway

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28628

E 28628

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 412 N Bond St., 34 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME No Name Inf. Miborski

(a) RESIDENCE NO. 412 N Bond. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of **********

6 DATE OF BIRTH (month, day, and year) December 18/27.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	0	0	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore,

(State or country) MD.

PARENTS

10 NAME OF FATHER John Miborski,

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland,

12 MAIDEN NAME OF MOTHER Rosie Banaskiewicz,

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, MD.

14 Informant John Miborski, (Father)

(Address) 412 S. Bond St.

DEC 22 1927

Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21 1927

17 I HEREBY CERTIFY that I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxia Liv

(duration) hrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

Dec 21 1927 (Signed) G C Hades M. D.

(Coroner)

(Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus. Date of Burial Dec 24 1927.

20 UNDERTAKER M. J. Sadowski ADDRESS 405 S Ann St

Very Important. See instructions on back of certificate.

5-6—12-23-21—E.B.R.S.—400 Eks.

E 28629

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28629

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

Registered No.

City of BALTIMORE: (No. 3321 Hudson St. 7th-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Continee Jerzak,

(a) Residence No. 3321 Hudson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? 54 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widow Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Jerzak,

6-DATE OF BIRTH (month, day and year) Unknown,

7-AGE. 84 yrs. 0 mos. 0 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None,

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) German

(State or Country), Poland,

PARENTS

10-NAME OF FATHER, Unknown,

11-BIRTHPLACE OF FATHER (city or town) German

(State or Country), Poland,

12-MAIDEN NAME OF MOTHER, Unknown,

13-BIRTHPLACE OF MOTHER (city or town) German

(State or Country), Poland.

14- (Informant) Mr J. Schulez. Son.

(Address) 3314 Harwood Court

15-

Filed 12 22 1921 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 12/22/21.

17- I HEREBY CERTIFY, That I attended deceased from 10/3 1921 to 12/22 1921.

that I last saw h[illegible] alive on 12/21 1921.

and that death occurred, on the date stated above, at 5 55 0 .m.

The CAUSE OF DEATH* was as follows:

Cirrhosis Alcoholic

Myocarditis

(Duration) 1 yrs. mos. ds

CONTRIBUTORY (Secondary) Cardiac dilatation

acute (Duration) — yrs. — mos. — ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H H Garnett M. D

12/22 1921 (Address) 623 S. 3rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus. DATE OF BURIAL, Dec 24. 1921.

20-UNDERTAKER. M. F. Sadowski. ADDRESS 405 S. Ann St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28630

11-00 E 28630

CERTIFICATE OF DEATH.

E 28630
1-PLACE OF DEATH

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 523 E. 22nd ST., 9-46 WARD)

2-FULL NAME Maurice Manuel Osing

(a) RESIDENCE NO. 523 E. 22nd ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. 8 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 29 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	45	8	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Claim Agent
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Ches. S. S. Co.

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Geo. W. Osing
11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md.
12 MAIDEN NAME OF MOTHER Stella Lewis
13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md.

14 Informant Mrs. Stella Osing
(Address) 523 E. 22nd St

DEC 22 1927

Registrar

Ref

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 19 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 4, 1927, to Dec 19, 1927, that I last saw him alive, on Dec 19, 1927, and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency
Bronchial Pneumonia
(duration) yrs. mos 2 ds.
CONTRIBUTORY (Secondary) Influenza
(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Typical Symptoms
(Signed) Thomas J. White M. D.
, 19 (Address) 532 E. 22nd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem. DATE OF BURIAL Dec 27 1927

20 UNDERTAKER Wm. J. Tucker & Sons. ADDRESS North & Pa

Spec.—1-12-23—M&T—500 Bks.

E 28631

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

124 E 28631

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2839 W Lanvale St. 16-68 WARD)

2-FULL NAME Mary Virginia Bowie

(a) RESIDENCE NO. 2839 W Lanvale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 87 yrs. 11 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John L. Bowie

6 DATE OF BIRTH (month, day, and year): Dec 24 1839

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min
87	11	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Wm B. Phillips

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Mary Jane Randall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Jno H Bowie

(Address): 2839 W Lanvale St

15 Filed Dec 28 1927 HAMILTON JONES, M. D., Registrar

Per Kelly

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 21 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 13, 1927, to Dec 21, 1927, that I last saw h[illegible] alive on Dec 21, 1927, and that death occurred, on the date stated above, at 5.49 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 20 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jno. H. Zierler, M. D.

19 (Address) 1123 Poplar Grove

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn

DATE OF BURIAL: Dec 23 1927

20 UNDERTAKER: H. S. Tedmen Sons

ADDRESS: Norther[illegible]

Spec.—1-12-23—M&T—500 Bks.

E 28632 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 E 28632

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital) 97-30 WARD

2-FULL NAME Edward Oliver

(a) RESIDENCE NO. 665 W Pratt ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: 55 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland.

PARENTS

10 NAME OF FATHER: Joseph Oliver

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Hospital Record (Address)

15 Filed , 19 . HAMILTON JONES, M. D. Registrar By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 21 1927

17 I HEREBY CERTIFY, That I attended deceased from 9-20, 1927 to 12-21, 1927 that I last saw him alive on 12-21, 1927 and that death occurred, on the date stated above, at 9:00 a m.

The CAUSE OF DEATH* was as follows:

Cancer of Thigh (malignant) Right

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of 9-30-27

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) W. Thurnell M. D.

, 19 (Address) Balto City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem. DATE OF BURIAL: M 22 27

20 UNDERTAKER: Jos A Farley Funeral ADDRESS: Fayette

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28633

CERTIFICATE OF DEATH.

129 E 28633

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Agnes Hosp. St. 14-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Moran

(a) RESIDENCE NO. 1705 Edmondson St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: Wh.

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1857

7 AGE — Years: 70 — Months — Days — IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Do not know

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Maryland

PARENTS

10 NAME OF FATHER: James Moran

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: Bridget Kelly

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Ireland

14 Informant: James Moran.

(Address): 1705 Edmondson Ave

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

12 - 21 - 27

17 I HEREBY CERTIFY, That I attended deceased from 12 - 20 19 27 to 12 - 21 19 27,

that I last saw h[illegible] alive on 12 - 21 19 27,

and that death occurred, on the date stated above, at 3 45 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinic

(Signed) J. L. Dadagliacca, M. D.

, 19 (Address) St. Agnes' Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cath Cemetery — Date of Burial 12/23 1927

20 UNDERTAKER: Jos A Farley — ADDRESS: Fulton & Fayette

12-24-1927 Pur. [illegible] Registrar

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28634

CERTIFICATE OF DEATH

× 73

E 28634

REGISTERED NO.

1-PLACE OF DEATH University Hospital

City of BALTIMORE: (No. 4-30 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Howard

(a) RESIDENCE NO. Queenstown, Md St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 8 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds. Md

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Dora Howard

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years 53 Months Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): Captain

(c) Name of employer: H C. Butler

086

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Joseph Howard

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Don't know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Don't know

14 Informant: Capt H. C. Butler (Address): 300 St Paul St.

15 Filed DEC 22 1927 H. G. Mayo, M. D., Registrar. RLR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/21/1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1927 to Dec. 21, 1927

that I last saw him alive on Dec. 21, 1927

and that death occurred, on the date stated above, at 2:30A m.

The CAUSE OF DEATH* was as follows:

Subacute combined degeneration of spinal cord

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Charles E. Gill M. D.

12/21/1927 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: Westchester Md Date of Burial 12/22 19

19 UNDERTAKER: William Cook ADDRESS 502 E Mad

very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28635

CERTIFICATE OF DEATH.

90 E 28635

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 733 N Eden St. 10-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amanda Scott

(a) RESIDENCE NO. 733 N Eden St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 8 yrs. mos. dys. How long in U. S., if of foreign birth? yrs. mos. dys.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Scott

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years 54 | Months | Days | IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): O'

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Va.

PARENTS

10 NAME OF FATHER: Joshua Lewis

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Va

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Va

14 Informant (Address): Eliza Brown 1516 E Madison St

15 Filed ..., 19... ... of S. H. C. Dec 22 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): DEC 19 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct. 25 1927, to Dec 19, 1927

that I last saw h[illegible] alive on Dec 18, 1927,

and that death occurred, on the date stated above, at 5 30 a m.

The CAUSE OF DEATH* was as follows:

Apoplexy

One Day (duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Myocarditis

Indefinite (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Edward Fisher, M. D.

12-19 1927 (Address) 1612 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cemetary Date of Burial Dec 22 27

20 UNDERTAKER: Jos. T. H. Rochester ADDRESS 1413 Jefferson St

Dec 22 1927 Per [illegible]

Copy Duplicate. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 28636

REGISTERED NO. E 28636

1-PLACE OF DEATH

City of BALTIMORE: (No. 3032 Windsor Ave. St.) (15-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julie Louise Spilman

(a) RESIDENCE NO. 3032 Windsor Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Lee Spilman.

6 DATE OF BIRTH (month, day, and year) June 27th. 1868

7 AGE	Years	Months	Days	IF LESS than 1 day ..hrs. or ..min..
	59	5	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General natore of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Euyale Prevost

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Valerie Bezanard.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md.

14 Informant Family.

(Address) 3032 Windsor Ave.

15 Filed DEC 22 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

December 21st. 1927.

17 I HEREBY CERTIFY, That I attended deceased from Dec 10th, 19 27, to Dec 21st, 19 27,

that I last saw h[illegible] alive on Dec 20th, 19 27,

and that death occurred, on the date stated above, at 1030 A. m.

The CAUSE OF DEATH* was as follows:

Right Side Hemoplegia

Bed Paralysis

(duration) yrs. mos 11 da.

CONTRIBUTORY (Secondary) Cancer Abdominal

(duration) yrs. mos 2 da.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Pyrexia Anemia

(Signed) Herbert E. Zeiger, M. D.

19 (Address) 3048 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — Date of Burial 12/23/27. 19

20 UNDERTAKER Chas. O. Evans & Son — ADDRESS 1180 W. Fayette

very important. See instructions on back of certificates.

Spec. [illegible] 17-2[illegible] Forks.

E 28637

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28637

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH Jenkins Memorial Hospital

City of BALTIMORE: (No. Caton Ave St., 7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis J. Flagle

(a) RESIDENCE NO. 2010 E. Jefferson St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred [illegible] yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 ~~Single~~, Married, ~~Widowed~~, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Divorced

6 DATE OF BIRTH (month, day, and year): Mar 23/87

7 AGE: Years 40 Months 8 Days 27 IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Floor walker

(b) General nature of industry, business, or establishment in which employed (or employer): O'Neill

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Otto Flagle

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Stefen

13 BIRTHPLACE OF MOTHER (city or town) [illegible] (State or country)

14 Informant Jenkins Memorial Hospital (Address) Caton Ave & Bellona

15 Filed DEC 27 1927 C. H. Larsen, U. S. C. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20th 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 0d 1927 to Dec 20th 1927 that I last saw h[illegible] alive on Dec 20th 1927 and that death occurred, on the date stated above, at 12.15 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Tumor

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemiplegia & Epilepsy

Tension (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) F. L. Palagliacca, M. D.

, 19 (Address) St Agnes' Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Date of Burial 12/23 19 27

20 UNDERTAKER Philip Henry ADDRESS 2016 Eutaw

Very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28638

E 28638

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) St. Agnes (St.) 30th (Ward)

2-FULL NAME Stanley L. Campbell

(a) RESIDENCE NO. 2327 Loraine Ward

(Usual place of abode)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO. 186-201

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Agnes Campbell

6 DATE OF BIRTH (month, day, and year): Sept 26/1897

7 AGE: Years 30 Months 2 Days 24 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Druggist

(b) General nature of industry, business, or establishment in which employed (or employer): Sales

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country)

PARENTS

10 NAME OF FATHER: Geo. C. Campbell

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md

12 MAIDEN NAME OF MOTHER: Martha M—

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

14 Informant: Mrs. Agnes M Campbell

(Address): 2327 Loraine Ave

15 Filed Dec 27 1925 Registrar

By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 26 192 7

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture Skull

24 hrs.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

P.R.R. Struck by train

(Signed) Thos. J. Lowe M. D.

1927 (Address) (Curtis Bay) (Coroner)

*State the Disease Causing Death, or in deaths due to external causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In city yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London PK Date of Burial: 12/29/25

20 UNDERTAKER: Philip Herwig ADDRESS: Ellicott City

Very important. See instructions on back of certificate.

Spec.–7-17-26–A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28639

CERTIFICATE OF DEATH

101-001

E 28639

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital 17-50 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stanley Walker

(a) RESIDENCE NO. 2525 Guilford Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. — mos. — da.

(If non-resident give city or town and State)

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): January 11, 1899

7 AGE — Years: 28 Months: 11 Days: 9 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER: John E. Walker

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Helen F. Bryant

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Baltimore Md

14 Informant: John E. Walker

(Address): 2525 Guilford Av

Filed DEC 22 1927 19 [illegible] Registrar

Dist. [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Dec 20 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 5, 1927, to Dec 20, 1927, that I last saw him alive on Dec 20, 1927, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Lung abscess

Left lung

(duration) — yrs. — mos. 12 ds.

CONTRIBUTORY (Secondary): Lobar pneumonia

(duration) — yrs. — mos. 21 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Thoracotomy Date of Dec 15 & Dec 20

Was there an autopsy?

What test confirmed diagnosis? Clinical, operation, X ray

(Signed) Lewis Olds Taylor, M. D.

19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem. — Date of Burial: Dec 23 1927

20 UNDERTAKER: Geo W Little — ADDRESS 2100 Edmondson Ave

very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 28640

CERTIFICATE OF DEATH.

E 28640

1-PLACE OF DEATH

City of BALTIMORE: (No. 214 S-1 Boulden St. 26-V Ward)

2-FULL NAME Rose Bielas

(a) RESIDENCE NO. 214 S 1 Bielas Boulden St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of): Michial Bielas

6 DATE OF BIRTH (month, day, and year): unknown 1871

7 AGE: Years 56 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER: Boblewski

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER: unk.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant: Michial Bielas

(Address) 214 S Boulden St

15 Filed 12 1927 Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 1 ds.

(Signed) J C Wades M. D.

12/22/27, 19 (Coroner) (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs.,..... mos.,..... ds. In the State..... yrs.,..... mos.,..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Date of Burial Dec 23 1927

20 UNDERTAKER: F W Gazewski ADDRESS 1980 Eastern Ave

Spec.–7-17-26—A Co.—200 Bks.

E 28641

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 1-001

REGISTERED NO. E 28641

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 4-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Edgar Wolfe

(a) RESIDENCE NO. Odenton, Md. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred ~~Life~~ 1 mos. 13 ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 18 1907

7 AGE 20 Years — Months 3 Days

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): Father

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Edwin W. Wolfe

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Helen Conway

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Edwin Wolfe

(Address) Odenton Md

15 Filed ..... 19 ..... Registrar

DEC 22 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 21, 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1927. to Dec. 21, 1927.

that I last saw him alive on Dec. 21, 1927.

and that death occurred, on the date stated above, at 8:30 P m.

The CAUSE OF DEATH* was as follows:

Typhoid fever

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & pathological

(Signed) Charles L. Wiel M. D.

Dec. 21 1927 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Waugh Chapel Md — Date of Burial 12-24 1927

20 UNDERTAKER: M. Fielding Sons — ADDRESS Davis Md

Very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 28642

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28642

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balt. Gen. Hosp. ST. (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Flemister

(a) RESIDENCE NO. 179 W. Fort ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	newborn

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12/17/27

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Charles Edward

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Harris

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore

14 Informant father

(Address) 179 W Fort ave

DEC 22 1927 C. Harrison Jones M. D.

Per 19 PRM 2008 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/20 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1927, to Dec. 20, 1927.

that I last saw h[illegible] alive on Dec. 20, 1927,

and that death occurred, on the date stated above, at 6:12 P m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William H. Chase, M. D.

, 19 (Address) South Balt Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND
DEC 22 1927

Spec.—1-12-23—M&T—500 Blks.

E 28643

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28643

CERTIFICATE OF DEATH.

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) Baltimore City Hospitals (ST.) 9-B-31 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ernest Brown

(a) RESIDENCE NO. 1100 Block S. Sharpe st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	24			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Walter Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Alabama

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Alabama

14 Informant Hospital Records (Address)

15 DEC 21 1927 C. Hampson Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 18, 1927

17 I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1927, to Dec. 18, 1927, that I last saw him alive on Dec. 18, 1927, and that death occurred, on the date stated above, at 4.35 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 1 yrs. 4 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L.H. Madden, M. D.

12-19-1927 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
20 UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND Health Sciences Library DEC 2011

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28644 E 28644

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secours Hospital (St.) 16-67 34 (Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hattie V. Kugel

(a) RESIDENCE No. 3030 Brighton ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Kugel

6 DATE OF BIRTH (month, day, and year) Mar. 14, 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	9	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER William Cox

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant John F. Kugel
(Address) 3030 Brighton St.

15 2 1927 C. HAMPSON JONES, M. D.
By [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Dec. 21, 1927

17 I HEREBY CERTIFY, That I attended deceased from Sept 24, 1927, to Dec 21, 1927, that I last saw h[illegible] alive on Dec 21, 1927, and that death occurred, on the date stated above, at 2 45 A m.

The CAUSE OF DEATH* was as follows:

Ileo psoas abscess

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of Sept 27/27

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) George O. Eaton, M. D.

, 19 (Address) Bon Secours Hospl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Dec 24 1927

20 UNDERTAKER John F. Denny — ADDRESS 715 Lights

Spec.—7-17-26—A Co.—200 Bks.

E 28645

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

123 E 28645

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 519 Brunswick St. 70-64 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizebeth Meyer

(a) RESIDENCE NO. 519 Brunswick St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced (or) WIFE of Dietrick Meyer

6 DATE OF BIRTH (month, day, and year): 1846

7 AGE: Years 81 Months Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER D. Meyer

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER E. Gayet

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant [illegible] (Address) 521 Brunswick St.

DEC 22 1927 C. HAMPSON JONES, M. D. Registrar

Per ARA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 3, 1927, to Dec 20, 1927, that I last saw h[illegible] alive on Dec 20, 1927, and that death occurred, on the date stated above, at 12. P. m.

The CAUSE OF DEATH* was as follows:

(a) Colitis (Ulceration)

Arteriosclerosis. Endocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute dilatation. Heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Robert C Ritter Jr M. D.

12/24/1927 (Address) 207 Chelsea Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — Date of Burial 12/23 1927

20 UNDERTAKER: Robert Brooks Son — ADDRESS Calhoun Hollins Sts

Very Important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

E 28646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 28646

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Womans Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Nannie Lord Bausum

(a) RESIDENCE NO. Annapolis, Md. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Henry Bausum

6 DATE OF BIRTH (month, day, and year) February 16, 1858

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	69	10	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Missionary - foreign

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Ningpo (State or country) China

PARENTS

10 NAME OF FATHER Edward C. Lord

11 BIRTHPLACE OF FATHER (City or town) (State or country) New York, U.S.A.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant John Edward Bausum (Son)

(Address) Annapolis, Md.

DEC 22 1927 C. HAMPSON JONES M.D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

December 22, 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1927, to Dec. 22, 1927,

that I last saw her alive on Dec. 22, 1927,

and that death occurred, on the date stated above, at 1:55 P.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(duration) Indefinite mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) Indefinite yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Francis H. Langley, M. D.

, 19 (Address) Womans Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Annapolis Md — Date of Burial Dec 22 1927

20 UNDERTAKER Jas. S. Taylor & Sons — ADDRESS Annapolis Md.

Very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28647

CERTIFICATE OF DEATH.

90 E 28647

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 6 Colonial Hospital ST. 13-59 (WARD)

2-FULL NAME Charles Edward Platt

(a) RESIDENCE NO. 2529 Penna. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. 7 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Della Platt

6 DATE OF BIRTH (month, day, and year) Sept 10 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	7	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self 0/3

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Maximilian Platt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sophia Knupp

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs. Della Platt

(Address) 2529 Penna Ave

Filed 12-22-1927 G. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1927, to Dec. 21, 1927, that I last saw him alive on Dec. 21, 1927 and that death occurred, on the date stated above, at 10.30 a m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis followed by acute cardiac dilatation.

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of None

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) Frank N. Ogden, M. D.

, 19 (Address) 115 N. Carey St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Pk Cem

DATE OF BURIAL Dec 23 19 27

UNDERTAKER Wm J Jenkins Sons

ADDRESS Lafayette

Spec.—1-12-23—M&T—500 Blks.

E 28648

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28648

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3901 Brookline Ave ST.) 15-63 (WARD)

2-FULL NAME Annie Elizabeth Burrell

(a) RESIDENCE NO. 3901 Brookline ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 88 yrs. 0 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Oliver Burrell

6 DATE OF BIRTH (month, day, and year) Nov. 25 1839

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	0	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER George Gray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Louella Rummel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mr. Chas. W. Burrell

(Address) 3901 Brookline Ave.

15 Filed DEC 22 1927 E. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 11, 1927, to Dec. 21, 1927, that I last saw her alive on Dec 20, 1927, and that death occurred, on the date stated above, at 1:15 a m.

The CAUSE OF DEATH* was as follows:

Generalized arteriosclerosis
(Senescent)

(duration) Many yrs.

CONTRIBUTORY (Secondary) Chronic Myocardial Insufficiency

(duration) about 5 days

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Carroll Lockard, M. D.

(Address) 4 E Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem. DATE OF BURIAL Dec 23 1927

20 UNDERTAKER Wm. Fickus Sons ADDRESS Balto Md

Spec.—1-12-23—M&T—500 Bks.

E 28649 HEALTH DEPARTMENT—CITY OF BALTIMORE E 28649

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3643 Maple Ave ST.) (13-57 WARD)

2-FULL NAME Carroll LeRoy Hale

(a) RESIDENCE NO. 3643 Maple Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 1, 1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
		4	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Melvin Hale

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Melvin Hale

(Address) 3643 Maple Ave

Filed DEC 22 1927 19 C. HAMPSON JONES, M. D. Registrar

Per RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 19th, 1927, to Dec 22nd, 1927, that I last saw h alive on Dec 22nd, 1927, and that death occurred, on the date stated above, at 5 30 a m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Sinus

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W. A. Friedel, M. D.

12/22/1927 (Address) 3618 Fait Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Salem Carroll Co Md

DATE OF BURIAL Dec 28 1927

20 UNDERTAKER Shinowetha Son

ADDRESS 3615 Edmondson Ave

Spec.—1-10-21—M&T—1500 Bks.

E 28650

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 E 28650

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3736 Hickory ST. 1352 WARD)

2-FULL NAME Susie Sullivan

(a) RESIDENCE NO. 3736 Hickory St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. 11 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Allen Sullivan

6 DATE OF BIRTH (month, day, and year): June 18 1865

7 AGE: Years 59 Months 11 Days 3 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: John Hunting

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Sarah Harper

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): W. M. Sullivan

15 DEC 22 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/21/27

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1 19 27 to Dec. 21 19 27

that I last saw her alive on Dec. 21 19 27

and that death occurred, on the date stated above, at 1 00 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) C. Hampson Jones M.D.

12/22 1927 (Address) 31 Hamilton Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sykesville Md DATE OF BURIAL: Dec 24 1927

20 UNDERTAKER: Weer & Son, Inc ADDRESS: Sykesville Md

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28651

CERTIFICATE OF DEATH

E 28651

13-59

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No.) 956 Whitelock St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Meyer C. Katzenberg

(a) RESIDENCE NO. 956 Whitelock St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hannah B. Katzenberg

6 DATE OF BIRTH (month, day, and year) June 26th. 1845.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	82	5	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of Industry, business, or establishment in which employed (or employer) 166

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, (State or country) Md.

PARENTS

10 NAME OF FATHER Solomon Katzenberg,

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Besla Walter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Mr. A. Katzenberg

(Address) 2306 Eutaw Place.

15 Filed DEC 22 1927 C. HAMPSON JONES, M. D. Registrar.

Per ROE

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 22, 1927

17 I HEREBY CERTIFY, That I attended deceased from July 1' 1925 to Dec 22d 1927, that I last saw him alive on Dec 21' 1927, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 2 yrs 10 mos - ds.

CONTRIBUTORY (Secondary) Pylorus obstruction -

(duration) yrs. 2 mos - ds.

Myocardial insufficiency

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical data

(Signed) Lewis P Steinburger M. D.

Dec 22, 1927 (Address) 1207 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR~~ REMOVAL Baltimore Hebrew Cem. Date of Burial 12/23/ 1927

20 UNDERTAKER: Ward Sondheim ADDRESS 118 a.c.w. mt. Royal Ave

Very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 28652

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

83 E 28652

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 741 Edgewood St ST. 16-67 WARD)

2-FULL NAME Rita Frame

(a) RESIDENCE NO. 741 Edgewood St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. [illegible] mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) S

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 1 1927

7 AGE Years Months Days 21 If LESS than 1 day, hrs. or min.

20

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto City Md

PARENTS

10 NAME OF FATHER Herbert Frame

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Nellie Parks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Herbert Frame (Address) 741 Edgewood St

15 12-21-1927 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/22 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1927, to Dec 22, 1927, that I last saw h[illegible] alive on Dec 22, 1927, and that death occurred, on the date stated above, at 11:15 A. m.

The CAUSE OF DEATH* was as follows:

Mitral Cellulitis (Left)

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) George L. Neary, M. D.

, 19 (Address) 1102 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Hebrew Rev DATE OF BURIAL 12/24 1927

20 UNDERTAKER Jack Louis ADDRESS 1439 E Baltimore St

Spec.—1-10-21—M&T—1500 Bks.

E 28653

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28653

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) Dr. White's Hospital 1029 Madison Ave., St. 16-23 (Ward)

2-FULL NAME John R. Hunt

(a) RESIDENCE No. 810 N. Fremont St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: Colored
5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible] 1892

7 AGE — Years: 35 — Months: — — Days: — — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Wool Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Annapolis Md

PARENTS

10 NAME OF FATHER: Josiah Hunt
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md
12 MAIDEN NAME OF MOTHER: Melvina Sowell
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Amelia Williams
(Address) 810 N. Fremont Ave

15 Filed. [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 21, 1927

17
I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1927, to Dec. 21, 1927,
that I last saw him alive on Dec. 21, 1927
and that death occurred, on the date stated above, at 1 A.m.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
(duration) yrs. mos. 3 ds.
CONTRIBUTORY (Secondary) Uremic Coma
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) H. White, M. D.
19 (Address) 1029 Madison Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Arlington Cem. Va — DATE OF BURIAL: 12-23 1927

20 UNDERTAKER: John H. Sanders — ADDRESS: 1027 Druid Hill

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28654

CERTIFICATE OF DEATH.

66 E 28654

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital. Ward) 22-31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Philip Morgan.(C)

(a) RESIDENCE NO. 818 S. Sharp St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored.	Widower.

5a If ~~married, widowed, or~~ ~~divorced~~ HUSBAND of ~~xxxxxx~~ Frances Morgan.(C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day ..hrs. or ..min.
	49	--------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plasterer 057

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) New Jersey.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Lottie J. Willis.(C)

(Address) 207 N. Henrietta St.

15 Filed DEC 29 1927 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 19, 1927 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M Reinhardt (Coroner) M. D.

12/22 19 27 (Address) 1017 E. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..yrs., ..mos., ..ds. In the State ..yrs., ..mos., ..ds.

Where was disease contracted, if not at place of death? 818 E. Sharp St. Dec. 19, 1927.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Date of Burial 12-23 19 27

UNDERTAKER John H. Toadvine ADDRESS 1027 Druid Hill

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28655
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

11 E 28655.
REGISTERED NO.

CITY OF BALTIMORE: (No. St Joseph's Hospital ST., 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John T. Cuddy

(a) RESIDENCE NO. 443 E. Fayette ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 10, 1916

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	4	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School Boy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

10 NAME OF FATHER John T. Cuddy

11 BIRTHPLACE OF FATHER (city or town) Balto. Md.
(State or country)

12 MAIDEN NAME OF MOTHER Barbara McAleavy

13 BIRTHPLACE OF MOTHER (city or town) Richmond Va.
(State or country)

14 Informant John T. Cuddy
(Address) 443 E. Fayette St.

15 Filed DEC 23 1927 H. [illegible] Registrar
By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-22 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 12, 1927, to Dec 22, 1927, that I last saw h[illegible] alive on Dec 22, 1927, and that death occurred, on the date stated above, at 6.15 P. m.

The CAUSE OF DEATH* was as follows:
Appendicitis Abscess

(duration) yrs. mos 14 ds.
CONTRIBUTORY (Secondary) Lobar Pneumonia
(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? Yes Date of 12-12-27
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) H. Lawrence Fahey, M. D.
19 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem. DATE OF BURIAL Dec 26, 27

20 UNDERTAKER Margaret J. Flynn ADDRESS 14 W Lexington

Spec.—1-12,23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28656 (1)

117 E 28656

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Norman Levin

(a) RESIDENCE NO. 608 Asquith St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. 3 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 12 1922

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
5	3	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto City Md

PARENTS

10 NAME OF FATHER Sam Levin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Lena Rochinsky

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) Sam Levin 608 Asquith St

Filed DEC 23 1927 H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-21-'27

17 I HEREBY CERTIFY, That I attended deceased from 12-21-'27, 19 to 12-21-'27, 19

that I last saw him alive on 12-21-'27, 19

and that death occurred, on the date stated above, at 4 00 P.M.

The CAUSE OF DEATH* was as follows:

Ruptured appendix with general peritonitis

(duration) yrs. mos 1 day

CONTRIBUTORY (Secondary)

(duration) yrs. mos.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 12-21-'27

Was there an autopsy? No

What test confirmed diagnosis? Phys. findings

(Signed) Ernest Robertson, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mehren Rosedale

DATE OF BURIAL: 12/23 1927

20 UNDERTAKER: Jack Louis 1423 Gay St

ADDRESS

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 28657

CERTIFICATE OF DEATH.

REGISTERED No. E 28657

1-PLACE OF DEATH

City of BALTIMORE: (No. 2744 Guilford Av. St., 12 Ward) 12-50

2-FULL NAME Dr Thomas E. Sears

(a) RESIDENCE NO. 2741 Guilford Av St. 12 Ward

(Usual place of abode)

(If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jalen Sears

6 DATE OF BIRTH (month, day, and year): September

7 AGE — Years: 73 — Months — Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Dr of Medicine

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Md

PARENTS

10 NAME OF FATHER: T. Sears

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md

12 MAIDEN NAME OF MOTHER: Amanda Reed

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

14 Informant: Ella Sears

(Address): 2744 Guilford Av

15 Filed [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/21 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [illegible] M. D.

(Coroner)

12/24, 19 27 (Address) 422 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem — Date of Burial: Dec 28 1927

20 UNDERTAKER: W M Ponton — ADDRESS: 1220 N [illegible]

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

28658

CERTIFICATE OF DEATH.

21-001

E 28658

REGISTERED NO.

1-PLACE OF DEATH Md General Hospital

CITY OF BALTIMORE, (No. Madison & Linden ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pinkney Gorsuch

(a) RESIDENCE NO. 611 Granby St ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Chd

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 27, 1917

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Chd

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) 611 Granby St. Balto md.

PARENTS

10 NAME OF FATHER Harry Gorsuch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Margrette Durant

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Hospital Records

(Address)

15 Filed DEC 23 1927 By [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22 1927

17 I HEREBY CERTIFY, That I attended deceased from 12-21-27, 19 , to 12-22-27, 19 , that I last saw h alive on 12-22-27, 19 , and that death occurred, on the date stated above, at 6 1 m.

The CAUSE OF DEATH* was as follows:

Acute Meningitis

(duration) yrs 1 mos 2 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of None

Was there an autopsy? No

What test confirmed diagnosis? Spinal puncture & Culture

(Signed) C. C. [illegible] M. D.

, 19 (Address) 20 Hillen Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem

DATE OF BURIAL Dec 23 1927

20 UNDERTAKER H M Routson

ADDRESS 2238 N Mth

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28659

CERTIFICATE OF DEATH.

+ 90 E 28659

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1613 N. Gilmor ST. 15-21 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Jane Marshall.

(a) RESIDENCE. NO. White Plains Charles County Md. WARD.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow.

5a If married, widowed, or divorced (or) WIFE of John B. Marshall

6 DATE OF BIRTH (month, day, and year) July 4, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	5	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Charles County, Md.

PARENTS

10 NAME OF FATHER James Hawkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Charles County Md.

12 MAIDEN NAME OF MOTHER Ann Madden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Charles County Md.

14 Informant Ella Fenwick, (Address) 1613 N. Gilmor St.

15 Dec 23 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 21, 1927.

17 I HEREBY CERTIFY, That I attended deceased from December 6, 1927. to December 19, 1927.

that I last saw her alive on December 19, 1927.

and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Exam.

(Signed) John D. Quinn, M. D.

(Address) 1507 N. Fulton Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
White Plain Md.	Dec 23 27

20 UNDERTAKER Daniel Easton

ADDRESS W/C Pa ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 28660

REGISTERED NO.

1-PLACE OF DEATH E 28660

City of BALTIMORE: (No. Johns Hopkins Hospital St. 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Effie Wilson

(a) RESIDENCE NO. 1814 Eutaw Place St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Wilson

6 DATE OF BIRTH (month, day, and year) June 15/1868

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	59	6	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Annapolis Md

PARENTS

10 NAME OF FATHER Moses Sellman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Oliver

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Husband

(Address) 1814 Eutaw Place

Filed DEC 23 1927 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21/27

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Nephritis- arterio-sclerosis (duration) yrs. mos. ds.

(Signed) J. S. Heller M. D.

(Coroner)

19 12/23/27 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Brown Hill Cemetery Balto. Co. Md. Date of Burial Dec 24th 27

UNDERTAKER Geo. H. Holland ADDRESS 160 Druid Hill Ave

E 28661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28661

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1000 N. Front St. 70-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME... Wm Dempsey

(Residence in Baltimore: No. 1934 W. Fayette St. ...yrs. ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-~~Single~~, Married, Widowed, or ~~Divorced~~ (Write the word): Married

6-DATE OF BIRTH: May 15 1866 (Month) (Day) (Year)

7-AGE: 61 yrs. 7 mos. 6 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Mechanic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or Country): Balto. Md.

PARENTS

10-NAME OF FATHER: Wm Dempsey

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Catherine Connelly

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ed' A. Dempsey

(Address) 0-34 Park Ave

15- Filed Dec 23 1927 C. HAMPSON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Dec 21st 1927 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ...yrs. ...mos. ...ds

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds

(Signed) ... M. D. (Coroner)

Dec 23 1927 (Address) ...

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL: Mount Cathedral Cemetery DATE OF BURIAL: Dec 27 1927

20-UNDERTAKER: Geo. F. Ruth ADDRESS: 1735 Harford Ave

Spec.—1-12-23—M&T—500 Bks.

E 28662 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38

REGISTERED NO. E 28662

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 7-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Sott

(a) RESIDENCE NO. The Lowell Riddle ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Johanna Sott

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 47 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Hucbster

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Joseph Sott

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Owner & D (Address) Mr. Lowell Riddle

15 Filed DEC 23 1927 C. HARRISON, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/22/27

17 I HEREBY CERTIFY, That I attended deceased from 12/13/27, 19 , to 12/22/27, 19 , that I last saw him alive on 12/22/27, 19 , and that death occurred, on the date stated above, at 10:30 A m.

The CAUSE OF DEATH* was as follows:

Tuberculous Bronchopneumonia

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Syphilis

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) T. B Thompson, M. D.

, 19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Dec 25 1927

20 UNDERTAKER: Frank Croxton — ADDRESS: 1900 Eutaw

Spec.—1-12-23—M&T—500 Bks.

28663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

36-00 E 28663

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST., 1-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. James Barton?

(a) RESIDENCE NO. 502 N. Milton Ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. mos. dis. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 10 1855

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
32		12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clothing Cutter

(b) General nature of industry, business, or establishment in which employed (or employer) Gen

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bath

PARENTS

10 NAME OF FATHER James Barton

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Josephine Fin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant James Barton (Address) 502 N. Milton Ave

15 Filed DEC 23 1927 Registered

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-22 1927

17 I HEREBY CERTIFY, That I attended deceased from 12-20 1927, to 12-22 1927, that I last saw him alive on 12-22 1927 and that death occurred, on the date stated above, at 20 p m

The CAUSE OF DEATH* was as follows:

Pyogne pharynx.

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) R yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 12-22-27

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. Grampion Folkerdale, M. D.

19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Dec 26 1927

20 UNDERTAKER Frank Corbett ADDRESS 1400 Mun

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

E 28664
1-PLACE OF DEATH

E 28664
REGISTERED NO.

City of BALTIMORE: (No. 1603 McElderry St. 7-9 Ward)

2-FULL NAME Louis Wagner

(a) RESIDENCE NO. 1603 McElderry St. Ward
(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 29/1879

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	48	0	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Louis Wagner

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Mary Zimmerman

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto., Md.

14 Informant Mother
(Address) 1603 McElderry St

15 Filed DEC 23 1927 [illegible] M. D.
Registrar

By [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22/27

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Myocaditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) J. H. Collins M. D.
(Coroner)

12/22/27 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem Date of Burial Dec 26 1927

20 UNDERTAKER John Welsh ADDRESS 2008 Orleans

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28665

CERTIFICATE OF DEATH. 100-001

E 28665

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1306 N. Stricker St. 15-22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daisy Brown

(a) RESIDENCE NO. 1206 N. Stricker St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 25, 1927

7 AGE: Years 12 Months 3 Days 25 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Student

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER George Brown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Grace Howard

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Grace Brown

(Address) 1306 N. Stricker St.

15 Filed Dec 23 1927 G. HANSON JOHNS, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 20, 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) no other history

(duration) yrs. mos. ds.

(Signed) J. H. Hennessy M. D. (Coroner)

Dec 20 1927 (Address) 2572 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pk Auburn Date of Burial 12-23 1927

20 UNDERTAKER: John H Soadone ADDRESS 1077 Kund Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28666

CERTIFICATE OF DEATH.

E 28666

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 25 S Linn ST. 7-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Baber

(a) RESIDENCE NO. 25 S Linn ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 12/18/27

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
			5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Joseph Baber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Josephine Baber

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Joseph Baber (Address) 26 S Amity St

15 Filed DEC 23 1927 HAMPSON, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/23 1927

17 I HEREBY CERTIFY, That I attended deceased from 12/18, 1927, to 12/23, 1927, that I last saw h w alive on 12/22, 1927, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cremature Sent 6 mo

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Do

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Stabig of Women

(Signed) Chas A Carlin, M. D.

12/23 1927 (Address) 2105 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Dec 23 1927

20 UNDERTAKER Wendell Dippel & Son ADDRESS 37 S Amity

Spec.—1-12-23—M&T—500 Bks.

E 28667

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24 E 28667

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 222 S. Gilmor ST. 14-28 WARD)

2-FULL NAME Nyanza E. Sewell.

(a) RESIDENCE NO. 222 S. Gilmor ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. 4 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. R. Sewell

6 DATE OF BIRTH (month, day, and year) May 15. 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	4	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Wakeman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Geo. R. Sewell

(Address) 222 S. Gilmor St

15 Date Dec 23 1927 REC'D. BALTO. H. DEPT. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21st 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 13 1927 to Dec 21 1927.

that I last saw her alive on Dec 21 1927.

and that death occurred, on the date stated above, at 11. A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorrhage

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Chronic Arthritis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Test

(Signed) Drury C. Otis M. D.

(Address) 1203 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Dec 24 1927

20 UNDERTAKER: J. H. Neufeld — ADDRESS: 1750 N. Carlo St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

28668

CERTIFICATE OF DEATH.

129 E 28668

25-74 Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. Broening Park St., 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Thomas Boylan

(a) Residence No. Broening Park St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? 58 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced (Write the word.)
male	white	widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Boylan

6-DATE OF BIRTH (month, day and year) July 13, 1851

7-AGE. 76 yrs. 5 mos. 9 ds. If LESS than 1 day ....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), England

PARENTS.

10-NAME OF FATHER, Thomas Boylan

11-BIRTHPLACE OF FATHER (city or town) (State or Country), England

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), unknown

14- (Informant) Mrs. Helen B. Schiller

(Address) Broening Park

15- DEC 23 1927 [illegible] U. S., Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec. 22-27

17- I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1927 to Dec. 22, 1927

that I last saw h. im alive on Dec. 22, 1927

and that death occurred, on the date stated above, at 4.45p m.

The CAUSE OF DEATH* was as follows:

Pulmonary Cedema

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Ch. Int. Neph.

(Duration) yrs. 6 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Urin analysis

(Signed) John G Schwarzbeck M. D.

, 19 (Address) 1126 W. Cross St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Prospect Hill Towson

DATE OF BURIAL. Dec 24 1927

20-UNDERTAKER. George W Zirkler

ADDRESS 1737 E Eager St.

Cor.—12-9-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28669

CERTIFICATE OF DEATH.

91-002

E 28669
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1107 S. Ellwood St., 1-1 Ward)

2-FULL NAME Amelia - Baumfld.

(a) RESIDENCE NO. 1107 S Ellwood St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry W. Baumfeld

6 DATE OF BIRTH (month, day, and year) Oct 2-1870

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	77	2	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Not known

14 Informant John Baumfeld

(Address) 1114 S. Ellwood ave

15 Filed DEC 23 1926 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22nd 27

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) 4 days mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) G C Hades M. D.

(Coroner)

23 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt Carmel Cem	Dec 26 1927
20 UNDERTAKER George W. Zibler	ADDRESS 1737 E Eager st

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28670

CERTIFICATE OF DEATH.

188-003.

E 28670

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital. Ward) 8-17

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Milton T. Carback.

(a) RESIDENCE NO. 1615 Llewellyn Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. 2 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) September 28, 1880.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	47	2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER George R. Carback.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Margaret E. Capito.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Anna M. Carback, (sister)

(Address) 1615 Llewllyn St.

15 Filed DEC 23 1927 (19) [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 20, 1927. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the ribs and internal Injurie Knocked down and run over by auto truck. Occidentel Death.

(Duration) yrs. mos. ds.

CONTRIBUTORY (secondary) (Duration) yrs. mos. ds.

(Signed) Otto M. Leinhardt M. D. (Coroner)

12/23 19 27 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the state yrs. mos. ds.

Where was disease contracted, if not at place of death? Light & Lee Sts. Dec, 20, 1927.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery Date of Burial Dec 23. 27

20 UNDERTAKER George M Zinkler ADDRESS 1737 E Eager st

Spec.—1-12-23—M&T—500 Bks.

Gorschboth

HEALTH DEPARTMENT—CITY OF BALTIMORE

28671

CERTIFICATE OF DEATH.

90 E 28671

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 326 S. Ellen) ST. 3-5 WARD)

2-FULL NAME HENRY T. GORSCHBOTH

(a) RESIDENCE NO. 326 S. Ellen ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Gorschboth

6 DATE OF BIRTH (month, day, and year) September 7, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	79	3	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Woodturner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer John C. Knipp

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Henry Gorschboth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Marie Koch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Charles Gorschboth (Address) 326 S. Ellen St.

15 Filed DEC 29 1927 19 HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 23 19 27

17 I HEREBY CERTIFY, That I attended deceased from July - 1926 - 19 to Dec - 21 - 27 19, that I last saw h— alive on Dec - 20 - 27 19, and that death occurred, on the date stated above, at 12:30 P. m.

The CAUSE OF DEATH* was as follows:

Senile - Cardio - Vascular Dis - Apoplexy

(duration) 1-4 yrs. — mos — ds.

CONTRIBUTORY (Secondary) General Exhaustion

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Harry C. Breuler M. D.

19 (Address) 125 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Dec. 24 1927

20 UNDERTAKER: Henry Sauder & Sons Inc — ADDRESS: 1710 Fleet St.

Spec.—1-10-21—M&T—1500 Bks.

Messinger

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28672

CERTIFICATE OF DEATH.

100 001

E 28672

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 105 Smallwood St., (Ward) 20-64

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Mary Messinger

(a) RESIDENCE No. 10 E Smallwood St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 7-1927

7 AGE: Years — Months 5 Days 15 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER John L. Messinger

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Josepha Heil

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant John L. Messinger (Address) 10 E. Smallwood St.

DEC 23 1927 BALTIMORE, MD. Registrar

Per —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22, 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 20, 1927, to Dec 22, 1927, that I last saw h[illegible] alive on Dec 22, 1927, and that death occurred, on the date stated above, at 10 20 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma fundus

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) W. H. Hunt M. D.

12/27/1927 (Address) 375 Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Dec. 23 1927

20 UNDERTAKER: George L. Schwab — ADDRESS: 310 Fulton Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 28673

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

E 28673

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1141 Park ave. ST. 11-24 WARD)

2-FULL NAME Mary Tosgood

(a) RESIDENCE. No. 1141 Park ave. ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Autumn 1847

7 AGE: Years 80; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER Harry Tosgood

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER Cutmore

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Cutmore

14 Informant: Sarah Tosgood

(Address) 1141 Park ave

15 Filed DEC 23 1927 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 3 1927, to Dec 20 1927,

that I last saw h alive on Dec 20 1927,

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis

(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) none known

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Chas. J. Keller, M. D.

(Address) 722 W. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: DEC 23 1927

20 UNDERTAKER: Samuel P. Knowles

ADDRESS 578 W. Baltimore

Spec.—1-12-23—M&T—500 Blks.

E 28674

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31

E 28674
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 917 Hurst Alley ST. 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Brooks

(a) RESIDENCE NO. 917 Hurst Alley ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1894

7 AGE: 43 (Years / Months / Days)

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Essex Co. Va.

PARENTS

10 NAME OF FATHER: Samuel Brooks

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Victoria N. Ransom

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Rev. Tilton Brooks.
(Address) 205 Fairmount Ave

15 Filed 2-3 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-22 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1927, to 12-22, 1927

that I last saw her alive on 12-22, 1927

and that death occurred, on the date stated above, at 11:15 A. m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis
Angina Pectoris

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(duration) yrs. 2 mos. 15 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) Jas. L. Blake M. D.

, 19 (Address) 924 Augusta

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ashbury Cemetery — DATE OF BURIAL: 12/24 1927

20 UNDERTAKER: Chas. H. Johnson — ADDRESS: 46 N. Caroline St.

Spec.—1-12-23—M&T—500 Blks.

E 28675

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

138 ✓

E 28675

1-PLACE OF DEATH

CITY OF BALTIMORE: No. West Balto Gen Hospital WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary M. Hood

(a) RESIDENCE NO. Hanover Md. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis A. Hood

6 DATE OF BIRTH (month, day, and year) July 28-1906

7 AGE Years 21 Months 4 Days 24 If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hanover Md

PARENTS

10 NAME OF FATHER Charles B. Hinks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hanover Md

12 MAIDEN NAME OF MOTHER Mary V. Eddlem

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hanover Md

14 Informant Louis A. Hood

(Address) Hanover Md

15 Filed 12-23-1927, 19 H. D. Registrar

Per R.H.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/22/1927

17

I HEREBY CERTIFY, That I attended deceased from Dec. 6, 19 27, to Dec. 22 19 27, that I last saw h alive on Dec. 22 19 27, and that death occurred, on the date stated above, at 4:20 P. M.

The CAUSE OF DEATH* was as follows:

Post operative hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Acute Salpingitis

(duration) yrs. mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 12/19/27

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Louis T. Leby M. D.

12/23/1927 (Address) W. Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL Dec 24 19 27

20 UNDERTAKER Mrs Nus. J. W. Tempel & Son

ADDRESS 30 W. Fayette

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

155 E 28676

28676 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Bon Secour Hospital St. 12-50 (WARD)

2-FULL NAME Rhea M. Grindall

(a) RESIDENCE NO. Homewood Apt ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ~~Lifetime~~ yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, ~~widowed~~, or ~~divorced~~ ~~How long in this~~ (or) WIFE of Joseph A. Grindall

6 DATE OF BIRTH (month, day, and year) March 17 1880

7 AGE: Years 47 | Months 9 | Days 3 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Brooklyn New York

PARENTS

10 NAME OF FATHER: Capt Mc Brother

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Elizabeth Sweeney

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Mr Joseph A. Grindall Howard Apt

15 Filed DEC 23 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 22 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 14 1927 to Dec 22 1927

that I last saw her alive on Dec 22 1927

and that death occurred, on the date stated above, at 7.50 P m.

The CAUSE OF DEATH* was as follows:

Pagets Disease of Tibia & Ileum
Arteriosclerosis and
Cerebral sclerosis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary): Broncho Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Pathological

(Signed) George O. Eaton M. D.

, 19 (Address) Bon Secours Hospl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem — DATE OF BURIAL: Dec 23 1927

20 UNDERTAKER: Henry H. Jenkins & Son Co — ADDRESS: Received for Collect

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28677

CERTIFICATE OF DEATH.

REGISTERED NO. E 28677

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 S. Chester ST., 2-4 WARD)

2-FULL NAME Catharine Brunner

(a) RESIDENCE NO. 106 S. Chester ST., 2 WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 5 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of the late Sylvester Brunner

6 DATE OF BIRTH (month, day, and year) July 18 1861

7 AGE: Years 66 Months 5 Days 19 LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Sylvester Kuhl.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Andrew J. Brunner (Address) 106 S. Chester St

Filed Dec 27 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24th 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 7 1927 to Dec 24 1927

that I last saw h alive on Dec 20 1927

and that death occurred, on the date stated above, at 11.50 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Edmund Williams Chronic Alcoholism

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) W. J. Gamm M. D.

(Address) 6111 N. Howard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. DATE OF BURIAL Dec 24 1927

20 UNDERTAKER: L. Ulz & Sons ADDRESS 1060 W. Mosher St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28678

CERTIFICATE OF DEATH.

69

E 28678

1-PLACE OF DEATH

City of BALTIMORE: (No. House or Memorial Hospital St. 26 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jno Sobieski

(a) RESIDENCE NO. 3711 Foster Ave St. 26 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 7 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 12 1922

7 AGE Years: 5 Months: 7 Days: 13 2 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER J. C. Sobieski

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Stella Przemborska

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md

14 Informant Records of Hospital

(Address)

15 Filed DEC 23 1927 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/20 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Cardiosis.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) John H. Wisner M. D. (Coroner)

12/20. 1927 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cemetery Date of Burial: Dec 24th 1927

20 UNDERTAKER: Kelly-Zeller ADDRESS: 408 S. Wolfe St.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28679

CERTIFICATE OF DEATH.

16-002 Mt. Hamel

REGISTRATION No. E 28679

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3716 Foster ave ST., 26 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Lorraine Tisdale

(a) RESIDENCE NO. 3716 Foster ave ST., 26 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept. 14 1927

7 AGE: Years — Months: 3 — Days: 8 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Cyril M. Tisdale

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Mary E. Schryver

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant: Cyril M. Tisdale

(Address): 3716 Foster ave

15 Filed DEC 23 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 21st 1927

17 I HEREBY CERTIFY, That I attended deceased from 12/21, 1927, to 12/21, 1927, that I last saw h alive on 12/21, 1927 and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Dysentery (Acute Bacillary)

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary): Acute Myocarditis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] Sewell, M. D.

12/22/27 (Address) 633 S.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Trinity Cemetery — DATE OF BURIAL: Dec 26 1927

20 UNDERTAKER: Lilly & Linde — ADDRESS: 400 E. Mosher

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28680

CERTIFICATE OF DEATH.

118 E 28680

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital 8-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Wolf

(a) RESIDENCE NO. 2400 E Lexington WARD

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Philip Wolf

6 DATE OF BIRTH (month, day, and year): [illegible] 1857

7 AGE: Years 70; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: John J Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Emma R Rowles

(Address): 1904 Eleanor

15 Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-22 1927

17 I HEREBY CERTIFY, That I attended deceased from 12-15, 1927 to 12-22, 1927 that I last saw h[illegible] alive on 12-22, 1927 and that death occurred, on the date stated above, at 3:50 p.m.

The CAUSE OF DEATH* was as follows:

Myocarditis Asthenia

Arteriosclerotic Cardiovascular Disease (duration) yrs mos ds

CONTRIBUTORY (Secondary) Lobular Bronchopneumonia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 12-15-27

Was there an autopsy? yes

What test confirmed diagnosis? Symptoms

(Signed) [illegible] M. D.

, 19 (Address) Balto City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet

DATE OF BURIAL: Dec 28 1927

20 UNDERTAKER: W M Coulson

ADDRESS: 2238 Pa Ave

Spec.—12-9-25—A Co.—200 Bks.

E 28681

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28681

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1942 Lamdale Wa St. 16-22 Ward)

2-FULL NAME John B. Kane

(a) RESIDENCE NO. 1942 W Lamdale St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E Kane

6 DATE OF BIRTH (month, day, and year) Feb 3 1856

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	71	10	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hotel

(b) General nature of industry, business, or establishment in which employed (or employer) Keeper 08

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Pa.

PARENTS

10 NAME OF FATHER Wm Kane

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Pa.

12 MAIDEN NAME OF MOTHER Mc

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Pa

14 Informant Mrs O J Beaudt

(Address) 1942 W Lamdale

15 Filed Dec 23 1927 C. HAMPSON JONES, M. D. Registrar

RPP

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Dec 20 27.

17 I HEREBY CERTIFY, That I attended deceased from Dec 1st 19 27, to Dec 20 19 27,

that I last saw h alive on Dec 20 19 27,

and that death occurred, on the date stated above, at 1:00 P m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

Angina Pectoris

(duration) _____ yrs. 1 mos. _____ ds.

CONTRIBUTORY Asthma Pulmonis

(Secondary)

(duration) 3 yrs. _____ mos. _____ ds.

18 Where was disease contracted _____

If not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) Benj C Williams, M. D.

19 27 (Address) 403 N Paca

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Taneytown Md — Date of Burial Dec 24 1927

20 UNDERTAKER H M Routson — ADDRESS 223 W North

Please call for disposal ✓

Spec.—1-10-21—M&T—1500 Bks.

E 28682 HEALTH DEPARTMENT—CITY OF BALTIMORE E 28682

161-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 Belmont Ave ST. 27-43 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Heyn

(a) RESIDENCE NO. 217 Belmont Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years Months Days If LESS than 1 day, hrs. or 5 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓ do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Clarence Wesley Heyn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Co Md.

12 MAIDEN NAME OF MOTHER Elizabeth Roth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs. Clarence Heyn

(Address) 217 Belmont Ave

15 Filed DEC 23 1927 C. HAMPSON JONES, M. D. Registrar

Pct. 2008 Prop

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 22, 1927 to Dec 22 1927

that I last saw him alive on Dec 22 1927

and that death occurred, on the date stated above, at 3.20 Am

The CAUSE OF DEATH* was as follows:

Prematue birth

3 mo intra-uterine

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) not known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) Pascal F. Rose M. D.

Dec 22 1927 (Address) 2430 Maryland 4-20

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health.

ADDRESS DEC 23 1927

Spec.—1-12-23—M&T—500 Bks.

E 28683

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28683

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adolph Thompson

(a) RESIDENCE No. 35 Turner ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant (Address) Records

15 DEC 3 1927 19 CHAMBERS S. A. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/20/1927

17

I HEREBY CERTIFY, That I attended deceased from Mar. 12, 1925, to Dec 20, 1927

that I last saw him alive on Dec. 20, 1927

and that death occurred, on the date stated above, at 11 30 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Myocarditis, chronic

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Gumeral + Sec.

(Signed) C. Holmes Boyd M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

Spec.—1-12-23—M&T—500 Blks.

E 28684

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 28684

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [redacted] ST. 15-68 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin Roberts.

(a) RESIDENCE No. 1600 W. Pulaski ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE: Years 73; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer. Odd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant

(Address) Rear 1600 W. Pulaski

Filed 2 3 1927, 19 C. HAMPSON JONES, M. D.

P. 2008 MRH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20, 1927

17 I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1924, to Dec. 20, 1927, that I last saw h[illegible]ve on Dec. 20, 1927 and that death occurred, on the date stated above, at 8:15 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis.

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? General Sab.

(Signed) C. Hampson Jones M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

BALTIMORE CITY HOSPITALS UNIVERSITY OF MARYLAND Commissioner Health DEC 29 1927

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28685

CERTIFICATE OF DEATH.

E 28685

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1610 (Street) Shakespeare ST. (Ward) 2-4

REGISTERED No. 100001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Raymond John Novak.

(a) RESIDENCE (No.) 1610 Shakespeare ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 9 - 27

7 AGE — Years: — Months: 8 Days: 13 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Michial Novak.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland.

12 MAIDEN NAME OF MOTHER: Teresa Czyzyk

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland.

14 Informant: Michial Novak

(Address) 1610 Shakespeare St

15 Filed DEC 23 1927 (By) HAMILTON JONES, M. D. Registrar

Del

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 22nd 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 18th, 1927, to Dec 22nd, 1927,

that I last saw him alive on Dec. 22nd, 1927,

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam.

(Signed) A. Fiei, M. D.

Dec. 23, 1927 (Address) 24 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary

DATE OF BURIAL: Dec 24 1927

20 UNDERTAKER: F. W. Ozazewski

ADDRESS 1930 Eastern Ave

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

28686

CERTIFICATE OF DEATH.

145 E 28686

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No.) ST. 27-41 (WARD)

2-FULL NAME Mrs. Agnes Pauly

(a) RESIDENCE NO. 3217 Kingsley St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced (or) WIFE of George Pauly

6 DATE OF BIRTH (month, day, and year) 1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Illma not given

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER " "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " Md.

14 Informant George Pauly (Address) 3217 Kingsley St

15 Filed DEC 29 1927 C. HARRISON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-21 1927

17 I HEREBY CERTIFY, That I attended deceased from 12-16, 1927, to 12-21, 1927, that I last saw her alive on 12-21, 1927 and that death occurred, on the date stated above, at 7 30 P m

The CAUSE OF DEATH* was as follows:

Generalized peritonitis

(Duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 12/16/27

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. L. Padgliacca, M. D.

, 19 (Address) St Agnes' Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Gardens DATE OF BURIAL Dec 27 1927

20 UNDERTAKER John J Cowan & Son ADDRESS 401 Hollins

28687

Spec.—6-9-19—H. P. Co.—1000 Bks.

46 E 28687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 1021 N. Fulton Ave

CITY OF BALTIMORE: (NO.) (ST.) 16-27 (WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emilie Finster

(a) RESIDENCE. NO. 1021 N Fulton Ave ST. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F.	W	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Finster

6 DATE OF BIRTH (month, day, and year) Feb. 22-1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	10	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Germany

PARENTS

10 NAME OF FATHER Fredrick Bugge

11 BIRTHPLACE OF FATHER (city or town) North (State or country) Germany

12 MAIDEN NAME OF MOTHER Marie Schroeder

13 BIRTHPLACE OF MOTHER (city or town) North (State or country) Germany

14 Informant Nicolla Forster

(Address) 1021 N. Fulton ave

15 DEC 31 1927 G. HARRY JOHNS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 23 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 10, 1926, to Dec. 23, 1927, that I last saw h alive on Dec 22, 1927, and that death occurred, on the date stated above, at 1:30 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus with metastasis

(duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Yes Section of uterus

(Signed) Robert Wilkes, M. D.

19 (Address) 2530 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Dec 26 1927

20 UNDERTAKER Harry Hewitt ADDRESS 1531 W Fayette

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28688

CERTIFICATE OF DEATH

E 28688

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 4-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Cooper

(a) RESIDENCE NO. Laurel Md St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: C

5 Single, Married, Widowed, or Divorced. (write the word): M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Married

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE — Years: 45 — Months — Days — IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor

(b) General nature of industry, business, or establishment in which employed (or employer): Railroad

(c) Name of employer

9 BIRTHPLACE (city or town): Laurel Md

(State or country)

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Md

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

14 Informant: Edward Cooper

(Address): Laurel Md

15 Filed DEC 31 1927 G. HARRY [illegible], Registrar

By ARB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: 12/22/27

17 I HEREBY CERTIFY, That I attended deceased from 12/22, 19 27, to 12/22, 19 27,

that I last saw h/M alive on 12/22, 19 27,

and that death occurred, on the date stated above, at 10 45 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory Clinical

(Signed) E. F. Lusby, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pastnew Chapel Laurel Md — Date of Burial: Dec 29 27

20 UNDERTAKER: Elwood — ADDRESS: Laurel

To be okayed by coroner

Cor.—12-9-25—A Co.—200 Bks.

E 28689

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 28689

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1803 N. Castle St., (8-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George J. Rigney

(a) RESIDENCE NO. 1803 N. Castle St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ada L. Rigney

6 DATE OF BIRTH (month, day, and year) June 12/1882

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	45	6	10	9

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer C.D.Kenny & Co.

9 BIRTHPLACE (city or town) Baltimore, Md

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) H

(State or country)

12 MAIDEN NAME OF MOTHER H

13 BIRTHPLACE OF MOTHER (city or town) H

(State or country)

14 Informant Ada L Rigney

(Address) 1803 N. Castle St

15 Filed (19) Registrar

Dec 23 1927 C. HAMPSON JONES, M. D.

By ARH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 193 Dec 21/27

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) C. H. Jones M. D.

(Coroner)

12/22/27 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery Date of Burial Dec 24 1927

20 UNDERTAKER Robt J Turner ADDRESS 1 E Broadway

Spec.—1-12-23—M&T—500 Bks.

E 28690

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12 9 E 28690

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 718 N Spring ST. 16-13 WARD)

2-FULL NAME Mary Fields

(a) RESIDENCE NO. 718 N Spring ST. WARD

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if at foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ or) WIFE of James Fields

6 DATE OF BIRTH (month, day, and year) March 20 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	9	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pocomoke City Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sallie Wright

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant James Fields 718 N Spring st

15 Filed DEC 23 1927 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 1927, to Dec 22 1927.

that I last saw h~~e~~r alive on Dec 21 1927

and that death occurred, on the date stated above, at 5 30 A.m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) yrs 3 mos ds

CONTRIBUTORY (Secondary) Parenchymatous Nephritis

& Anasarca (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. E. Godsey M. D.

12/22/1927 (Address) 1429 Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pocomoke City Md — DATE OF BURIAL Dec 24 1927

20 UNDERTAKER Mrs. Ida Snudden — ADDRESS 1508 Madison St.

Spec.—1-12-23—M&T—500 Blks.

E 28691

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129E 28691

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1632 N. Washington ST., 8-17 WARD)

2-FULL NAME Rosie M. Cullum

(a) RESIDENCE NO. 1632 N. Washington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Lee J. Cullum

6 DATE OF BIRTH (month, day, and year) Oct. 29th 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	61	1	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Henry Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Y.

12 MAIDEN NAME OF MOTHER Amison

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Y.

14 Informant Lee J. Cullum

(Address) 1632 N. Washington St.

15 FILED DEC 31 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 22nd 1927

17 I HEREBY CERTIFY, That I attended deceased from Aug 11 1927 to Dec 22 1927

that I last saw it alive on Dec 22 1927

and that death occurred on the date stated above, at 4:30 m

The CAUSE OF DEATH* was as follows: Mitral Regurgitation Chronic Nephritis Hypertension

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Fred Bruce M. D

19 (Address) 600 N. Carey St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pat Lawn Cemetery DATE OF BURIAL 12/24/1927

20 UNDERTAKER E. J. Fleming Sons - 1938 E. Lafayette Ave.

ADDRESS

Spec.—1-12-23—M&T—500 Bks.

E 28692

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28692

1-PLACE OF DEATH U.S Marine Hospital 20 1

CITY OF BALTIMORE: (No. 17-51 ST. (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Heino

(a) RESIDENCE NO. U S Marine Hospital 1 ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 13 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	4	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer S/S Albert Jefferson

9 BIRTHPLACE (city or town) (State or country) Finland

PARENTS

10 NAME OF FATHER John H. Carlson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Finland

12 MAIDEN NAME OF MOTHER Emilie Trent

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Finland

14 Informant Self

(Address)

15 Filed 1927 C. HAMPSON JONES, M.D. Registrar

Per —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 5, 1925, to Dec 20, 1927, that I last saw h— alive on Dec 20, 1927, and that death occurred, on the date stated above, at — m.

The CAUSE OF DEATH* was as follows:

Carcinoma Rectum

(duration) 1 yrs. 1 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Developed here

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings & Laboratory

(Signed) J H Booth U.S. Surgeon U.S. Public Health Service M.D.

, 19 (Address) U S Marine Hospital Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Hospital DATE OF BURIAL Dec 24 1927

20 UNDERTAKER E. L. Roy Stiffler ADDRESS 125 Scott ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28693

CERTIFICATE OF DEATH.

18-002

E 28693

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital St. 19-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H Engelhofer

(a) RESIDENCE NO. 1500 W Lexington St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 Color or Race W

5 Single, Married, Widowed, or Divorced. (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eve Klingelhofer

6 DATE OF BIRTH (month, day, and year) Dec 16-1849

7 AGE Years 78 Months Days 6 If LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) City

(State or country) Baltimore

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore

14 Informant Godfrey Klingelhofer

(Address) 1501 Lexington

12 4 1927 C. HAMPSON JONES, M. D.

Registrar

Par

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Shock. Gen. Fracture of Skull

(Duration) yrs. 8 mos. hrs.

CONTRIBUTORY (Secondary) Shock

(Duration) yrs. mos. 6 ds.

Dec 22 1927 (Signed) J C Yates M. D.

(Address) 1431 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem Date of Burial 12/24/27

20 UNDERTAKER J. C. Moran ADDRESS 320 E Baltimore

Cor.—12-9-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28694

CERTIFICATE OF DEATH.

74-001

E 28694

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE. (No.) Union Memorial (Hospital) St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James P. McGee

(a) RESIDENCE NO. 6 Fairmont Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Josephine McGee

6 DATE OF BIRTH (month, day, and year) 2-25-82

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	45	8	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Water Worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balt Md

PARENTS

10 NAME OF FATHER P. McGee

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland.

12 MAIDEN NAME OF MOTHER Elizth Cassidy

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Josephine McGee

(Address) 6 Fairmont Ave

15 Filed 1927 C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/22 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Inquest

Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows: Apoplexy

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

(Coroner)

12/24 1927 (Address) 3692 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery Date of Burial Dec. 26 1927

20 UNDERTAKER Henry Hoeck Son ADDRESS 1301 E Eager St

Spec.—1-12-23—M&T—500 Bks.

28695

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28695

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1811 N. Patterson Pk. Ave WARD) 8-16

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm E. Keller

(a) RESIDENCE NO. 1811 N. Patterson Pk Ave WARD 8

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Elizabeth A. Keller

6 DATE OF BIRTH (month, day, and year): Nov 12 1880

7 AGE — Years: 47 — Months: 1 — Days: 10 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Electrician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

029

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Wm Keller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Katharine Eberle

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Elizabeth A. Keller

(Address): 1811 N. Patterson Ave

15 Filed 12 4 1927 19 C. HAMPSON JONES, M. D. Registrar

Dist ... Reg. No. ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 23 19 27

17 I HEREBY CERTIFY, That I attended deceased from January, 1927, to Dec. 23, 1927.

That I last saw him alive on Dec. 22, 1927,

and that death occurred, on the date stated above, at 10:05 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) ? yrs. — mos — ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis Laboratory and Clinical exam.

(Signed) C. W. Hoffman, M. D.

12/23 1927 (Address) 8 East Read St.

*State the Disease Causing Death, or in deaths from Violent Causes, (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: Dec. 26 19 27

20 UNDERTAKER: Zilly & Zeiler — ADDRESS: 408 W Mulberry

Spec.—7-17-26—A Co.—200 Bks.

E 28696

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 28696

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital 6-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernard Michael

(a) RESIDENCE NO. 945 N Patterson Pk Ave St. 8 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of anna Michael

6 DATE OF BIRTH (month, day, and year) Feb. 1888

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min..
39	10	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER John T. Michael

11 BIRTHPLACE OF FATHER (City or town) Balto. Md.

(State or country)

12 MAIDEN NAME OF MOTHER Margt. Klug

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md.

(State or country)

14 Informant anna Michael (Wife)

(Address) 945 N. Patterson Pk Ave

15 Filed DEC 24 1927 C. HAMPSON JONES, M. D. Registrar

Pw

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1927 12/22

17 I HEREBY CERTIFY, That I attended deceased from 12/19, 1927, to 12/22, 1927, that I last saw h/m alive on 12/22, 1927, and that death occurred, on the date stated above, at 10:00 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis with Uraemia

Uremia (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Uremia

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Laboratory

(Signed) H. H. Lusby, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery Date of Burial Dec 26 1927

20 UNDERTAKER Lilly & Zeiler ADDRESS 403 S. Wolfe St

Spec.—1-12-23—M&T—500 Blks.

E 28697

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28697

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1006 E. Preston St. 10-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas J. Mullen

(a) RESIDENCE NO. 1006 E. Preston ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Mullen (nee Lunin)

6 DATE OF BIRTH (month, day, and year) Feb. 11, 1858

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	10	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Boiler Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Wm Mullen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Lunin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Mary E. Mullen

(Address) 1005 E. Preston St.

Filed DEC 24 1927, C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22, 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1927, to Dec 22, 1927, that I last saw him alive on Dec 21, 1927, and that death occurred, on the date stated above, at 7:30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage from arteriosclerosis

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical test.

(Signed) J. Lee Hagner, M. D.

12/23, 1927 (Address) 1206 E. Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Our Cathedral Cem

DATE OF BURIAL Dec 28 1927

20 UNDERTAKER Elmer W. Conklin

ADDRESS 824 E. Eager St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28698

CERTIFICATE OF DEATH.

129 E 28698

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 926 Bevan St. 23-31 Ward)

2-FULL NAME John C. Schemm

(a) RESIDENCE NO. 926 Bevan St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 80 yrs. 3 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frances H. Schemm

6 DATE OF BIRTH (month, day, and year): Sept. 13 - 1847

7 AGE: Years 80 | Months 3 | Days 10 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md.

PARENTS

10 NAME OF FATHER: Peter Schemm

11 BIRTHPLACE OF FATHER (city or town): Ger.

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Unknown

(State or country)

14 Informant: Mrs. Schemm.

(Address): 926 Bevan

15 C. HAMPSON JONES M. D.

Registrar

Dec 24 1927

Per ARB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: 12 - 23 - 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 18, 19 27, to Dec 23, 19 27, that I last saw him alive on Dec 23, 19 27, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows: Chronic valvular heart disease

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic int. nephritis with hypertension

(duration) unknown yrs. mos. ds.

18 Where was disease contracted? —

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Exam. of Pat

(Signed) Howard Fuller, M. D.

12/28, 19 27 (Address) 1314 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Schwartz's Cem. Date of Burial: 12/26 1927

20 UNDERTAKER: I. Frew McCully ADDRESS: 130 E. Fort

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28699

1-PLACE OF DEATH

CERTIFICATE OF DEATH

12-50 129

E 28699

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) West Baltimore General Hospital (Ward)

2-FULL NAME William Fred. Schulze

(a) RESIDENCE No. 103 W. 34th. ST. WARD Rosedale

(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 56 yrs. ? mos. ? ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Carrie W. Schulze

6 DATE OF BIRTH (month, day, and year): Oct. 1871

7 AGE: Years 56 Months ?2 Days ? If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Gottlieb Schulze

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Miss Schneider

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Carrie W. Schulze (Relationship) wife.

(Address) 103-E-25-St-City

Filed DEC 24 1927 C. HARRISON JONES, M.D., Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 22 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 17, 1927, to Dec. 22 1927, that I last saw him alive on Dec. 22, 1927, and that death occurred, on the date stated above, at 6.25 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Hypertensive Cardio Vascular Disease

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clin. Exam

(Signed) Louis T. Levy M. D.

12/22/1927 (Address) W. Balto General Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Dec 24, 1927

20 UNDERTAKER: Stewart & Co. — ADDRESS: 108 W. Mulberry

Spec.—1-12-23—M&T—500 Bks.

20 E-46 28700 HEALTH DEPARTMENT—CITY OF BALTIMORE E 28700

CERTIFICATE OF DEATH.

32

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSP ST. 5-8 WARD)

2-FULL NAME Chauncey Diggs

(a) RESIDENCE NO. 344 Forest Street ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, ~~Married, Widowed,~~ or ~~Divorced,~~ (write the word): Child

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2-23-23

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
4/12	4	9	29

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Clinton Diggs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Georgia Diggs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Parents

(Address) JOHNS HOPKINS HOSP

Filed DEC 24 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec-22 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec-12, 1927, to Dec-22, 1927, that I last saw h[illegible] alive on Dec-22, 1927, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Tuberculous meningitis

(duration) yrs. mos 14 16 dys

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Symptoms, findings & autopsy

(Signed) J. H. Bonduel, M. D.

Dec 22, 1927 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Md.

DATE OF BURIAL: Dec 24 1927

UNDERTAKER: Mrs. R. G. Elliott

ADDRESS: 1925 Eastern Ave

Spec.—7-17-26—A Co.—200 Bks.

E 28701

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28701

CERTIFICATE OF DEATH

129

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No.) 4202 (Street) Groveland Ave 28-63

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Carr

(a) RESIDENCE NO. 4202 Groveland Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, ~~Widowed~~, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 10/1848

7 AGE: 79 Years 11 Months 13 Days If LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Co.

PARENTS

10 NAME OF FATHER: Jesse Carr

11 BIRTHPLACE OF FATHER (City or town) (State or country): Balto Co

12 MAIDEN NAME OF MOTHER: Frank Deaver

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co

14 Informant: Margaret M Merriken (Address) 4202 Groveland Ave

DEC 24 1927

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 23 1927

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1924, to Dec 23, 1927, that I last saw h[illegible] alive on Dec 23 1927, and that death occurred, on the date stated above, at 6.30 P.M.

The CAUSE OF DEATH* was as follows:

arterio sclerosis—
myocarditis
Chronic interstitial nephritis
(duration) about 2½ yrs. mos. ds.

CONTRIBUTORY (Secondary) arteriosclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Physical

(Signed) Walter S Tuttle M. D.

(Address) 2220 Garrison Ave

Dec 23/27

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem. Date of Burial: Dec 24 1927

UNDERTAKER: Wilhelm Co ADDRESS: 502 E Balto

Spec.—1-12-23—MAT—500 Bks.

E 28702 HEALTH DEPARTMENT—CITY OF BALTIMORE E 28702

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. BALTIMORE CITY HOSPITALS ST. 1-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Stutman

(a) RESIDENCE NO. 230 E Madison ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 5. 1906

7 AGE: Years 21 Months 3 Days 18 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Factory work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Wm. Stutman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Rose Suttles

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Friends.

15 Filed DEC 24 1927 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/20/1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 22, 1927 to Dec 23, 1927

that I last saw h[illegible] alive on Dec 23, 1927.

and that death occurred, on the date stated above, at 9. 40 A m.

The CAUSE OF DEATH* was as follows:

Interstitial nephritis, acute & chronic.

Empiseal as.

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? General + Gal

(Signed) C. Stevens Young M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel — DATE OF BURIAL: 12/29 1927

UNDERTAKER: [illegible] — ADDRESS: 502 E Watch

Spec.—1-12-23—M&T—500 Blks.

E 28703 · HEALTH DEPARTMENT—CITY OF BALTIMORE · E 28703

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST., 1-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Wessner.

(a) RESIDENCE NO. 602 S. Port ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Elizabeth B. Wessner

6 DATE OF BIRTH (month, day, and year) Dec 3, 1870

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	0	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer) O H O

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Geo. Wessner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Records.

15 Filed DEC 24 1927 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/23/ 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 22, 1927 to Dec 23, 1927, that I last saw him alive on Dec 23, 1927 and that death occurred, on the date stated above, at 11:50 A m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 2 ds

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? General + Sub -

(Signed) C. Harold Lund, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer.

UNDERTAKER J. McCosh

DATE OF BURIAL 12/27, 1927

ADDRESS 502 E Fort Ave

Spec.—8-24-14—M. & T.—2000 Bks.

E 28704 HEALTH DEPARTMENT—CITY OF BALTIMORE E 28704

CERTIFICATE OF DEATH.

REGISTERED NO. C 1547

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Belvedere Ave. Lakeland ST. 25th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie V. Lathe.

(Residence in Baltimore: No. Belvedere Ave. St.: ....yrs., ...mos. ....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, April 5, 1867. (Month) (Day) (Year)

7-AGE. 60 yrs. 8 mos. 18 da. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer). Home

9-BIRTHPLACE, (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. Edward Harvey

11-BIRTHPLACE OF FATHER (State or Country). Baltimore,

12-MAIDEN NAME OF MOTHER. Caroline Collins

13-BIRTHPLACE OF MOTHER (State or Country). New Orleans,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos. H. Collins

(Address) Lakeland Md.

DEC 24 1927 Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 23, 1927. (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Dec 22 1927, to Dec 23 1927.

That I saw her alive on Dec 22 1927.

And that death occurred, on the date stated above, at 1 00 A.m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac decompensation

(Duration) ....yrs. ....mos. 1 da.

CONTRIBUTORY (Secondary) Chronic Endocarditis (Duration) ? yrs. ....mos. ....da.

(Signed) H. Lawrence Wheeler M. D.

Dec 23, 1927 (Address) Lakeland, Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Westlawn

DATE OF BURIAL, Dec 26, 1927

20-UNDERTAKER [illegible]

ADDRESS 502 E. Lafayette Ave

Spec.—1-12-23—M&T—500 Bks.

E 28705 HEALTH DEPARTMENT—CITY OF BALTIMORE E 28705

CERTIFICATE OF DEATH. X 100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSP ST. 1-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorey Thornrose

(a) RESIDENCE NO. Salem, Ohio ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col-

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of M

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE: 35 (Years / Months / Days / If LESS than 1 day, hrs. or min.)

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): S C.

PARENTS

10 NAME OF FATHER: Simon Dunlap

11 BIRTHPLACE OF FATHER (city or town) (State or country): South Carolina

12 MAIDEN NAME OF MOTHER: Maggie Tolbert

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant: Records

(Address): JOHNS HOPKINS HOSP

15 Filed 4 1927 — C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec-22 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec-9, 1927, to Dec-22, 1927, that I last saw h[illegible] alive on Dec 22, 1927 and that death occurred, on the date stated above, at 8:40 a m

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Ulcerative Colitis, Chronic.

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home & Hosp.

Did an operation precede death? Yes Date of Dec 17, 1927

Was there an autopsy? Yes

What test confirmed diagnosis? X-Ray.

(Signed) Raymond Wing. M. D.

12-22-1927 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Riverside S E — DATE OF BURIAL: 12/24/27

20 UNDERTAKER: Joseph Ahrens — ADDRESS: 221 Bway

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28706

E 28706

CERTIFICATE OF DEATH

161-00

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. 432 Mchester ave St. 12-50 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter S Furlong Father
Theresa M Furlong Mother

(a) RESIDENCE NO. 432 Mchester ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 12-23-27

7 AGE Years _____ Months _____ Days _____ IF LESS than 1 day _____ hrs. or _____ min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Walter S Furlong

11 BIRTHPLACE OF FATHER (City or town) Baltimore
(State or country)

12 MAIDEN NAME OF MOTHER Theresa M Furlong

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14 Informant Father
(Address)

15 FILED 2-4 1927 C. HAMPSON JONES, M. D. Registrar

By _____ 2009

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-23 19 27

17 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____,

that I last saw h____ alive on _____, 19____,

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

retained placenta
(four and half months)

_____ (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY none
(Secondary)

_____ (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? clinical symptoms

(Signed) _____, M. D.

12-23, 1927 (Address) _____

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL _____ Date of Burial _____ 19

20 UNDERTAKER _____ ADDRESS _____

UNIVERSITY OF MARYLAND.

Commissioner Health.

DEC 23 1927

BY A. E. WOODALL

Spec.–7-17-26—A Co.—200 Bks.

E 28707

HEALTH DEPARTMENT—CITY OF BALTIMORE

29 E 28707

CERTIFICATE OF DEATH

1-PLACE OF DEATH University Hospital — REGISTERED NO.

City of BALTIMORE: (No. Lombard & Greene St. 25-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Raymond Truett

(a) RESIDENCE NO. Black Sox Baseball Park near Mt. Winans St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 Color or Race Colored

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1907

7 AGE 20 Years Months Days IF LESS than 1 day ....hrs. or ....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Automobile Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer) Automobile

(c) Name of employer

9 BIRTHPLACE (city or town) Norfolk, Va

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Hospital Record

(Address)

15 Filed DEC 24 1927 — C. Harrison Jones, M.D. Registrar

2010

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1927, to Dec 19, 1927, that I last saw him alive on Dec 19, 1927, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Tetanus

(duration) yrs. mos. ds.

CONTRIBUTORY Tetanus
(Secondary)

(duration) yrs. mos. 13 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Hubert E Rehfuss M. D.

Dec 19, 1927 (Address) University Hosp. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19 DEC 23 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND

Commissioner Health

Per. Wm. S. McDOWELL

Spec.–7-17-26—A Co.—200 Bks.

E 28708

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 28708

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE. (No.) 214 S Chester St. (Ward) 2-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Lee Brownback

(a) RESIDENCE NO. 214 S Chester St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 23 1878

7 AGE: Years 49 Months 4 Days 1

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Paper Hanger

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Walter Brownback

11 BIRTHPLACE OF FATHER (City or town) (State or country): Pennsylvania

12 MAIDEN NAME OF MOTHER: Matilda Maxwell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Matilda Brownback (Address) 214 South Chester

15 Filed 4 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 24th 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 19th, 1927, to Dec 24th, 1927, that I last saw h[e] alive on Dec 23rd, 1927, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF ~~DEATH~~* was as follows:

Mitral Insufficiency

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Herman F. Gurney, M. D.

Dec 24 1927 (Address) 1900 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — Date of Burial 12/27 1927

20 UNDERTAKER: William Cook — ADDRESS 502 E North Ave

Spec.-7-17-26—A Co.—200 Bks.

28709

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28709

CERTIFICATE OF DEATH

× 129

4-30

REGISTERED NO.

1-PLACE OF DEATH Univ Hospital

City of BALTIMORE: (No.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Randolph Laye.

(a) RESIDENCE NO. Street, Maryland St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Mal	white	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Nora Laye.

6 DATE OF BIRTH (month, day, and year) Sept 22 1885

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	42 years.	3	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland

(State or country)

PARENTS

10 NAME OF FATHER John C Laye

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Margt Snyder

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Edw C Laye

(Address) Street Md

Registered 1927

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24 1927

I HEREBY CERTIFY, That I attended deceased from Dec 22, 1927, to Dec 24, 1927, that I last saw h[illegible] alive on Dec 24, 1927 and that death occurred, on the date stated above, at 3.45 a m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

Aortic left sided hemiplegia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis & Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Angel Hill Cem Harford Co Md Grace

Date of Burial 12-27 1927

20 UNDERTAKER Herbert S Bailey

ADDRESS Darlington Md.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28710

161-001 E 28710

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St. 7-13 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Weinstein

(a) RESIDENCE NO. Sinai Hospital St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. 1 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) December 21, 1927

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
			One	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Louis Weinstein

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Ida Eagen

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Hospital Records

(Address)

Filed DEC 25 1927 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 22, 1927 19

17 I HEREBY CERTIFY, That I attended deceased from 12/21 1927, to 12/22, 1927, that I last saw him alive on 12/22, 1927, and that death occurred, on the date stated above, at 6.45 a.m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm Schuman, M. D.

Dec 22 1927 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Date of Burial

New Southern Dec 25 1927

20 UNDERTAKER: S. Levinson Bro. ADDRESS 1127 E. Balto. St.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28711

E 28711

CERTIFICATE OF DEATH.

38

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 226 N. Gilmor St. ST. 14-27 WARD)

2-FULL NAME Harry Planter Coulbourn

(a) RESIDENCE NO. 226 N. Gilmor St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Marrix Merlie Coulbourn

7 DATE OF BIRTH (month, day, and year) Oct. 15, 1888

8 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	39	2	7	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Al Julian Cr

10 BIRTHPLACE (city or town) (State or country) Sumerset Co. Md

PARENTS

10 NAME OF FATHER Geo. Coulbourn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Margurite More

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Geo. Coulbourn (Bro)

(Address) 515 N. Gilmor

DEC 25 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 22, 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1927, to Dec 22, 1927, that I last saw him alive on Dec. 22nd 1927 and that death occurred, on the date stated above, at 12 - noon

The CAUSE OF DEATH* was as follows:

Mitral Ins.

(duration) yrs. 6 mos ? ds.

CONTRIBUTORY (Secondary) Broken Compensation

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? At place of Death.

Did an operation precede death? No Date of No.

Was there an autopsy?

What test confirmed diagnosis? Physical Exam.

(Signed) Walter J. Jackson, M. D.

, 19 (Address) 163 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Calvary

DATE OF BURIAL 12-26 1927

20 UNDERTAKER Joseph A Lively

ADDRESS 409 W Monument

Spec.—1-12-23—M&T—500 Bks.

Pagano
Baltimore

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28712

CERTIFICATE OF DEATH.

113 E 28712

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 218 Albemarle ST. 3rd WARD)

2-FULL NAME Grace L La Monica

(a) RESIDENCE NO. 218 Albemarle ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 13 1927

7 AGE	Years	Months	Days 11	If LESS than 1 day, hrs. or min.
		3	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Laurance La Monica

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Rose Guarella

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Anthony Guarella (Address) 218 S Albemarle St

15 Filed DEC 25 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 24, 1927

17

I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1927, to Dec. 24, 1927, that I last saw her alive on Dec. 23, 1927, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Convulsions

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Indigestion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. L. Passano, M. D.

12-24, 1927 (Address) 514 Drury Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Dec 26 1927
20 UNDERTAKER	ADDRESS
Kendall Riggs	831 S Arm

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28713

CERTIFICATE OF DEATH.

7

E 28713

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1251 N Bond ST. 21-29 WARD)

2-FULL NAME David E James

(a) RESIDENCE NO. 1251 N Bond ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 22 1924

7 AGE: Years 3; Months; Days 7; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: David James

11 BIRTHPLACE OF FATHER (city or town) (State or country): Kentucky

12 MAIDEN NAME OF MOTHER: Ella Hale

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: David James

(Address): 1251 N Bond St

15 Filed Dec 25 1927, 19 Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 23rd 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 15th, 1927, to Dec 23, 1927, that I last saw h[illegible] alive on Dec 23rd, 1927, and that death occurred, on the date stated above, at 3:00 P m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Measles

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M C Faulconer for F E Foulkrod M. D.

12-27-1927 (Address) 1201 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery

DATE OF BURIAL: 12/28 19 27

20 UNDERTAKER: Forget & Sally

ADDRESS: Salem & Fayette

Spec.—1-12-23—M&T—500 Bks.

Shubraey.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28714

CERTIFICATE OF DEATH.

135 E 28714

1-PLACE OF DEATH

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto City Hospital ST. 6-9 WARD)

2-FULL NAME James Shubraey

(a) RESIDENCE No. 810 N Castle ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Katharine Shubraey

6 DATE OF BIRTH (month, day, and year): Dec 4 1857

7 AGE: Years 70; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sailor

(b) General nature of industry, business, or establishment in which employed (or employer): 080

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Bohemia

PARENTS

10 NAME OF FATHER: Wm Shubraey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemia

14 Informant: Katharine Shubraey

(Address) 810 N Castle

15 Filed 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-23 1927

17 I HEREBY CERTIFY, That I attended deceased from 12-8 1927 to 12-23 1927

that I last saw alive on 12-23 1927

and that death occurred, on the date stated above, at 6.30 p m.

The CAUSE OF DEATH* was as follows:

Benign Prostatic Hypertrophy

Chronic Urinary Retention

(duration) Unknown yrs.

CONTRIBUTORY (Secondary): Anemia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 12-10-27

Was there an autopsy? No

What test confirmed diagnosis? Cystoscopy & Prostatectomy

(Signed) Blackwell, M. D.

, 19 (Address) Balto City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Dec 26 1927

20 UNDERTAKER: Geo L Crack Son — ADDRESS: 1916 Eastern Ave

Spec.—1-12-23—M&T—500 Bks.

E 28715

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12 E 28715

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5613 Govane Ave. ST. 27-48 (WARD)

2-FULL NAME Nellie Feistel

(a) RESIDENCE NO. 5613 Govane Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. J. Feistel

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Wash. D. C.

PARENTS

10 NAME OF FATHER Thos. Wolfe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Edw. Feistel

(Address) 5613 Govane Ave

15 Filed 25 1927 19.. CHARLES JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23 1927

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1926, to Dec 23, 1927, that I last saw h[illegible] alive on Dec 23, 1927, and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Cirrhosis of Liver

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Ry Eichter M.D.

, 19.. (Address) 704 Cathedral St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL Dec. 26-27

20 UNDERTAKER Rita Friedfeld

ADDRESS 914 Greenmount Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28716

CERTIFICATE OF DEATH.

E 28716

90

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 533 N. Kenwood Ave ST. 6-11 WARD)

2-FULL NAME Catherine Endruck

(a) RESIDENCE NO. 533 N. Kenwood Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 53 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William Endruck

6 DATE OF BIRTH (month, day, and year): June 15 1848

7 AGE: Years 79 Months 6 Days 8 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

000

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Michael Burns

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Sheedy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Margaret Bush

(Address) 533 N. Kenwood Ave

DEC 25 1927

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 23 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1927, to Dec. 23, 1927, that I last saw h[illegible] alive on Dec. 23, 1927, and that death occurred, on the date stated above, at 11.20 a.m.

The CAUSE OF DEATH* was as follows:

Senile Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Oedema of lungs

(duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm. McNutt, M. D.

12/24, 1927 (Address) 701 N. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Peter's Cemetery

DATE OF BURIAL: Dec. 26 1927

20 UNDERTAKER: William G. Schaefer

ADDRESS: 1816 Monument St

Spec.—1-12-23—M&T—500 Bks.

E 28717

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1827 E 28717

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 426 E. Lafayette Ave (ST.) (WARD) 9-14

2-FULL NAME Annie M. Bennett

(a) RESIDENCE NO. 426 E Lafayette Ave ST.

(Usual place of abode) WARD

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Phillip Allen Bennett

7 DATE OF BIRTH (month, day and year): Dec 23 - 1840

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	87	1	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Osceola Mills Pa

10 NAME OF FATHER: William Milstead

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Mary Hammill

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

PARENTS

14 Informant: Peyton P. Bennett

(Address) 426 E Lafayette ave.

15 Filed DEC 25 1827 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Dec 23 - 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 13 1927 to Dec 23 1927, that I last saw h[er] alive on Dec 23 1927 and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

1 Fracture L. Femur

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary): none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical Symptoms

(Signed) Wm Pearce, M. D.

12-24, 1927 (Address) 1 E Mt Vernon Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ivy Hill Cem Laurel Md — DATE OF BURIAL: 12/26 1927

20 UNDERTAKER: Chas S. Evans & Son — ADDRESS: 1100 Mt Royal Ave

Spec.—7-17-26—A Co.—200 Bks.

Conn.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28718

CERTIFICATE OF DEATH

× 118-002

E 28718

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. University Hospital St. 4-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vera Lou Conn

(a) RESIDENCE NO. 83 Dundalk ave, Dundalk, md. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 mos. 1 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Feb 18 1927

7 AGE: Years | Months: 10 | Days: 6

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED: none

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Dundalk, Md

(State or country)

PARENTS

10 NAME OF FATHER: George Conn

11 BIRTHPLACE OF FATHER (City or town): Pima

(State or country)

12 MAIDEN NAME OF MOTHER: Nellie Warner

13 BIRTHPLACE OF MOTHER (City or town): W Va

(State or country)

14 Informant: George Conn

(Address) RFD Dundalk Line

15 Filed: C 25 1927

19 HAMPSON JONES, Registrar

By KMC

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-24-27 19

17 I HEREBY CERTIFY, That I attended deceased from 12-24-27 19 , to 12-24-27 , 19 ,

that I last saw h alive on 12-24-27 , 19 ,

and that death occurred, on the date stated above, at 8 30 A m.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction

(Intussusception + Volvulus

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Shock

24 hrs (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 12-24-27

Was there an autopsy? No

What test confirmed diagnosis? Confirmed at Operation

(Signed) A. V. Luckett M. D.

19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Morgantown W Va

Date of Burial: 12-28-27

20 UNDERTAKER: Joseph A Farley

ADDRESS: Fulton & Lafayette

Cer.—11-2-26—A Co —200 Bks.

Yokel

E 28719

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 28719

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1724 Linden Ave St. 14-22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Yokel

(a) RESIDENCE NO. 1724 Linden Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary A Frederick Yokel

6 DATE OF BIRTH (month, day, and year) January 20 - 1856

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	71	11	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Vice President & Gen Mgr

(b) General nature of industry, business, or establishment in which employed (or employer) Commonwealth Trunk

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Antony Yokel

11 BIRTHPLACE OF FATHER (city or town)

(State or country) not known

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) not known

14 Informant Mrs L H Stone

(Address) Baltimore Md.

DEC 26 1927 Filed

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broken Compensation

(duration) yrs. mos. ds.

Dec 22 1927 (Signed) Geo Chunn Blades M. D.

(Coroner)

(Address) 143 W Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
New Cathedral Cem	12-26 1927

UNDERTAKER Henry W. Jenkins Sons Co

ADDRESS Orchard Ine Calhoun

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28720

CERTIFICATE OF DEATH.

+ 31

E 28720

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. BALTIMORE CITY HOSPITALS ST. 26-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Hunt

(a) RESIDENCE NO. Middle River ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ?. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	single

5a If married, widowed, or divorced HUSBAND of or) WIFE of Annie M. B Hunt

6 DATE OF BIRTH (month, day, and year) ? 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Don't Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Don't Know

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Don't Know

14 Informant (Address) Records

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/22/1927

17

I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1927, to Dec 22, 1927, that I last saw h[illegible]live on Dec. 22, 1927, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis.

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical & Gen.

(Signed) C. Harold Gough, M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem. DATE OF BURIAL Dec 26 27

20 UNDERTAKER Samuel Easton & Son ADDRESS 916

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28721

CERTIFICATE OF DEATH.

74-001

E 28721

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2051 Gough ST. 24 WARD)

2-FULL NAME Annie Pachulska

(a) RESIDENCE NO. 2051 Gough ST., 2 WARD

(Usual place of abode)

Length of residence in city or town where death occurred ½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Vincenti Pachulska

6 DATE OF BIRTH (month, day, and year) July 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer Self Balto.

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER John Kwiroz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Vincent Pachulski (Address) 2051 Gough St

15 Filed ..., 19... [illegible] Registrar

DEC 26 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 30, 1927, to Dec 27, 1927, that I last saw h[illegible] alive on Dec 23, 1927 and that death occurred, on the date stated above, at 6:40 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. 1 mos 27 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. 1 mos. 27 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Geo. H. Keller, M. D.

(Address) 1937 Gough St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary — DATE OF BURIAL: Dec 27 — 1927

20 UNDERTAKER: J. W. Brzowski — ADDRESS: 1930 Eastern Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28722

CERTIFICATE OF DEATH.

E 28722

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1529 N. Broadway ST., 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph H. Dorsey

(a) RESIDENCE NO. 1529 N. Broadway ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine M. Dorsey

6 DATE OF BIRTH (month, day, and year): Jan 3 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	4	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Passenger

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Joseph Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Catherine Dorsey 1529 N. Broadway

15 [illegible] Registrar

C 26 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 23 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1927, to Dec 23, 1927.

that I last saw h— alive on Dec 23, 1927.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows: Cancer of Stomach

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) , M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: 12/26/1927

20 UNDERTAKER: J. A. Moran

ADDRESS 3000 E. Balto.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28723

CERTIFICATE OF DEATH.

74-001

E 28723

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 108 E. - 25th St. 12-50 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna E. Chilcoat

(a) RESIDENCE NO. 108 E. - 25th St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced (or) WIFE of: Edward E. Chilcoat

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years 76; Months; Days; IF LESS than 1 day ...hrs. or ...min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Va

PARENTS

10 NAME OF FATHER: Richard Merryman

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Balto Co

12 MAIDEN NAME OF MOTHER: Rebecca Gorsuch

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Md

14 Informant: Mr. George Chilcoat

(Address) 2208 Brookfield Ave

15 Filed DEC 28 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 23rd 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 19, 1927, to Dec 23, 1927, that I last saw her alive on Dec 20, 1927, and that death occurred, on the date stated above, at 5 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edwin K. Ballard, M. D.

Dec 24 1927 (Address) 1622 Mt Royal Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Date of Burial: Dec 26 1927

20 UNDERTAKER: A. S. Marshall ADDRESS: 357 Gallard

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28724

CERTIFICATE OF DEATH.

129 E 28724

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1732 N. Fulton Ave ST., 15-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Ann Rinehart

(a) RESIDENCE NO. 1732 N. Fulton Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Rinehart

6 DATE OF BIRTH (month, day, and year): Sept. 20 1846

7 AGE — Years: 81 — Months: 3 — Days: 5 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): New Market Md.

PARENTS

10 NAME OF FATHER: Fredk. Rinehart

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Elizabeth Trout

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 25 1927

17

I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1927, to Dec 25, 1927.

that I last saw h[illegible] alive on Dec. 24, 1927.

and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Chr. Nephritis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary): Chr. Myocarditis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Geo. E. Shannon, M. D.

, 19 (Address) 708 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant: Miss A. Genevieve Reinhart

(Address) 1232 N. Fulton Ave.

15 Filed [illegible] Registrar

DEC 26 1927

PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cem.

DATE OF BURIAL: Dec 27 1927

20 UNDERTAKER: Frederick Md

ADDRESS: 10 N. Market Square North Side

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28725 E 28725

CERTIFICATE OF DEATH.

129

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1445 Patapsco ST. 24-33 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John F. Easter

(a) RESIDENCE NO. 1445 Patapsco ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct. 1872

7 AGE: Years 55 | Months 2 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labour

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

040

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: John Easter

11 BIRTHPLACE OF FATHER (city or town) (State or country): City

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 27 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1 1927 to Dec. 22 1927.

that I last saw h alive on 12/22 1927.

and that death occurred, on the date stated above, at 4 30 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 2 yrs. 2 mos. — ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) — yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Hinkinger M. D.

, 19 (Address) 1848 Aliceanna

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant (Address) John Easter 1445 Patapsco St.

15 Filed 1927 Registrar

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dulaney Hill Cemetery

DATE OF BURIAL: 12/26 1927

20 UNDERTAKER: E. J. Fanning & Son

ADDRESS: 1140 Battery Ave.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28726

CERTIFICATE OF DEATH.

90

REGISTERED E 28726

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 125 Albemarle St. 5-8 Ward)

2-FULL NAME Barbora Seskauskas

(a) RESIDENCE NO. 125 Albemarle St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. ds. How long in U. S., if of foreign birth? 3 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) No. 1880

7 AGE 47 Years — Months Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work No.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Lithvania

(State or country)

PARENTS

10 NAME OF FATHER No.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Lithvania

12 MAIDEN NAME OF MOTHER No.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Lithvania

14 Informant John Seskauskas

(Address) 125 Albemarle St.

12-26 1927 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Broken Compensation (Duration) mos. 1 ds.

Dec 24 1927 Signed G. C. Yates M. D.

19 Address 143 E. Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

Holy Redeemer Dec. 27. 1927

20 UNDERTAKER — ADDRESS

John Grebliauskas 14 Adj S Paca St

Spec. -7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28727

CERTIFICATE OF DEATH

10-002

E 28727

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Sydenham Hospital 16-7b Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarence A. Hardy

(a) RESIDENCE NO. 615 N Carrollton Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 12, 1925

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	12	1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Thomas A. Hardy

11 BIRTHPLACE OF FATHER (City or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Pauline Barrow

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant Pauline Hardy (Address) 615 N. Carrollton Ave

15 Filed DEC 26 1927 19 C. H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 25 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 25, 1927, to Dec 25, 1927, that I last saw him alive on Dec 25, 1927, and that death occurred, on the date stated above, at 10:30 p. m.

The CAUSE OF DEATH* was as follows:

Nasal, Tonsillar & Pharyngeal Diphtheria

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted Home

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G. Tull, M. D.

12/26 1927 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem Date of Burial 12/26/27

20 UNDERTAKER [illegible] ADDRESS [illegible]

Very Important. See instruction on back of certificate.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28728

CERTIFICATE OF DEATH.

90 E 28728

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 218 Madison ave S 11-24 WARD)

2-FULL NAME Mrs Ida Doyle

(a) RESIDENCE NO. 218 West Saddle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Harry Doyle

6 DATE OF BIRTH (month, day, and year) April 5, 1858

7 AGE	Years	Months	Days	If LESS than 1 day hrs or min.
69	69	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Geo. E. Dentel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Sara A. Dandy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Harry Doyle

(Address) 218 Madison Ave

15 Filed 26 1927, 19 Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 25 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 22 1927 to Dec 25 1927, that I last saw h[illegible] alive on Dec 22 1927, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

1 mo (duration) yrs mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

1 mo (duration) yrs mos ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) C Blumlein Jr M. D.

, 19 (Address) 240 N Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL 27 Dec, 1927

20 UNDERTAKER Josiah Syfer — ADDRESS 1600 W. North Ave

Spec.—1-12-23—M&T—500 Bks.

Watson

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28729

CERTIFICATE OF DEATH.

160

REGISTERED NO. E 28729

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 215 N. Appleton St. (Ward) 18-76

2-FULL NAME Alexander Watson

(a) RESIDENCE No. 215 N Appleton ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 15, 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	—	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work nil

(b) General nature of industry, business, or establishment in which employed (or employer) nil

(c) Name of employer nil

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Alexander Watson

11 BIRTHPLACE OF FATHER (city or town) Suffolk Va

(State or country)

12 MAIDEN NAME OF MOTHER Margaret Baskerville

13 BIRTHPLACE OF MOTHER (city or town) Dyken Va

(State or country)

14 Informant Margaret Watson

(Address) 215 N. Appleton st.

15 Dec 26 1927, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/24/27

17 I HEREBY CERTIFY, That I attended deceased from dec 8 , 1927 to dec 24 , 1927

that I last saw he alive on dec 24, 1927

and that death occurred, on the date stated above, at 2:40 P.M.

The CAUSE OF DEATH* was as follows:

Malnutrition

(duration) — yrs. — mos. 9 ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. — mos. 9 ds.

18 Where was disease contracted if not at place of death? nil

Did an operation precede death? nil Date of —

Was there an autopsy? —

What test confirmed diagnosis? nil

(Signed) Allgwell Ward M. D.

, 19 (Address) 119 A Caroline Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary cem. DATE OF BURIAL Dec 29 1927

20 UNDERTAKER Mrs. R. A. Elliott ADDRESS 172 Ashland Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28730
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

27 E 28730
REGISTERED NO.

CITY OF BALTIMORE; (No. Balto City Hospitals ST., 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Chaucourt

(a) RESIDENCE NO. 1214 N Caste St. (1714 N Caste St) ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edwin Chaucourt

6 DATE OF BIRTH (month, day, and year): July 24, 1897

7 AGE: Years 28; Months 5; Days 3; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Wm Wirth

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto, Md

12 MAIDEN NAME OF MOTHER: Martha Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Martha A Wirth (Address) 1714 N Caste St

15 Filed 2-6 1927, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-24 1927

17 I HEREBY CERTIFY, That I attended deceased from 12-12- , 1927, to 12-24 , 1927, that I last saw h[illegible] alive on 12-24 , 1927, and that death occurred, on the date stated above, at m

The CAUSE OF DEATH* was as follows:

Hypopneumonia Left

[illegible] ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) [illegible] M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Lebanon — DATE OF BURIAL: 1/29 1927

20 UNDERTAKER: [illegible] — ADDRESS: 502 E North Ave

Spec.—1-12-23—M&T—500 Bks.

205069

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28731

E 28731

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 24-33 WARD)

2-FULL NAME Wilbur Coursey

(a) RESIDENCE NO. 108 E. Clement ST. WARD Brady 11

(Usual place of abode)

Length of residence in city or town where death occurred 5+ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna B Coursey

6 DATE OF BIRTH (month, day, and year): March 13 1859

7 AGE: Years 68 Months 9 Days 17 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Cornish Sta Co 006

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: J. H. Coursey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: M. Higgins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): JOHNS HOPKINS HOSPITAL

15 Filed DEC 26 1927 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 24 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1927, to Dec 25, 1927, that I last saw h[illegible] alive on Dec 25, 1927 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma Prostate

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Uraemia

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? Maryland

Did an operation precede death? Yes Date of 11/30/27

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Robert Hunter Dan, M. D.

12/28, 1927 (Address) John Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: 12/28 1927

20 UNDERTAKER: [illegible]

ADDRESS: 5[illegible] E Balto Md

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28732

CERTIFICATE OF DEATH.

66

E 28732

1 PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE: (No. 617 S. Fremont St. 12-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thos McG Noughton

(a) RESIDENCE NO. 617 S. Fremont St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male — 4 Color or Race: White — 5 Single, Married, Widowed, or Divorced, (write the word): Divorced

If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Soldier Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Canadian Army

9 BIRTHPLACE (city or town): Baltimore Md

(State or country)

10 NAME OF FATHER: John McNoughton

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Ella Crown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Maryland

PARENTS

14 Informant: Mac F. Pressler

(Address) 117 Longwood St

15 Filed 12 6 1927 — C. Hyson Jones, M. D. Registrar — By [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Alcoholism

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 1 ds.

Dec 26 27 (Signed) C. C. Jones M. D.

(Address) 143 W. Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — Date of Burial 12/27 1927

20 UNDERTAKER: Ulm Co 16 — ADDRESS 501 E. North Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28733

CERTIFICATE OF DEATH.

89

E 28733

1-PLACE OF DEATH

City of BALTIMORE: (No. 5112 Centre Ave St. Govans 27-48 Ward

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Howard Rowtson

(a) RESIDENCE NO. 5112 Centre Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: Pearl Rowtson

6 DATE OF BIRTH (month, day, and year): Nov. 19-1872.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	55	1	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Insurance Agent

(b) General nature of industry, business, or establishment in which employed (or employer): Insurance. 086

(c) Name of employer: Eureka Maryland Life Insurance Co.

9 BIRTHPLACE (city or town): East Berlin

(State or country): Pa,

- PARENTS

10 NAME OF FATHER: Albert J. Rowtson

11 BIRTHPLACE OF FATHER (city or town): East Berlin

(State or country): Pennsylvania.

12 MAIDEN NAME OF MOTHER: Eliza Brown.

13 BIRTHPLACE OF MOTHER (city or town): Hampstead

(State or country): Maryland.

14 Informant: Pearl Rowtson

(Address): 5112 Centre Ave

15 Filed DEC 26 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec-25. 1927.

17 I HEREBY CERTIFY, That I attended deceased from July 6- 1925, to December 25- 1927, that I last saw him alive on 12- 20- 1927, and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) 2 yrs. 5 mos. 19 ds.

CONTRIBUTORY (Secondary): Hypertension

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs & Symptoms

(Signed) Chester Riland, M. D.

(Address) 12-25, 1927.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lonaconing Cem't Date of Burial Dec. 28 1927.

UNDERTAKER: William Cook

ADDRESS: 502 E Baltimore

Spec.—1-12-23—M&T—500 Bks.

E 28734 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28734

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 12-51 WARD)

2-FULL NAME Clarence E. Shaffer jr

(a) RESIDENCE No. 4612 Bernard ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Baby

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Oct. 2/1926.

7 AGE: Years: 14 mos / Months: 2 / Days: 23 / If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md Balto.

PARENTS

10 NAME OF FATHER: Clarence Shaffer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Libby Haberle

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed DEC 26 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 25 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 17, 1927, to Dec 25, 1927, that I last saw him alive on Dec 25, 1927 and that death occurred, on the date stated above, at 1130 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Lobar

(duration) ..... yrs. ..... mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J S Hart M. D.

12/25 1927 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Hampden. DATE OF BURIAL: 12/27. 1927.

20 UNDERTAKER: J Walter Davis ADDRESS: 330 Paine St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28735
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

185 ✓

REGISTERED NO. E 28735

City of BALTIMORE: (No. St. Joseph Hospital St. 813 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Virginia Gittings

(a) RESIDENCE NO. 1628 East Biddle St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
F	W	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home duties

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER Edward Gittings

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Eugene W. Hodson

(Address) 810 W. North Ave

15 Filed (Day) 1927 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 25/27

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Failure-(Chr Myocarditis 14 Yrs)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Accidently fell down stair Nov 19/27- Frac femur(neck)

(duration) yrs. mos. ds.

(Signed) J. T. Bailes M. D.

(Coroner)

12/26/27 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem. Date of Burial Dec 27 1927

20 UNDERTAKER Peter C. Mitchell & Sons ADDRESS 1900 Eutaw Place

Spec.—1-10-21—M&T—1500 Blks.

E 28736 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. × 129 E 28736

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO.) 604 Calverton Road WARD 64

2-FULL NAME Margaret A. Kane

(a) RESIDENCE NO. Havre de grace ST., WARD Maryland

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas J Kane

6 DATE OF BIRTH (month, day, and year) April 25 1859

7 AGE: Years 68 Months 6 Days 29 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer: at home

9 BIRTHPLACE (city or town) (State or country): Penna.

PARENTS

10 NAME OF FATHER: Patrick Donnelly

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Ann Mackin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Thomas J Kane (Address) Havre De Grace Md

15 Filed: C 26 1927 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-24-1927

17 I HEREBY CERTIFY, That I attended deceased from 10.1. 1927 to 12-24 1927 that I last saw h[illegible] alive on 12.24, 1927 and that death occurred, on the date stated above, at 3.50 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) Dont Know ds.

CONTRIBUTORY (Secondary) Uremia (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical - Laboratory Test

(Signed) Edward Norris, M. D.

12/26/1927 (Address) 107 East west St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Havre de Grace Md

DATE OF BURIAL: 12-27-1927

UNDERTAKER: Earl B Hoke

ADDRESS: 1152 West St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28737

CERTIFICATE OF DEATH.

25-001 25 E 28737

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincent Inf Asylum ST. 14-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas S arada

(Residence in Baltimore: No. 20 Vincents Infants Home St.; 2 yrs., 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, child WIDOWED, OR DIVORCED, (Write the word.)

6-DATE OF BIRTH, November (Month), (Day) 1925 (Year)

7-AGE, 2 yrs. 1 mos. ds.

If LESS than 1 day, ...hrs. or ....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Thomas Sarada

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER Eleanor Johnson

13-BIRTHPLACE OF MOTHER (State or Country) Jersey City, N J

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Catherine Superior

(Address) St Vincents Infants Home

15-

Filed DEC 26 1927 191.. HARRY JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 23 (Day), 1927 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 21 1927, to Dec 23 1927, that I saw h[illegible] alive on Dec 22 1927, and that death occurred, on the date stated above, at 8:00 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Bronchial

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Septicemia Acute

(Duration) yrs. mos. 4 ds.

(Signed) [illegible] M. D.

Dec 23, 1927 (Address) Medical Arts Bldg.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL, Dec 29.., 1927.

20-UNDERTAKER Martin Paley & Sons

ADDRESS 1827 N North

Spec.—12-9-25—A.C.—200 Blks.

E 28738

HEALTH DEPARTMENT—CITY OF BALTIMORE

106-001 ✓

CERTIFICATE OF DEATH.

E 28738

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St. 6-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Sherman

(a) RESIDENCE NO. 145 N Montford Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White (Jewish)

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12-23-27

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Edward Sherman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Evelyn Wegad

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Hosp. Records

(Address)

Filed DEC 26 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 December 24 - 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 23, 19 27, to Dec 24, 19 27, that I last saw h.. alive on Dec 24, 19 27, and that death occurred, on the date stated above, at 10 p. m.

The CAUSE OF DEATH* was as follows:

Hemorrhage of the New Born

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinic

(Signed) Wm Schuman, M. D.

Dec 26 1927 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Workmen Circle Hebrew Int Carmel Date of Burial 12-26 1927

20 UNDERTAKER: Jack Lewis ADDRESS 1439 E. Balt.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28739

CERTIFICATE OF DEATH.

47

E 28739

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) City Hospital, St. 16 22 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rachel Sims

(a) RESIDENCE NO. 1127 N Gilmor St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: 1885

6 DATE OF BIRTH (month, day, and year): June 4 - 1885

7 AGE: Years 42 Months 6 Days 22 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) A. A. Co. Md.

(State or country)

PARENTS

10 NAME OF FATHER Peter Watts

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Prince George Co

12 MAIDEN NAME OF MOTHER Louisa Brown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ct. A. Co. Md.

14 Informant Pelligrino Watts

(Address) A. A. Co. Md

15 Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(duration) 1 yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) & Exhaustion

(duration) yrs. mos. 1 ds.

(Signed) C. C. Yates M. D.

(Official) 28/7 19 (Address) 1436 N Gray

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Dec 26 1927

20 UNDERTAKER Virginia A Brooks ADDRESS 1463 N. Carey St

Spec.—1 10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28740

CERTIFICATE OF DEATH.

90

REGISTERED NO. E 28740

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1370 Hanover St., 23 (Ward) 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carl Gleth

(a) RESIDENCE No. 1370 Hanover St., 23 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2 - 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	52	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 062

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Sabina Gleth (Address) 44 S. Washington St.

15 Filed 12/26 19 27 (Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23 1927

17

I HEREBY CERTIFY, That I attended deceased from Dec 21 1923 to Dec 23 1927.

that I last saw him alive on Dec 23 1927.

and that death occurred, on the date stated above, at 6.30 P.M.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos 2 ds.

CONTRIBUTORY (secondary) Arteriosclerosis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. [illegible] M. D.

(Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Mem

DATE OF BURIAL 12/26 1927

UNDERTAKER J. F. Daly & Sons

ADDRESS 1814 Eutaw Pl

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28741
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90 E 28741
REGISTERED NO.

CITY OF BALTIMORE: (NO. 1739 Jefferson ST. 6-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Geo. W. Stahl

(a) RESIDENCE NO. 1739 Jefferson ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lulu Stahl

6 DATE OF BIRTH (month, day, and year) Sept 7. 1866

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
61	3	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sheet Metal & Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Snyder
(Address) 414 N Bakewood Ave

15 Filed DEC 26 1927 H.M. [illegible] Registrar
Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 26, 1927, to Dec 26, 1927, that I last saw h[illegible] alive on Dec 26, 1927, and that death occurred, on the date stated above, at 10 am m. The CAUSE OF DEATH* was as follows:

Mitral Regurgitation
Decompensated
(duration) yrs. mos 20 ds.

CONTRIBUTORY (Secondary) Acute Dilation of Heart
(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? None

What test confirmed diagnosis? Community Hospital

(Signed) [illegible] M. D.

12/28/27 (Address) 2813 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bethel Cemetary — DATE OF BURIAL Dec 28 1927

20 UNDERTAKER E Hunt Harr — ADDRESS Jonestown Md

Cor. 12-8-25 A-Co.—200 Blks.

E 28742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 188-007

E 28742

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Wd. Gen. Hosp. 11-24 Ward)

2-FULL NAME James S. Moon

(a) RESIDENCE NO. West Minster Md. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 9 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Francis Moon (nee Reed)

6 DATE OF BIRTH (month, day, and year) Feb 3, 1903

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	24	10	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Auto Driver

(b) General nature of industry, business, or establishment in which employed (or employer) 61

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) W Va.

PARENTS

10 NAME OF FATHER James M. Moon

11 BIRTHPLACE OF FATHER (city or town)

(State or country) W Va.

12 MAIDEN NAME OF MOTHER Effie Meyers

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) W Va.

14 Informant Wm E. Moon

(Address) 2nd Erie Pa.

Filed DEC 26 1927 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 25, 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull (Fell off motor cycle) (duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) accidental (duration) yrs. mos. ds.

(Signed) J. T. Hanna M. D. (Coroner)

Dec 26, 1927 (Address) 167 Edwards

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Clarksburg W Va. Date of Burial Dec 26 1927

20 UNDERTAKER Harry T Hutzler ADDRESS 153 W Lanvale

31

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28743

CERTIFICATE OF DEATH.

E 28743

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1902 Wilhelm ST., 20-28 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha Schaltzky.

(a) RESIDENCE No. 1902 Wilhelm ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Anthony Schaltzky

6 DATE OF BIRTH (month, day, and year): Jan 27 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	10	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Guembel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Neighbor Address: 1902 Wilhelm St.

15 Filed DEC 27 1927 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 24 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 15 1927 to Dec 25 1927.

that I last saw h[illegible] alive on Dec 24 1927

and that death occurred, on the date stated above, at 7.00 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia Influenza

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis and Senility (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Edward L. Lenz M. D.

Dec 27 1927 (Address) 107 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery DATE OF BURIAL: Dec 29 1927

20 UNDERTAKER: Harry A. Wetzler ADDRESS: 453 Forest Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28744

CERTIFICATE OF DEATH.

101 E 28744

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1319 West ST. 9-18 WARD)

2-FULL NAME Margaret Clark

(a) RESIDENCE NO. 1319 West ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or ~~divorced~~

~~HUSBAND~~ of

(or) WIFE of Widowed John E. Clarke

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER James Connelly

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Rose Sullivan

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant Mrs. Peter Connelly (Address) 411 Fallsway

15 Filed 12/27/1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/24/1927

17 I HEREBY CERTIFY, That I attended deceased from 12/24, 1927, to 12/24, 1927, that I last saw h[er] alive on 12/24, 1927, and that death occurred, on the date stated above 10.20 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Bernard Wall, M. D.

12/27, 1927 (Address) 914 E Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Dec. 27, 1927.

20 UNDERTAKER Martin Bickey & Sons — ADDRESS 1827 N. North Ave.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28745

CERTIFICATE OF DEATH.

E 28745

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No.) 27-54 ST., (WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Margaret Reynolds

(a) RESIDENCE NO. 140 Belvedere Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ed. Reynolds

6 DATE OF BIRTH (month, day, and year): 1865

7 AGE: Years 62 | Months — | Days — — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): N.J.

PARENTS

10 NAME OF FATHER: not given

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: Ed. Reynolds

(Address) 140 Belvedere Ave City

15 Filed DEC 27 1927 H. A. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-26 1927

17 I HEREBY CERTIFY, That I attended deceased from 11-25, 1927, to 12-26, 1927,

that I last saw her alive on 12-26, 1927

and that death occurred, on the date stated above, at 2 40 P m

The CAUSE OF DEATH* was as follows:

Carcinoma of breast

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary): Broncho-pulmonia, (duration) yrs mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 12/26/27.

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frances L. Dalaplaine M. D.

, 19 (Address) St Agnes' Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Elizabeth N.J.

DATE OF BURIAL: Dec. 28, 1927

20 UNDERTAKER: Martin Fahey & Sons

ADDRESS: 1827 W. Fayette

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28746

CERTIFICATE OF DEATH

24-001

E 28746 REGISTERED NO.

27-53

1-PLACE OF DEATH

City of BALTIMORE: (No. 204 Goodwood Gardens St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Williar Baldwin

(a) RESIDENCE NO. 204 Goodwood Gardens St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. 4 mos. 14 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of Julia Bartlett Baldwin

6 DATE OF BIRTH (month, day, and year) August 11th 1872

7 AGE 55 Years 4 Months 14 Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Insurance Broker

(b) General nature of industry, business, or establishment in which employed (or employer): Insurance Broker

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Silas Baldwin, MD

11 BIRTHPLACE OF FATHER (City or town) Balto.

(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary E. Williar

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Md.

14 Informant Julia B. Baldwin

(Address) 204 Goodwood Gardens

15 Filed DEC 27 1927 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 December 25th 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 30 1927 to Dec 25 1927 that I last saw h[illegible] alive on Dec 25 1927 and that death occurred, on the date stated above, at 1-45 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1½ days.

CONTRIBUTORY (Secondary) General Arterio-Sclerosis

(duration) 9 yrs. 11 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Conversation - Coma

(Signed) H. Gibson Porter, M. D.

(Address) 422 Roland Ave

12/25 1927

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem — Date of Burial: Dec 27 1927

20 UNDERTAKER: Henry Jenkins Sons — ADDRESS: Cleland & Goodwood

Very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

28747

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 28747

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt City Hospital) 15-22 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elias Poiello

(a) RESIDENCE No. 1353 N Calhoun ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced (write the word) Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 29-1857

7 AGE Years 70 Months 8 Days 25

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd Jobs

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Wm A. Bright

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Eliza Ann Powell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Lucy J Day

(Address) 1353 N. Calhoun

DEC 27 1927

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-24 1927

17 I HEREBY CERTIFY, That I attended deceased from 11-2 1927 to 12-24 1927

that I last saw him alive on 12-24 1927

and that death occurred, on the date stated above, at 8:30 A.M.

The CAUSE OF DEATH* was as follows: Enterocolitis Cardiovascular Disease

CONTRIBUTORY (Secondary) Senile Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

(Address) Balt City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem

DATE OF BURIAL Dec 27 1927

UNDERTAKER Wm H. Edwards Son

ADDRESS 1402 Pitcher

Cor.—12-3-25—A Co.—200 Bks.

E 28748

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

185

E 28748

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Conway

(a) RESIDENCE NO. 3264 Hoffman St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5y yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 10-1869 (a. 27)

7 AGE: Years 3-6 Months 11 Days 13. IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country)

PARENTS

10 NAME OF FATHER Henry Conway

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Lubman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Mary Conway

(Address) 324 W. Hoffman

Filed 27 1927 (Signature) [illegible] M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 27 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: }

Pneum. Hyp.

accident - Fell in bed

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Dec 26 1927 (Signed) [signature] M. D. (Coroner)

(Address) 1639 Bruce

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary — Date of Burial: Dec. 27, 1927

20 UNDERTAKER: Mrs. R. A. Elliott — ADDRESS: 1725 Ashland Av

Spec.—1-12-23—M&T—500 Blks.

E 28749 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3 | E 28749

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., H 11-24 WARD)

2-FULL NAME Leona Markle

(a) RESIDENCE NO. 1118 McCulloh St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: ?

6 DATE OF BIRTH (month, day, and year) Autumn 1898

7 AGE: Years 29; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waitress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Arkansas

PARENTS

10 NAME OF FATHER: John Fenty

11 BIRTHPLACE OF FATHER (city or town) (State or country): Arkansas.

12 MAIDEN NAME OF MOTHER: Nate Stewart

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Arkansas.

14 Informant: Hospital Records

(Address)

15 Filed DEC 27 1927 C. Ross Rapp, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 24 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1927, to Dec 24, 1927, that I last saw her alive on Dec 24, 1927, and that death occurred, on the date stated above, at 8 0 m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) C. E. Madden M. D.

(Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary Cem. | DATE OF BURIAL: Dec. 27 1927

20 UNDERTAKER: Mrs. R. G. Elliott | ADDRESS: 1725 Ashland Ave

Spec.–7-17-26—A Co.—200 Bks.

E 28750

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 28750

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 713 N. Fulton Ave St. 16-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Emily Lucy Lloyd.

(a) RESIDENCE NO. 713. N. Fulton Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race White

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of William J. Lloyd.

6 DATE OF BIRTH (month, day, and year) April 14 = 1853

7 AGE

Years	Months	Days	IF LESS than 1 day ..hrs. or min..
72.	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer ✓

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Jacob Lang.

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Louisa Reddinger

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Lucie E. Degwald

(Address) 713 Fulton ave

15 Filed DEC 27 1927 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) DEC. 24 1927

17 I HEREBY CERTIFY, That I attended deceased from June 18, 1927, to DEC. 24, 1927, that I last saw her alive on DEC 22, 1927, and that death occurred, on the date stated above, at 7.45a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

CONTRIBUTORY (Secondary) (duration) ✓ yrs. 5 mos. ✓ ds. Nephritis Chronic.

(duration) 3 yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No. Clinical methods

What test confirmed diagnosis?

(Signed) George L. Shannon, M. D.

12/24 1927 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — Date of Burial 12/27 1927

20 UNDERTAKER: Leopold Cook — ADDRESS 1003 W. Baltimore St

Very Important. For Instructions on Back of This Certificate

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28751

E 28751

CERTIFICATE OF DEATH.

REGISTERED NO. 179

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No.) 328 Fayette & Calhoun ST. (WARD) 18

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Verna Chance

(a) RESIDENCE NO. 1079 W. Fayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. nos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Dec. 2nd 1918

7 AGE: Years 9 Months Days 23 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School- Girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER William H. Chance

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Verna Cleary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Mrs Verna Chance

(Address) 1079 West Fayette St.

15 Filed DEC 27 1927 Registrar

Dr. Thos. D. Morton Jr. 2a 26/27

Coroner 3rd Dist.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 25 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1927, to Dec. 25, 1927, that I last saw her alive on Dec. 25, 1927, and that death occurred, on the date stated above, at 12:30 P.M.

The CAUSE OF DEATH* was as follows:

Shock

over

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) 2nd degree Burns Entire Body accidental

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? 1079 W. Fayette St.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Grant M. Hall, M. D.

, 19 (Address) Franklin Sq Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cem

DATE OF BURIAL Dec 27" 1927

20 UNDERTAKER Joseph B Cook

ADDRESS 1003 N Calh

Spec.—1-12-23—M&T—500 Blks.

E 28752

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

118-021 E 28752

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto General Hospital (Street) 5358 (WARD)

2-FULL NAME Samuel Levy

(a) RESIDENCE NO. 2472 Keyworth ave ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Levy

6 DATE OF BIRTH (month, day, and year) January 15 1888

7 AGE	Years	Months	Days	If LESS than 1 day hrs or min
	39	4	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Lena Levy
(Address) 2472 Keyworth ave

15 Filed Dec 27 1927 19 [illegible] Registrar.

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 26 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1927, to Dec. 26, 1927, that I last saw h[illegible] alive on Dec. 26, 1927 and that death occurred, on the date stated above, at 11:40 A. M.

The CAUSE OF DEATH* was as follows:

Indirect Incomplete inguinal hernia (right) — chronic tonsillitis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 1½ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Dec. 24, 1927

Was there an autopsy? No

What test confirmed diagnosis? Clinical + operative

(Signed) Paul Schenker, M. D.

, 19 (Address) West Balto. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Harmony Rem

DATE OF BURIAL 12/ , 19 27

20 UNDERTAKER Jack Levin

ADDRESS 1434 Bank St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28753

CERTIFICATE OF DEATH.

101-001

E 28753
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 102 W. York St. 22-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Philip Carter. (C)

(a) RESIDENCE NO. 102 W. York St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. ------- How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Single.

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	28	---------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Virginia.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Do not know.

14 Informant Hester Emerson. (C)
(Address) 700 N. Charles St.

15 Filed DEC 27 1927 H. R. Ridgely Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 28 1927. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto Kirchardt M. D.
(Coroner)

12/26 1927 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the state yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Ch Date of Burial 19

20 UNDERTAKER J. H. Braun & Son ADDRESS

Spec.—1-12-23—MAT—500 Bks.

E 28754 HEALTH DEPARTMENT—CITY OF BALTIMORE

153 E 28754

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hospital (WARD) 20

2-FULL NAME Gertrude Adams

(a) RESIDENCE No. 716 Eutaw St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE Years 44 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Henry Kelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Eliz Meshin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Wesley Coleman

(Address) 416 Eutaw St.

15 Filed DEC 27 1927 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-22-1927

17 I HEREBY CERTIFY, That I attended deceased from 12-7- 1927 to 12-22 1927

that I last saw her alive on 12-22 1927

and that death occurred, on the date stated above, at 6

The CAUSE OF DEATH* was as follows:

Cellulitis Rt Back

Sepsis Staph Streptococcus

Suggested (non Diabetic)

CONTRIBUTORY (Secondary) Streptococcus Septicemia (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) [illegible] M. D.

(Address) Balto City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount

DATE OF BURIAL Dec 27 1927

20 UNDERTAKER J. H. Bacon & Son

ADDRESS 1101 N. Monroe

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28755

CERTIFICATE OF DEATH.

179

E 28755

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital St. No 2 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Fisher

(a) RESIDENCE NO. 100 S Bouldee St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 5 mos. 0 ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced (write the word): S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jul 13 1924

7 AGE: Years 3 Months 5 Days 10 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) City

(State or country)

PARENTS

10 NAME OF FATHER Charles Fisher

11 BIRTHPLACE OF FATHER (City or town) City

(State or country)

12 MAIDEN NAME OF MOTHER Margaret Davis

13 BIRTHPLACE OF MOTHER (City or town) City

(State or country)

14 Informant (Address) Chas. Fisher 100 S. Bouldee St.

15 Filed 27 1927 C. M. [illegible] Registrar. By [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 24 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:

Doc Mitchell

Multiple Injuries

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Shock

(Duration) yrs. mos. 1 ds.

Oct 26 1927 (Signed) G. C. Yates M. D.

(Coroner)

(Address) 143 W Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. Date of Burial 11/27/27

20 UNDERTAKER J. A. Brown ADDRESS E. Biddle

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28756

CERTIFICATE OF DEATH.

24-001

E 28756

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3005 Walbrook Ave St., 15-67 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jeremiah A. Reehling

(a) RESIDENCE NO. 3005 Walbrook Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 4 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lilly S. Reehling

6 DATE OF BIRTH (month, day, and year) Mar. 20-1859

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	68	4	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Construction Foreman

(b) General nature of industry, business, or establishment in which employed (or employer) Gen'l Construction

(c) Name of employer Stone & Webster

9 BIRTHPLACE (city or town)

(State or country) Md

PARENTS

10 NAME OF FATHER Julius Reehling

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Eliza Jacobs

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Lilly S. Reehling

(Address) 3005 Walbrook Ave

15 Filed 19 Registrar

Plat

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 25 192 7

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. ds.

(Signed) J. C. Stevens M. D.

(Coroner)

(Address) 25 72 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Freedom Cem. Pa. Date of Burial Dec 29 19 27

20 UNDERTAKER Harry W. Ehlen ADDRESS 944 W. North Ave

DEC 27 1927 [illegible] Registrar

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28757

CERTIFICATE OF DEATH.

31 E 28757

REGISTERED NO.

1-PLACE OF DEATH U. S. Marine Hospital #9

CITY OF BALTIMORE: (No.) 31 22nd Remington Ave (St.) 10-14 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Bowden

(a) RESIDENCE No. Central Ave Monument St (St.) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 5 mos. 4 ds. How long in U. S., if of foreign birth? 13 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Mar 3, 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	9	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer) Deck hand

(c) Name of employer S/S Santore

9 BIRTHPLACE (city or town) (State or country) Central America

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Central America

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Central America

14 Informant Self

(Address)

Filed 1-27 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/24/1927

17 I HEREBY CERTIFY, That I attended deceased from 7/27/1926 to 12/24/1927

that I last saw living on 12/24/1927

and that death occurred, on the date stated above, at 1:45 A m.

The CAUSE OF DEATH* was as follows:

(a) Tuberculosis, Pulmonary

(b) Chronic Active

(c) Tuberculous Lymphadenitis

(d) Tuberculous Spinal (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No. What test confirmed diagnosis? Laboratory X Ray

(Signed) Ralph Carter M. D.

17-1-28 (Address) U.S. Marine Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dr Mary's Hampden — DATE OF BURIAL: Jan 27 1928

20 UNDERTAKER E LeRoy Stiffler — ADDRESS 125 Franklin ave

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28758

CERTIFICATE OF DEATH.

101-09

E 28758

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2328 Milliman St, ST. 7-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy Caroline Eliason,

(a) RESIDENCE NO. 2328 Milliman St ST., 7 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of James E Eliason

6 DATE OF BIRTH (month, day, and year) April 5 1867

7 AGE Years	Months	Days 16	If LESS than 1 day, hrs. or min.
60	8	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Owen Longville

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Don't know

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant James E Eliason

(Address) 2328 Milliman St

15 Filed Dec 27 1927 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) DEC 25 1927

17

I HEREBY CERTIFY, That I attended deceased from Dec 20, 1927, to Dec 25, 1927, that I last saw her alive on Dec 24 1927 and that death occurred, on the date stated above, at 2 45 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical, Microscopic

(Signed) [illegible] M. D.

Dec 27 1927 (Address) 330 N E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem

DATE OF BURIAL Dec 29 27

20 UNDERTAKER John Ullrich

ADDRESS 2008 Aisquith

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28759

CERTIFICATE OF DEATH.

101-E 28759

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 147 (St.) Augusta Ave (Ward) 21

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucy A. Lange.

(a) RESIDENCE No. 147 St. Augusta Ave Ward

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry J. Lange.

6 DATE OF BIRTH (month, day, and year): Dec. 3, 1863

7 AGE — Years: 64 Months: 0 Days: 21 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Cambridge Mass.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): England.

12 MAIDEN NAME OF MOTHER: Sarah Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Canada

14 Informant (Address): Henry J. Lange 147 Augusta ave

15 Filed DEC 27 1927 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 24 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 19, 1927, to Dec 24, 1927, that I last saw her alive on Dec 24, 1927 and that death occurred, on the date stated above, at 10.30 a m

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency

(duration) indefinite yrs. mos. ds.

18 Where was disease contracted if not at place of death? 147 Augusta Ave

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinically

(Signed) Frederick T. Kyper M. D.

, 19 (Address) 3321 Fredericks Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: Dec 26 1927

20 UNDERTAKER: Margaret G. Flynn — ADDRESS: 14th & Light Sts.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28760

CERTIFICATE OF DEATH.

90 E 28760

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 424 N Fosse St. 17-25 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fredrick Miskey

(a) RESIDENCE NO. 424 N Fosse St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years: about 63; Months; Days; IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Phila

(State or country): Pa

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Unknown

14 Informant: John Farrell

(Address): 101 N. Appleton St

Filed DEC 27 1927 HAMILTON J. O'NEILL, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 25 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to Inquest death on the day stated above.

The CAUSE OF DEATH* was as follows: Mitral Stenosis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. 1 ds.

(Signed) C. C. Cradock M. D.

(Address) 143 N. Gay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the state ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem.

Date of Burial: Dec. 27

20 UNDERTAKER: Margaret E. Flynn

ADDRESS: Harlight

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28761

CERTIFICATE OF DEATH.

161-002 E 28761

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST. 2748 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Dale Fahrni

(a) RESIDENCE NO. 312 Edgecroft ST., ... WARD ...

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 17 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 25, 1927

7 AGE — Years — Months — Days If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: John T. Fahrni

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Maryland

12 MAIDEN NAME OF MOTHER: Agnes Mercedes Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant (Address): John T. Fahrni 312 Edgecroft Rd.

15 Filed DEC 27 1927 HARRY J. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 25 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1927, to Dec 25 1927, that I last saw h[illegible] alive on Dec. 25 1927, and that death occurred, on the date stated above, at 8 P M.

The CAUSE OF DEATH* was as follows: Intra-Cranial Hemorrhage

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Premature birth

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? None.

What test confirmed diagnosis? Suspected

(Signed) Thomas F. Fahrni M. D.

, 19 (Address) 775 N. Monroe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem.

DATE OF BURIAL: 12/27 1927

20 UNDERTAKER: Elias R. Mills & Son

ADDRESS: 118 W. Mt. Royal Ave.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28762

CERTIFICATE OF DEATH.

160

E 28762

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 5439 Bland (St.) 12-9-25

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Georgeie F. Herd

(a) RESIDENCE NO. 5439 Bland St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 19-27

7 AGE: Years — Months: 3 — Days: 6 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baby

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: J. Herd

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md

12 MAIDEN NAME OF MOTHER: Addie Byers

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md

14 Informant: Addie Herd

(Address): 5439 Bland St

15 Filed 12 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/25 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Marasmus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) M. D. (Coroner)

12-26 1927 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's Hanover Date of Burial Dec 27 1927

20 UNDERTAKER: [illegible] ADDRESS [illegible]

Spec.—1-10-21—M&T—1500 Bks.

28763

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 28763

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Franklin Square Hosp.

CITY OF BALTIMORE: (No. Calhoun & Fayette ST. 21-29 WARD)

2-FULL NAME Franklin Marshall

(a) RESIDENCE NO. 781 Washington Blvd ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Louise Marshall

6 DATE OF BIRTH (month, day, and year) August 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records

(Address)

Filed DEC 27 1927 F. HARRISON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24 1927

17

I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1927, to Dec 24, 1927,

that I last saw h[illegible] alive on Dec. 24, 1927,

and that death occurred, on the date stated above, at 11:40 A m.

The CAUSE OF DEATH* was as follows:

Chronic diffuse nephritis with uremia

(duration) Several hrs. yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Elizabeth Sherman, M. D.

, 19 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem. DATE OF BURIAL 12/27 1927

20 UNDERTAKER Harry A. Witzke ADDRESS 1514 Lombard St.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28764

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST., 7-12 WARD)

REGISTERED NO. 28764

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Fugate

(a) RESIDENCE No. 224 E. Biddle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 26 1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
9 mos.	0	9	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Elmer A Fugate

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Florence Morgan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Elmer A Fugate

(Address) 224 E Biddle St

15 Filed JAN 27 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/26/27 19

17

I HEREBY CERTIFY, That I attended deceased from 12/13/27, 19, to 12/26/27, 19, that I last saw h alive on 12/26/27, 19, and that death occurred, on the date stated above, at 7:15 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Empyema

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 12/26/27

Was there an autopsy? No

What test confirmed diagnosis?

Herman Bosley M.D.

(Signed) M. D.

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL 12/29 1927

UNDERTAKER J M Cook

ADDRESS 502 E Monument

E 28765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

26-29

E 28765

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 221 S. Highland St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... C. F. Williams Stahl

(Residence in Baltimore: No. Severna Park Anne Co. St.; yrs.....mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~, (~~Write~~ the word.): Married

6-DATE OF BIRTH: August (Month) 3 (Day) 1874 (Year)

7-AGE: 53 yrs. 4 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Grocery
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS

10-NAME OF FATHER: Frederick Stahl

11-BIRTHPLACE OF FATHER, (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Caroline Millhard

13-BIRTHPLACE OF MOTHER, (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Carrie Stahl

(Address) Severna Park

15-

Filed ..... 1927 C. HAMILTON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 25 (Day) 192 7 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) Yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) Yrs. mos. 1 ds.

Dr. Jeffrey C. Slade M. D.

(Address) 1736 Bway

*State (the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Oak Lawn DATE OF BURIAL: ..... 19..

20-UNDERTAKER: Geo R Little ADDRESS

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

66

E 28766

CERTIFICATE OF DEATH.

REGISTERED E 28766

1-PLACE OF DEATH

City of BALTIMORE: (No. Alley in the rear of Light & Wells Sts. St. 24-34 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Lacker.

(a) RESIDENCE NO. 1836 Byrd St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. 2 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) September 27, 1902

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	25	2	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Joseph Lacker.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Marie Matzler.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany.

14 Informant Joseph Lacker. (brother)

(Address) 1836 Byrd St.

15 Filed DEC 27 1927 19 Thos. J. Kelly M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 24, 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M Steinhardt M. D. (Corner)

12/27 1927 (Address) 1017 N Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem. Date of Burial 12/28 1927

20 UNDERTAKER J. F. McAuley ADDRESS 130 E Fay

Spec.—1-12-23—M&T—500 Bks.

E 28767

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28767
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. BALTIMORE CITY HOSPITALS ST. WARD)

2-FULL NAME Wesley McCutcheon

(a) RESIDENCE NO. 1308 W. Gilmor ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	?

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ? 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) South Carolina

PARENTS

10 NAME OF FATHER [illegible] McCutcheon

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Carolina

12 MAIDEN NAME OF MOTHER Dora ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) South Carolina

14 Informant
(Address) Daniels

15 Filed DEC 27 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/24/1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 16, 1927, to Dec 24, 1927, that I last saw h[illegible]live on Dec 24, 1927 and that death occurred, on the date stated above, at 1:30 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic
Hypertension
Cerebrovascular

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis General & Sect

(Signed) C. Holmes Boyd M. D.
, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Dec 27 1927
20 UNDERTAKER	ADDRESS
Daniel Gordon	Balto

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28768

38

CERTIFICATE OF DEATH

REGISTERED E 28768

1-PLACE OF DEATH

City of BALTIMORE: (No. 1507 N. Baker St. 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Phillip Booze

(a) RESIDENCE NO. 1507 N Baker St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: Col.

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henrietta Booze

6 DATE OF BIRTH (month, day, and year): 3/17/1861

7 AGE: Years 66 Months 9 Days 6 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer-Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Md

(State or country)

PARENTS

10 NAME OF FATHER: Henry Booze

11 BIRTHPLACE OF FATHER (City or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: Watson

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: Mary Matthews

(Address) 1507 Baker St.

15 Filed . 19

DEC 27 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/24/19 27

17 I HEREBY CERTIFY, That I attended deceased from 12/20/19 27 to 12/24/19 27

that I last saw h alive on 12/23/19 27

and that death occurred, on the date stated above, at 2:30 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Acute

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Chronic

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) M. D.

12/26/19 27 (Address) 708 Sharp St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

Date of Burial: Dec 27 19 27

20 UNDERTAKER: Daniel Easton & Bro

ADDRESS 216

Very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28769

CERTIFICATE OF DEATH.

21

E 28769

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. 20-28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Edward Wingen

(a) RESIDENCE NO. 628 S. Payson St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 3/27

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
		1	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Percy Wingen

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Mary Lee Gravgatte

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Mother Mary Wingen

(Address) 628 S Paysonst

15 Filed C. [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26/27

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Erysipelas - peritonitis

(Autopsy at Hopkins)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. S. Collins M. D.

(Coroner)

12/26/27 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet Date of Burial Dec 27 1927

20 UNDERTAKER George J Smith ADDRESS Hollins

Spec.—1-12-27—M&T—500 Blks.

E 28770

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28770
REGISTERED NO.

1-PLACE OF DEATH U.S Marine Hosp Ft Mc Henry

CITY OF BALTIMORE: (No. Balt. Md. ST. 20-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John W. Ripple

(a) RESIDENCE NO. 4203 Potter ave Irvington Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. dys. How long in U. S., if of foreign birth? 60 yrs. mos. dys.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jno W. Ripple

6 DATE OF BIRTH (month, day, and year) May 31 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	6	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer) Ret

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany Maryland

PARENTS

10 NAME OF FATHER John W Ripple

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary A Frank

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Self (Address)

15 Filed DEC 27 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1927

17 I HEREBY CERTIFY, That I attended deceased from July 13, 1927. to Dec 26, 1927.

that I last saw h alive on Dec 26, 1927

and that death occurred, on the date stated above, at 3.55 m.

The CAUSE OF DEATH* was as follows:

Epithelioma of face

Nephritis chronic Parenchymatous

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Dermatitis Exfoliative

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Pathological findings + Laboratory

(Signed) J H Booth Asst Surgeon U.S. Public Health Service M. D.

12-27 19 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem

DATE OF BURIAL Dec 28 1927.

20 UNDERTAKER Lillyer Zeiler

ADDRESS 403 S. Wolfe St

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28771

101-001

CERTIFICATE OF DEATH

E 28771

1-PLACE OF DEATH May 11 5-9 REGISTERED NO.

City of BALTIMORE: (No. 1403 Mary St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fredonia Shannon

(a) RESIDENCE NO. 1403 Mary St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 Color or Race C

5 Single, Married, Widowed, or Divorced, (write the word) S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 10 1909

7 AGE Years 18 Months 7 Days 14 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Yorkville

(State or country) S C

PARENTS

10 NAME OF FATHER Will Shannon

11 BIRTHPLACE OF FATHER (City or town)

(State or country) S C

12 MAIDEN NAME OF MOTHER Louise Wells

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) S C

14 Informant (Address) Will Shannon 1403 Mary

DEC 27 1927 19 [illegible] Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 20, 1927, to Dec 24, 1927, that I last saw h alive on Dec 24, 1927, and that death occurred, on the date stated above, at 4:20 P m.

The CAUSE OF DEATH* was as follows:

Acute Congestive Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) R

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

1724. 19 M (Address) 508 Lemmon Ln

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Alsop cemetery Date of Burial Dec 27 1927

20 UNDERTAKER Edward Bryan ADDRESS 1031 Orleans St

Very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

E 28772

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 28772

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE (No. 2701 Polk St. 9th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME (Bernard) Bennie Reinfelder

(a) RESIDENCE NO. 2701 Polk St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4/ yrs. — mos. — ds. How long in U. S. if of foreign birth 4/ yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Maggie Reinfelder

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min..
	75	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Street Paver

(c) Name of employer

9 BIRTHPLACE (city or town) Germany

(State or country)

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (City or town) Not Known

(State or country)

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) Not Known

(State or country)

14 Informant Mrs. Michael Reinfelder

(Address) 1638 Bonsall Ave

15 Filed DEC 27 1927 19...

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1927

17 I HEREBY CERTIFY, That I attended deceased from November 1, 1927, to December 26, 1927, that I last saw him alive on December 26 1927, and that death occurred, on the date stated above, at 2 — P. m.

The CAUSE OF DEATH* was as follows:

Valvular disease of the heart

One year (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Heart disease

... (duration) ... yrs. 1 mos. ... ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) H. Yaney Wellbrock, M. D.

(Address) 1610 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Holy Redeemer Cemetery	Dec 29 1927
20 UNDERTAKER	**ADDRESS**
Henry Koeck Son	1301 E Eager St

Key Punching See Instructions on Back of Certificate.

Spec.—7-17-26—A Co.—200 Bks.

E 28773 HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

CERTIFICATE OF DEATH

REGISTERED NO. E 28773

1-PLACE OF DEATH

City of BALTIMORE: (No. 704 N. Montford Ave St., 7-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernard Beissler

(a) RESIDENCE NO. 704 N. Montford Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. 9 mos. 20 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Teresa Beissler

6 DATE OF BIRTH (month, day, and year) March 6 1857

7 AGE	Years	Months	Days	IF LESS than 1 day ___ hrs. or ___ min.
	70	9	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Carpenter

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md

(State or country)

PARENTS

10 NAME OF FATHER Frank X. Beissler

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Mary A. Biltz

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs. Teresa Beissler

(Address) 704 N. Montford Ave

15 Filed 1927 C. HAMPSON JONES, M. D.

Registrar

16330 Per Rlph

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 26 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 21, 1927 to Dec 26, 1927

that I last saw him alive on Dec 25/27, 19___

and that death occurred, on the date stated above, at 11:45 P. M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) — yrs. — mos. 5 ds.

18 Where was disease contracted Balto.

if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

Dec 27, 1927 (Signed) D. T. Porter, M. D.

(Address) 1904 E. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
New Cathedral Cemetery	Dec 30 1927
20 UNDERTAKER	**ADDRESS**
Henry Hoeck Son	1301 E Eager St

Very Important. See instructions on back of certificate.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28774
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

74001 E 28774
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1445 Ward ST. 21-28 WARD

2-FULL NAME Martha Leonard

(a) RESIDENCE No. 1445 Ward ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: Col
5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Don't Know

7 AGE: Years 80 | Months | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Don't Know

PARENTS

10 NAME OF FATHER Don't Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Don't Know

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14
Informant Mrs. Houston
(Address) 1445 Ward St

15
Filed DEC 27 1927
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/24/1927

17
I HEREBY CERTIFY, That I attended deceased from 12/23/, 1927 to 12/24/, 1927
that I last saw her alive on 12/24/, 1927
and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 7 mos. 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Reginald Dorsey M. D.
, 19 (Address) 1927 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemetery — DATE OF BURIAL: Dec. 27, 1927

20 UNDERTAKER: Mrs. Katie R. Williams — ADDRESS 322 N. Schroeder St

Spec.—7-17-26—A Co.—200 Bks.

E 28775

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28775

CERTIFICATE OF DEATH

131

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. University Hospital St. 16-23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Alton

(a) RESIDENCE NO. 804 N Carey St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	W

5a If married, widowed, or divorced (or) WIFE of moses Alton.

6 DATE OF BIRTH (month, day, and year) July 20 — 1886

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	41	5	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 070

(b) General nature of industry, business, or establishment in which employed (or employer) at Home.

(c) Name of employer

9 BIRTHPLACE (city or town) Calvert Co Md.

(State or country)

PARENTS

10 NAME OF FATHER James Hall

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Calvert Co Md.

12 MAIDEN NAME OF MOTHER Sarah Jane Kent

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Calvert Co Md.

14 Informant Elsie Green

(Address) 504 N Carey St.

15 Filed DEC 27 1927 19 Registered

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 27

12/25

17 I HEREBY CERTIFY, That I attended deceased from 12/7 19 27 to 12/25 19 27,

that I last saw h.. alive on 12/25 19 27,

and that death occurred, on the date stated above, at 10:40 A m.

The CAUSE OF DEATH* was as follows:

Bilateral Polycystic Kidneys. Hydro-ureters. Uterine fibroid

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cystic Kidneys. Cystitis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy & Clinical

(Signed) [illegible] M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt. Auburn cemetery	Dec 28 1927
20 UNDERTAKER Thomas E. Kelson	ADDRESS 1323 Pulaski St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28776

CERTIFICATE OF DEATH.

100-002

E 28776

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 627 Pierce St. 17-26 Ward)

2-FULL NAME Audrey E. Banks

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

(a) RESIDENCE NO. 627 Pierce St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 mos. 2 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or ~~Divorced~~. (write the word)
Fem	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 20. 27

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
		5	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Joseph Banks

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Ruby White

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Ruby Banks

(Address) 627 Pierce

15 Filed DEC 27 1927 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest

(Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchitis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Cold Custom

(duration) yrs. mos. 1 ds.

(Signed) C. C. Yates M. D.

Dec 27 19 27 (Address) 1438 Gray

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Date of Burial Dec 27 1927

20 UNDERTAKER Sinks & Case Low ADDRESS 1400 Pennsylvania

Spec.—1-12-23—M&T—500 Bks.

1223 N Car.
14-002

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28777

CERTIFICATE OF DEATH.

E 28777
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1646 Pennsylvania Ave) 14-20 (WARD)

2-FULL NAME Relda E. Riegel

(a) RESIDENCE NO. 1646 Pennsylvania Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 1, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	4	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Kentucky

PARENTS

10 NAME OF FATHER Michael Riegel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Rosie Loeffler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Edna Conley
(Address) 1646 Pennsylvania Ave

Filed DEC 27 1927 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 25 1927

17

I HEREBY CERTIFY, That I attended deceased from Dec. 20 – 1927, to Dec. 25 – 1927, that I last saw h[illegible] alive on Dec. 25 – 1927, and that death occurred, on the date stated above, at 5 30 P. m.

The CAUSE OF DEATH* was as follows:

Thrombus of Brain

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edwin B. Fenby, M. D.

12/27/1927 (Address) 1223 N. Carolina St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cemetery — DATE OF BURIAL Dec. 28, 1927

20 UNDERTAKER Henry Sander & Sons Inc — ADDRESS 1710 Fleet St

Spec.—1-12-23—M&T—500 Bks.

Burk

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28778

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90

E 28778

REGISTERED NO.

CITY OF BALTIMORE: (No. 825 S. Bond St. ST. 7-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME JOSEPHINE G. BURK

(a) RESIDENCE NO. 825 S. Bond St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Burk

6 DATE OF BIRTH (month, day, and year): Nov. 2, 1843

7 AGE: Years 84; Months 1; Days 15; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Joseph Grimm

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Theresa Kunkel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: John E. Burk (son)

(Address) 825 S. Bond St.

15 Filed DEC 27 1927 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 24 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 11, 1927, to Dec 24, 1927, that I last saw h[illegible] alive on Dec 24, 1927, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Joseph L. Volentine M. D.

Dec 27, 1927 (Address) 14 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cemetery

DATE OF BURIAL: Dec 30, 1927

20 UNDERTAKER: Henry Sander & Sons Inc

ADDRESS: 1910 Fleet St.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28779

CERTIFICATE OF DEATH.

REGISTERED NO. E 28779

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2 So Highland Ave ST., 26-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Oliver S Kidd

(a) RESIDENCE No. 2 So. Highland Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marion L Kidd

6 DATE OF BIRTH (month, day, and year) July 14, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	11	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chemical Worker

(b) General nature of industry, business, or establishment in which employed (or employer) Chemical Works

(c) Name of employer

9 BIRTHPLACE (city or town) Balto County Md

(State or country)

PARENTS

10 NAME OF FATHER John A Kidd

11 BIRTHPLACE OF FATHER (city or town) Balto Co. Md

(State or country)

12 MAIDEN NAME OF MOTHER Margaret A Schmidt

13 BIRTHPLACE OF MOTHER (city or town) Balto Md

(State or country)

14 Informant Marion L Kidd

(Address) 2 S Highland Ave

15 Filed DEC 27 1927 H. C. [illegible] Registrar

FW

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 25 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1927, to Dec 25, 1927, that I last saw h—alive on Dec 25, 1927, and that death occurred, on the date stated above, at 11:10 A m.

The CAUSE OF DEATH* was as follows:

Chr. Endocarditis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Dropsy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Walter W White Jr. M. D.

12/26 1927 (Address) 2830 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Church Balto Co Md

DATE OF BURIAL 12/29 1927

20 UNDERTAKER J Cook

ADDRESS 500 E North Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28780

CERTIFICATE OF DEATH.

E 28780

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mts. General Hospital St. 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph P Hunter Jr

(a) RESIDENCE NO. Rising Sun Md St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 4 1900

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	27	8	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Truck Driver

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Rising Sun Md

PARENTS

10 NAME OF FATHER Joseph P. Hunter

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Marie Brown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Records

(Address) Md General Hosp

15 DEC 27 1927 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 192 7

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest

(Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said inquest

(Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Auto - accident

(duration) yrs. mos. ds.

(Signed) H. C. Hemmeter M. D.

(Coroner)

1927 Address 8072 Harrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL West Grove, Pa Date of Burial Dec 27 1927

20 UNDERTAKER Piacente ADDRESS

John F. Denny 715 Light St

Spec.—1-12-28—M&T—500 Blks.

E 28781 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 E 28781

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 21-29 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Miller.

(a) RESIDENCE No. 1118 Bonaparte ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64 (?)			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ?

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant (Address)

15 Filed 2 7 1927. 19 C. H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/20/1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 21, 1927, to Dec 20, 1927, that I last saw him alive on Dec 25, 1927, and that death occurred, on the date stated above, at 9.00 A m. The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Cerebral Embolism

(Signed) C. Sherwood Bond M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dec 29 27

DATE OF BURIAL Dec 29 27

UNDERTAKER [illegible]

ADDRESS [illegible]

Spec.—1-12-23—M&T—500 Blks.

E 28782

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28782

REGISTERED NO. 89

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 511 E 38th ST. 9-46 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice J. Hall

(a) RESIDENCE NO. 511 E 38th ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo A Hall

6 DATE OF BIRTH (month, day, and year) Nov 12 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	58	1	14	13

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Jos Higgins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Alice Deale 12-26 1927

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Geo A Hall

(Address) 511 E 38th St

Filed DEC 27 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 25 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 23 1927, to Dec 25 1927,

that I last saw her alive on Dec 25 1927

and that death occurred, on the date stated above, at 12 m

The CAUSE OF DEATH* was as follows:

Coronary thrombosis

(2nd attack with angina)

first with angina & acute dilatation

on Dec 23

(duration) ✓ yrs. ✓ mos 23 ds.

CONTRIBUTORY (Secondary) ✓

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. L. Wm Nelson, M. D.

(Address) 1515 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery

DATE OF BURIAL Dec 28 1927

UNDERTAKER Adkins Turner

ADDRESS W. Conway

Spec—12-23-21—E.B.R.S.—400 Blks.

E 28783

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28783

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. 1279

City of BALTIMORE: (No. 3817 Arabia Ave. St. 27th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ferdinand Fetsch

(a) Residence No. 3817 Arabia Ave. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie F. Fetsch

6-DATE OF BIRTH (month, day and year): Jan. 1st 1856

7-AGE: 71 yrs. 11 mos. 24 ds. If LESS than 1 day ....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Broom manufacturer

(b) General nature of industry, business, or establishment in which employed (or employer): Retired 3 years

(c) Name of employer: [illegible]

9-BIRTHPLACE (city or town) (State or Country): Baltimore Maryland

PARENTS.

10-NAME OF FATHER: Valentine Fetsch

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Bavaria Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Bavaria Germany

14-

(Informant): Annie F. Fetsch

(Address): 3817 Arabia Ave.

15-

DEC 27 1927

C. HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): DEC. 25, 1927

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 — 1927 to DEC 25 1927

that I last saw h[illegible] alive on DEC 25 1927

and that death occurred, on the date stated above, at 11:45 P.M.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Nephritis Nephrosclerosis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) acute Cardiac Dilatation

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Evidence

(Signed) [illegible] M.D.

(Address) 800 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Baltimore Cemetery	Dec. 28 1927
20-UNDERTAKER.	ADDRESS
Frederick Boardman	Fulton and [illegible]

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28784

CERTIFICATE OF DEATH.

185 E 28784

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. John's Hopkins Hospital 69 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John S.Gittings

(a) RESIDENCE NO. 2037 Orleans St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 9/61

7 AGE: Years 66 Months 5 Days 16 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Street Cleaner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Balto. City.

9 BIRTHPLACE (city or town)

(State or country) Balto.

PARENTS

10 NAME OF FATHER Wm. J. Gittings

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Ann

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Edward C. Gittings

(Address) 2037 Orleans St.

15 Filed 1927 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23/27

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured skull- Accidently fell down stairs at his home

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. J. Paul M. D. (Coroner)

12/26/27 (Address) 508 E. north Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial 12/28 1927

20 UNDERTAKER Otto J. Herwig — ADDRESS 2016 Orleans St.

Spec.—1-12-23—M&T—500 Blks.

E 28785 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28785

CERTIFICATE OF DEATH.

89

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1916 E Biddle (St.) 8-13 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillie E Tyson

(a) RESIDENCE NO. 1916 E Biddle (St.) (Ward)

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Paul R. Tyson

6 DATE OF BIRTH (month, day, and year) 9 11 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	60	3	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford County Md

PARENTS

10 NAME OF FATHER E. B. Gaunt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harford County Md.

12 MAIDEN NAME OF MOTHER Eliza J. Boone

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harford County Md

14 Informant Mary Estella Dugent (Address) 1911 E Biddle St.

15 Filed DEC 27 1927 C. HARRISON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 26, 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1927, to Dec 26 1927, that I last saw her alive on Dec 25, 1927 and that death occurred, on the date stated above, at 7.30 A. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical test

(Signed) S. Lee Waggoner, M. D.

12/27, 1927 (Address) 1200 E. Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL 12/29 1927

20 UNDERTAKER Albert L Hultz Jr

ADDRESS 1606 N Chester St

Spec.—1-12-23—M&T—500 Blks.

E 28786 HEALTH DEPARTMENT—CITY OF BALTIMORE E 28786

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. JOHNS HOPKINS HOSPITAL ST. 7-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Rheem

(a) RESIDENCE NO. 2343 S- St - N-W-ST. WARD Wash-D-C

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 3 ds. How long in U. S., if of foreign birth? 2 yrs. 11 mos. 20 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Jan 6/1925

7 AGE: Years 2 X; Months 11; Days 20; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Wash-

PARENTS

10 NAME OF FATHER: Edwin L. Rheem

11 BIRTHPLACE OF FATHER (city or town) (State or country): Wash-

12 MAIDEN NAME OF MOTHER: Alice Wardman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Wash-

14 Informant: Mrs. Edwin D. Rheem (Address) Washington D.C.

15 Filed DEC 27 1927 C. HAMPSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 27 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 25 1927 to Dec 27 1927, that I last saw him alive on Dec 27 1927, and that death occurred, on the date stated above, at 11 30 A m.

The CAUSE OF DEATH* was as follows:

Brain Tumor - Cerebellar Glioma (Benign)

(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 12/26/27

Was there an autopsy? No

What test confirmed diagnosis? Operation & clinical

(Signed) Warfield M. Firor M. D.

12/27/1927 (Address) Hus Hospital, Hop Bch md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Washington D.C. Stewart & Mowen Co

DATE OF BURIAL: Dec 28 1927

20 UNDERTAKER: Stewart & Mowen Co

ADDRESS: 108 W. North Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28787

CERTIFICATE OF DEATH.

66 ✓ E 28787

1-PLACE OF DEATH

City of BALTIMORE: (No. 636 George St., 17-25 Ward)

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Brooks

(a) RESIDENCE NO. 636 George St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male | 4 Color or Race: colord | 5 Single, Married, Widowed, or Divorced. (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 9, 1890

7 AGE: Years 37 Months 6 Days 18 (16) IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer General

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER James Brooks

11 BIRTHPLACE OF FATHER (city or town)

(State or country) md

12 MAIDEN NAME OF MOTHER Liz Brooks

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) md

14 Informant Jenine Rasin

(Address) 1835 McCulloh st

Dec 27 1927 C. H. [illegible] U. S. [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 25, 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

acute alcoholism

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessy M. D. (Coroner)

Dec. 24, 1927 (Address) 2572 Edmondson Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn | Date of Burial: 12-28 1927

20 UNDERTAKER: Joseph A Lilly | ADDRESS: 404 N Mount St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28788

CERTIFICATE OF DEATH.

129 E 28788

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2240 N. Bakto St. (Ward) W-64

2-FULL NAME George Regus

(a) RESIDENCE NO. 2240 N. Balto St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. 2 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E. Regus

6 DATE OF BIRTH (month, day, and year): Apr 4 - 1856

7 AGE: Years 71 Months 8 Days 24 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cooper

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: not employed

9 BIRTHPLACE (city or town): Balto

(State or country): Md.

PARENTS

10 NAME OF FATHER: Geo. Regus

11 BIRTHPLACE OF FATHER (city or town): Germany

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Germany

(State or country)

14 Informant: Milton Regus

(Address) 2240 N. Balto St.

15 1627 C. HAMPSON JONES, A. B., M. D.

By Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Dec 25 - 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart Failure

(Signed) Thos. "B" Norton M. D. (Coroner)

Dec 26 1927 (Address) Curtis Bay, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and whether Accidental, Suicidal, or Homicidal. (See reverse side for additional items.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery Date of Burial 12/29/1927

20 UNDERTAKER: Geo. Weber & Son ADDRESS 2503 Edmondson

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28789

CERTIFICATE OF DEATH

129 E 28789

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 528 Wellesly St. St.) (Ward) 20-20

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maurice P. Doering

(a) RESIDENCE NO. 528 Wellesly St., St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 13, 1912

7 AGE Years	Months	Days 12	IF LESS than 1 day ..... hrs. or ..... min.
15	6	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) School

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER Charles Doering

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Jannie C. Stockett

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Charles Doering

(Address) 528 Wellesly St.

15 Filed 1927 16 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/25, 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1927, to Dec 25, 1927, that I last saw him alive on Dec 25, 1927, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Uremia from chronic parenchymatous nephritis

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of None

Was there an autopsy? No

What test confirmed diagnosis? Clinical test

(Signed) S. Lee Wagoner, M. D.

12/27, 1927 (Address) 1206 E. Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt. Olivet	12/28 1927
20 UNDERTAKER	ADDRESS
Harry W. Artzyke	1531 W. Lombard St

Very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 28790

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28790

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3115 S Southern Ave) (WARD) 27-41

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agatha E. Michel

(a) RESIDENCE NO. 3115 S Southern Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Albert Michel

6 DATE OF BIRTH (month, day, and year): Aug 21 1861

7 AGE: Years 66 Months 4 Days 5 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: C. Neuhaupt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mar. Deupert

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Miss M. Michel

(Address) 3115 Southern Ave

15 DEC 7 1927 C. HAMPSON JONES, M. D. Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 26 1927

17

I HEREBY CERTIFY, That I attended deceased from Nov 22, 1927, to Dec. 26, 1927,

that I last saw h[illegible] alive on Dec 20, 1927,

and that death occurred, on the date stated above, at 1.20 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Last attended at 7 Am. Dec. 26

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) 5 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Symptoms & signs

(Signed) [illegible], M. D.

, 19 (Address) 1025 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral

DATE OF BURIAL: 12 31 1927

20 UNDERTAKER: G. L. Foley & Sons

ADDRESS: 311 Light

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28791

CERTIFICATE OF DEATH.

44 E 28791

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE (No. 505 E 23rd St., 9-46 Ward)

2-FULL NAME James Bernard Mulligan

(a) RESIDENCE NO. 505 E 23rd St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Catherine O'Connell

6 DATE OF BIRTH (month, day, and year) Sept. 17 1871

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	56	4	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Fireman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer White Matter Co

9 BIRTHPLACE (city or town)
(State or country) Germany

PARENTS

10 NAME OF FATHER Jas Mulligan
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland.
12 MAIDEN NAME OF MOTHER Anne Langton
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland.

14 Informant Catherine Mulligan
(Address) 505 E 23rd St

15 Filed 12 27 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 26 - 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1927, to Dec. 26, 1927, that I last saw h[illegible] alive on Dec. 25 1927, and that death occurred, on the date stated above, at 1.40 A m.

The CAUSE OF DEATH* was as follows:
Carcinoma of Stomach.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Gen Carcinomata

(duration) yrs. 5 mos. ds.

18 Where was disease contracted
If not at place of death?
Did an operation precede death? Yes Date of Aug 13-27
Was there an autopsy? No
What test confirmed diagnosis? Gen. Pathol - Surg -

(Signed) H C Hess, M. D.
12/26 1927 (Address) 5600 York Road.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary Cemetery Date of Burial Dec 28 1927

20 UNDERTAKER Mary M. Maifeld ADDRESS 501 E 22nd St

Spec. -7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28792

CERTIFICATE OF DEATH

38 E 28792

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 457 S 25th St. S., 12-50 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Paul Hruz Hruz

(a) RESIDENCE NO. 457 S 25th St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa Hruz

6 DATE OF BIRTH (month, day, and year) 1892

7 AGE Years 35 Months Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sheet Mill Helper

(b) General nature of industry, business, or establishment in which employed (or employer) Sparrows Point

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Czechoslavak

PARENTS

10 NAME OF FATHER John Hruz

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Czechoslavak

12 MAIDEN NAME OF MOTHER Mary Szywlix

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Czechoslavak

14 Informant Louisa Hruz

(Address) 457 S 25th St.

15 Filed 7 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Dec. 25 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1927, to Dec 25, 1927, that I last saw h[is] alive on Dec 23, 1927, and that death occurred, on the date stated above, at 3 30 P. m.

The CAUSE OF DEATH* was as follows: Lues

?

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Aortic Regurgitation

(duration) yrs. 6 mos. da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Wasserman Spinal

(Signed) Vincent T Costa M. D.

, 19 (Address) 845 W Fayette St City

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Dec

Date of Burial 28 1927

20 UNDERTAKER John M Weber 180

ADDRESS 3 Bank St

Very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28793

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSP ST. 20-71 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ernest B. Clark

(a) RESIDENCE NO. 170 Collins Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Florence Clark

6 DATE OF BIRTH (month, day, and year) Dec 30th 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Civil Engr

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Wash- D- C-

PARENTS

10 NAME OF FATHER John Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wash. D.C.

12 MAIDEN NAME OF MOTHER Victoria Reese

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va -

14 Informant Rec'd from Irvin O. Clark

(Address) 3012 Cloud Terrace

15 Filed 12 7 1927 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 19, 1927, to Dec 26, 1927, that I last saw him alive on Dec 26, 1927, and that death occurred, on the date stated above, at 10 50 p m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency sec. to arteriosclerosis + old Hypertyphoidism

(duration) 6 yrs. mos ds

CONTRIBUTORY (Secondary) Arteriosclerosis -

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes -

What test confirmed diagnosis?

(Signed) Raymond Wine, M. D.

12-27 1927 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	Dec 30 1927
20 UNDERTAKER	ADDRESS
H. S. Kilpatrick	1850 W. Baltimore St

Cor.—12-9-25—A Co.—200 Bks.

E 28794

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

185 E 28794

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Maryland General Hospital Ward 16-27)

2-FULL NAME William Thomas McNew

(a) RESIDENCE NO. 1708 Edmondson Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Mc New

6 DATE OF BIRTH (month, day, and year) Sept. 10th. 1852

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
75	3	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Balto. Tube Co.

9 BIRTHPLACE (city or town) Howard Co.

(State or country) Maryland

PARENTS

10 NAME OF FATHER Nathan R. Mc New

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Warn

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Mrs. Jennie Mc New

(Address) 1708 Edmondson Avenue.

15 Filed 1927 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) December, 25th. 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry) and that said deceased came to Her death on the date stated above.

The CAUSE OF DEATH* was as follows:

Oedema of Lungs

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fracture of right femur

(duration) yrs. mos. ds.

(Signed) D. J. Hennessy M. D.

(Coroner)

19 27 (Address) 2572 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem Date of Burial 12/28 1927

20 UNDERTAKER Jos. B. Cook ADDRESS 1003 W. Balto St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28795

CERTIFICATE OF DEATH.

E 28795

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., WARD)

2-FULL NAME Anthony Consentina

(a) RESIDENCE NO. 127 So Central ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? 11 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White — Italian

5 Single, Married, Widowed, or Divorced (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): Unknown.

7 AGE: 82 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Tony Consentina

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy.

14 Informant (Address)

Filed 1927 C. HAMPSON JONES, M. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-24 1927

17 I HEREBY CERTIFY, That I attended deceased from 11-14, 1927, to 12-24, 1927, that I last saw him alive on 12-24 1927 and that death occurred, on the date stated above, at 5.00 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage with right Hemiparalysis of face

(duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary) Hypertension + arteriosclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Phys. Exam.

(Signed) C. Hampson Jones M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Dec 27 1927

20 UNDERTAKER: Wendel Schuppel — ADDRESS: 300 E Eden

Cor.—12-9-25—A Co—200 Bks.

E 28796

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001.

E 28796

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 4306 Eastern (St.) 26-2 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Onofio V- Costa

(a) RESIDENCE NO. 4306 Eastern St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Infant.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant.

6 DATE OF BIRTH (month, day, and year): July 10, 1926

7 AGE: Years 1; Months 5; Days 10; IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Unknown none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.

(State or country)

PARENTS

10 NAME OF FATHER Joseph Costa

11 BIRTHPLACE OF FATHER (city or town) Italy

(State or country)

12 MAIDEN NAME OF MOTHER Gabrielle Visini

13 BIRTHPLACE OF MOTHER (city or town) Italy

(State or country)

14 Informant (Address) Joseph Costa 4306 Eastern ave

15 Filed DEC 7 1927 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 25 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest or autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the date stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

Signed) C. E. Hodes M. D.

(Address) 1436 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Date of Burial Dec 28-27

20 UNDERTAKER: Kendall & Pippel ADDRESS 300 E. Lanvale

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28797

CERTIFICATE OF DEATH.

E 28797

REGISTERED NO. 117

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt. Hop. Hospital ST. 10-11 (WARD)

2-FULL NAME Howard Davis

(a) RESIDENCE NO. 524 Lyndhurst ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. 11 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Julia A. Davis

6 DATE OF BIRTH (month, day, and year): Jan. 1, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	71	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

PARENTS

10 NAME OF FATHER: Jacob Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Hospital Records

(Address)

15 DEC 28 1927 H. HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/27/1927

17

I HEREBY CERTIFY, That I attended deceased from Dec. 13. 1927. to Dec-27. 1927.

that I last saw him alive on 12-27 1927.

and that death occurred, on the date stated above, at 1.15 P. m.

The CAUSE OF DEATH* was as follows:

Ruptured appendix

(duration) yrs. mos. 1 da.

CONTRIBUTORY (Secondary): General Peritonitis

(duration) yrs. mos. 14 da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 12/13/27

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo A. Davis M.D.

1927 (Address)

*State the Disease Causing Death, or in deaths from Violence, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem.

DATE OF BURIAL: Dec 30th 27

20 UNDERTAKER: Geo. Lembach & Son

ADDRESS 625 Lyndhurst St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28798

CERTIFICATE OF DEATH.

90 ✓ E 28798

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1613 Milliman St., 7-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Sanders

(a) RESIDENCE NO. 1613 Milliman St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored ~~White~~

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Sanders

6 DATE OF BIRTH (month, day, and year): Aug 14/1887

7 AGE — Years: 40 — Months: 4 — Days: 11 — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Md.

PARENTS

10 NAME OF FATHER: Wm. Sanders

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md

12 MAIDEN NAME OF MOTHER: Julia Johnson

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md

14 Informant: Raymond Sanders

(Address): 1530 Argyle Ave

28 1927 [illegible] S. I. D. Registrar

Rec'd

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 25/27

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Valvular Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. Collins (Coroner) M. D.

12/27/27 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ashury Cemetery Date of Burial Dec 28 1927

20 UNDERTAKER: Franklin W Seitz ADDRESS 709 W 33 St

Cor.—12-9-25—A Co.—200 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28799.

66

CERTIFICATE OF DEATH.

REGISTERED No. E 28799

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2613 Bernard St. 12-51 St. Ward)

2-FULL NAME Charles A. Wolf.

(a) RESIDENCE NO. 2613 Bernard St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct 30 1876.

7 AGE: Years 41 Months 1 Days 26. IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town): Pa.
(State or country)

PARENTS

10 NAME OF FATHER Abraham Wolf.

11 BIRTHPLACE OF FATHER (city or town): Pa
(State or country)

12 MAIDEN NAME OF MOTHER Mary Markel.

13 BIRTHPLACE OF MOTHER (city or Town): Pa.
(State or country)

14 Informant: Albert F. Wolf
(Address) 712 Paca St.

15 Filed DEC 29 1927 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26, 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry, find that said deceased came to death on the date stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) John H. Morrissey (Coroner) M. D.

12/29 1927 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Marys Hampden — Date of Burial: Dec 29 1927

20 UNDERTAKER: Chenoweth Son — ADDRESS 3615 Chestnut

DEC 29 1927

Spec.—1-12-25—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28800

CERTIFICATE OF DEATH.

51

E 28800

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 302 W 31 St. ST., 12-51 WARD)

2-FULL NAME Birdie M. Manion

(a) RESIDENCE No. 2935 Cedar Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael A. Manion

6 DATE OF BIRTH (month, day, and year) Aug 12, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	51	4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John W. Kone

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Rebecca

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Michael A. Manion (Address) 2935 Cedar Ave

15 Filed DEC 28 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26, 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1927, to Dec. 26, 1927, that I last saw her alive on Dec. 25, 1927, and that death occurred, on the date stated above, at 1.15 P m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) Instan yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) / yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy? "

What test confirmed diagnosis? Physical signs

(Signed) J. H. Hawkins, M. D.

, 19 (Address) 4032 Falls Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Marys Hampden — DATE OF BURIAL Dec 30 1927

20 UNDERTAKER Chenoweth Son — ADDRESS 3415 Chestnut Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28801

CERTIFICATE OF DEATH.

90

E 28801

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3231 Abell ave St.) (12-50 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis P. Murphy

(a) RESIDENCE NO. 3231 Abell ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of: Mary A. Murphy

6 DATE OF BIRTH (month, day, and year): Feb 12 1885

7 AGE: Years 42; Months 10; Days 13; IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): 066

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Balto Md

PARENTS

10 NAME OF FATHER: F. P. Murphy

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Mary Dorger

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Balto Md

14 Informant: Mary Murphy

(Address): 3231 Abell ave

15 Filed [illegible] 1927 [illegible] J. S. L. b. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/26 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows: Acute Intestinal Obstruction Acute Myocarditis Lungs Congested

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D. (Coroner)

12/27 1927 (Address) 3232 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. Date of Burial: 12/28/1927

20 UNDERTAKER: J. J. Moran ADDRESS 3000 E Baltimore

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 23802 — REGISTERED NO. — E 23802

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1142 Argyle Ave. (St.) (Ward) 17-24

2-FULL NAME Inez Henry

(a) RESIDENCE NO. (Usual place of abode) 1142 Argyle Ave ST. WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Henry

6 DATE OF BIRTH (month, day, and year) March 14th. 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	9	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Not employed

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Kent Co. Md.

PARENTS

10 NAME OF FATHER Jas. Wallace

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kent Co. Md.

12 MAIDEN NAME OF MOTHER Laura Wilmore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Kent Co. Md.

14 Informant Jas. Henry

(Address) 1142 Argyle Ave

15 Filed DEC 28 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 27th 19 27

17 I HEREBY CERTIFY, That I attended deceased from Dec 13th. 1927, to Dec 27th. 1927,

that I last saw her alive on Dec 26th. 1927

and that death occurred, on the date stated above, at 6;45 a. m.

The CAUSE OF DEATH* was as follows: Brooken Compensation Cardiac

Sxd

(duration) yrs. mos 8 ds.

Mitral Ins.

CONTRIBUTORY (Secondary) (duration) yrs. 6 mos. 8 ds.

18 Where was disease contracted if not at place of death? Residence.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam.

(Signed) Walter J. Jackson, M. D.

19 (Address) 1631 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem. — DATE OF BURIAL: Dec. 29 19

20 UNDERTAKER: J. L. Brenner Sons — ADDRESS: Mt. Royal

Spec.–7-17-26—A Co.—200 Bks.

Farrell E. Wise

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28803

Farrell

100-001

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED E 28803

City of BALTIMORE: (No.) 106 Montgomery St. or (Ward) 20-31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Farrell Ernest Wise

(a) RESIDENCE NO. 106 Montgomery St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
m	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 30 1926

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min..
	1	1	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) md

(State or country)

PARENTS

10 NAME OF FATHER Luther Brooks

11 BIRTHPLACE OF FATHER (City or town) md.

(State or country)

12 MAIDEN NAME OF MOTHER Edna Wise

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant Edna Wise

(Address) 106 W. Montgomery

Filed DEC 28 1927 19 Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/26/ 19 27

17 I HEREBY CERTIFY, That I attended deceased from 12/ 26/ 19 27, to 12/ 26/ 19 27, that I last saw h[illegible] alive on 12/ 26/ 19 27, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? no. Date of —

Was there an autopsy? no.

What test confirmed diagnosis? clinical

(Signed) J. Barney Bowley, M. D.

12/27/ 19 27 (Address) 908 Sharp St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem

Date of Burial Dec. 28 19 27

20 UNDERTAKER A. R. Brown's Sons

ADDRESS 1014 W. Mont'y St.

Very Important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 28804

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28804

1-PLACE OF DEATH

City of BALTIMORE: (No. 703 Bruce St. 17-26 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary L. Baker

(a) RESIDENCE NO. 703 Bruce St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mahoon

6 DATE OF BIRTH (month, day, and year): about 1855

7 AGE: Years: about 72 Months: Days: IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Va.

PARENTS

10 NAME OF FATHER Mahoon

11 BIRTHPLACE OF FATHER (city or town):

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town):

(State or country)

14 Informant (Address) Robert Baker 703 Bruce St.

Filed Dec 28 1927 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 26, 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) no history

(duration) yrs. mos. ds.

(Signed) J. T. Kenney M. D.

(Coroner)

Dec 27, 1927 (Address) 2572 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem Date of Burial: Dec 28 27

20 UNDERTAKER: Daniel Easton ADDRESS 916 Ed Ave

Spec.–7-17-26—A Co.—200 Bks.

Mose Cann

HEALTH DEPARTMENT—CITY OF BALTIMORE

28805

CERTIFICATE OF DEATH

100 C. 28805

1-PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE: (No. Lady Mose Cann St. 4-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Provident Hospital

(a) RESIDENCE NO. 316 N pine St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 25/927

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min..
		10	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Italy

PARENTS

10 NAME OF FATHER Leo Lann

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Marie Landry

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Leo Lann

(Address) 216 N Pine St

15 Filed ..... 19.. Registrar

C 28 1927 By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-26-1927

17 I HEREBY CERTIFY, That I attended deceased from 12-23, 1927, to 12-26, 1927, that I last saw h alive on 12-26, 1927, and that death occurred, on the date stated above, at 12:10 p m.

The CAUSE OF DEATH* was as follows:

Nephritis - Interstitial

Urinary

(duration) about mos. 5 ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. E. Carlson M. D.

1/7/27 (Address) 2058 Madison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt Auburn Bur	Dec 28 1927
20 UNDERTAKER Daniel Easton	ADDRESS 916 Pa ave

Very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28806

CERTIFICATE OF DEATH.

12 E 28806

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 713 S. Sharp St., 27-31 WARD

2-FULL NAME John Da Shields

(a) RESIDENCE NO. 713 S. Sharp ST., 27 WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Civil War Veteran Living

(b) General nature of industry, business, or establishment in which employed (or employer) laborer

(c) Name of employer

9 BIRTHPLACE (city or town) Eastern Shore
(State or country) Md.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) unknown
(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown
(State or country)

14 Informant Ella Hyson

(Address) 713 S. Sharp St.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/26/1927

17

I HEREBY CERTIFY, That I attended deceased from 12/1/27, 19 27, to 12/26/1927,

that I last saw him alive on 12/26, 19 27,

and that death occurred, on the date stated above, at 3.15 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Cardiac Dilatation;

(duration) yrs. mos 1/2 ds.

CONTRIBUTORY (Secondary) Chr Parenchymatous Nephritis (duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & History

(Signed) Grant Bishop M. D.

, 19 (Address) 709 Sharp St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National Cemetery	12/28 1927
20 UNDERTAKER	ADDRESS
John H. Fadrin	1021 Druid Hill Ave.

DEC 28 1927 File No. [illegible] Registrar

Rec'd

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28807

CERTIFICATE OF DEATH.

199 E 28807

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Sharp St & Welcome Al. St. 18-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Norman Holley.(C)

(a) RESIDENCE NO. 920 W. Fayette St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Married.

5a If married, XXXXXXXXXXXXX HUSBAND of XXXXXXXX Clara Holley.(C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	85	----------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) North Carolina.

PARENTS

10 NAME OF FATHER Louis Holley.(C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) North Carolina.

12 MAIDEN NAME OF MOTHER Sally.------(C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) North Carolina.

14 Informant Clara Holley.(C) wife.

(Address) 920 W. Fayette St.

15 Filed 19 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 24, 1927 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) and inquest find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute dilatation of the Heart due to Cystic Aortitis and chronic Valvulitis Struck and kicked. Homicide.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M Lenhardt M. D.

(Coroner)

12/28 19 27 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Date of Burial Dec 28th 27

20 UNDERTAKER John H. Toadvine ADDRESS 1027 [illegible]

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28808

CERTIFICATE OF DEATH

100-001

E 28808

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 2411 Stockton St. 15-59 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edith Johnson

(a) RESIDENCE NO. 2411 Stockton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced (write the word): Child.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 9 1927

7 AGE: Years — Months 8 Days 18

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General natore of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: George Sharps

11 BIRTHPLACE OF FATHER (City or town) (State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Ida Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland.

14 Informant: George Sharps (Address) 2411 Stockton St.

15 Filed DEC 28 1927 19 C. HAMPTON JONES, Registrar. By RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: 12 27 27

17 I HEREBY CERTIFY, That I attended deceased from Dec 24 19 27, to Dec 27 19 27, that I last saw her alive on 12-26 19 27, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted 2411 Stockton

If not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. R. Boykin M. D.

19 (Address) 1618 Calhoun

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Dec-28 1927

Date of Burial

20 UNDERTAKER: Virginia A. Brooks

ADDRESS: 1463 N. Caroline St

Very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

28809

CERTIFICATE OF DEATH.

31 E 28809

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 424 Poppleton ST. 18-20 (WARD)

2-FULL NAME Laura Johnson

(a) RESIDENCE NO. 424 N Poppleton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Moses Johnson

6 DATE OF BIRTH (month, day, and year): Aug 1-1904

7 AGE: Years 23 | Months 4 | Days 26 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Mfr & Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: John Hopkins Hospital

9 BIRTHPLACE (City or town) (State or country): Frederick Md

PARENTS

10 NAME OF FATHER: John H. Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Pearl Springlove

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Frederick Md

14 Informant (Address): Pearl Johnson 424 N Poppleton

15 Filed Dec 29 1927 H. S. B. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 27 1927

17 I HEREBY CERTIFY, That I attended deceased from Sept 10 1927 to Dec 27 1927, that I last saw h[illegible] alive on Dec 26 1927, and that death occurred, on the date stated above, at 12:30 A. m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis (duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary): none (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical & Clinical

(Signed) Wm H Wright M. D.

Dec 29 1927 (Address) 1209 Presstman St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: Dec 29, 1927

20 UNDERTAKER: Mrs. Kate R. Williams — ADDRESS 327 N Schroeder St

Spec.—12-9-25—A Co.—200 Bks.

E 28810

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 28810

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3811 E Pratt St., No 37 Ward)

2-FULL NAME John Wiessner

(a) RESIDENCE NO. 3811 E. Pratt St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Wiessner

6 DATE OF BIRTH (month, day, and year): Aug. 2/187[illegible]

7 AGE: Years 51 | Months 4 | Days 24 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto. Md

(State or country)

PARENTS

10 NAME OF FATHER: Richard J. Wiessner

11 BIRTHPLACE OF FATHER (city or town): Ger.

(State or country)

12 MAIDEN NAME OF MOTHER: Mary Koehler

13 BIRTHPLACE OF MOTHER (city or town): Ger.

(State or country)

14 Informant: Mrs. Mary Wiessner

(Address) 3811 E. Pratt St.

28 1927 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-26 1927

17

I HEREBY CERTIFY, That I attended deceased from 12-20-27, 19..., to 12-26-27, 19..., that I last saw h[illegible] alive on 12-26-27, 19..., and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Fatty degeneration heart

(duration) ? yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted? —

If not at place of death?

Did an operation precede death? no Date of ...

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) Allen C Brethen M. D.

(Address) 3134 Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem. Date of Burial: Dec. 29 1927

20 UNDERTAKER: Jos. J. Herr ADDRESS: 156 N. Luzerne

Spec.—1-12-23—M&T—500 Blks.

E 28811 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28811

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (T) (St.) 1724 31 (Ward)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ezekiel Fowb

(a) RESIDENCE No. 702 Edmondson ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	24			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) South Carolina

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records

(Address)

15 Filed DEC 28 1927 C. HANSON JONES, M. D. Registrar

By RRK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 23, 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1927, to Dec. 23, 1927,

that I last saw h im alive on Dec. 23, 1927

and that death occurred, on the date stated above, at 8.45 P. m.

The CAUSE OF DEATH* was as follows: Pul. Tuberculosis.

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) H. E. Maddux M. D.

12-27-27 (Address) Balto. City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Auburn Cem

DATE OF BURIAL Dec 28 1927

20 UNDERTAKER John H Owens

ADDRESS 537 Dolphin St

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28812

CERTIFICATE OF DEATH.

46 E 28812

REGISTERED NO.

1-PLACE OF DEATH. Sinai Hospital

City of BALTIMORE: (No. ____ St., 3rd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Ginsberg

(a) RESIDENCE NO 259 S. Bond Street St. ____ Ward ____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? 21 yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel Ginsberg

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE — Years: 51 — Months: — — Days: — — IF LESS than 1 day ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Simon Wakel

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Samuel Ginsberg

(Address) 259 S Bond St

15 Filed DEC 28 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 27th 1927

17 I HEREBY CERTIFY, That I attended deceased from July 16 1927, to Dec 27 1927

that I last saw h er alive on Dec 27th 1927.

and that death occurred, on the date stated above, at 7.15 P m.

The CAUSE OF DEATH* was as follows:

Abdominal Malignancy

(duration) 1 yrs. 5 mos. ____ ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) I Meyer Muller, M. D.

12/27, 1927 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: North Point Veteran Hill — Date of Burial 12/28 1927

20 UNDERTAKER: Jack Levin — ADDRESS 1439 E Baltimore St

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28813

CERTIFICATE OF DEATH

31 E 28813

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 612 S Decker Ave Ward 3)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie C Rohlfing

(a) RESIDENCE NO. 612 S Decker Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick C Rohlfing

6 DATE OF BIRTH (month, day, and year) June 19 1888

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	39	6	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General natore of indostry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER John H Wolf

11 BIRTHPLACE OF FATHER (City or town)

(State or coontry) Germany

12 MAIDEN NAME OF MOTHER Mary C Kurtz

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore

14 Informant Mrs Frederick C Rohlfing

(Address) 612 S Decker ave

15 Filed [illegible] 1927 [illegible] Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1927 Dec 26

17 I HEREBY CERTIFY, That I attended deceased from August 19 27 to Dec 26 19 27

that I last saw her alive on Dec 26 19 27

and that death occurred, on the date stated above, at 6 15 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. ? mos. ds.

CONTRIBUTORY (Secondary) Myocardial Degeneration

(duration) yrs. 1 mos. ds.

18 Where was disease contracted ✓

If not at place of death?

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Joseph Vorony M. D.

19 (Address) 2200 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cemetery — Date of Burial Dec 29 1927

20 UNDERTAKER John F Deaney — ADDRESS 105 [illegible] St

Very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129

E 28814

E 28814 REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 303 E Cross St. 24-33 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah E. Shreck

(a) RESIDENCE NO. 303 E Cross St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1/2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Franklin A Shreck

6 DATE OF BIRTH (month, day, and year) Aug 2 1860

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	67	4	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Kent Co

(State or country) Maryland

PARENTS

10 NAME OF FATHER Wm H. Jones

11 BIRTHPLACE OF FATHER (City or town) Kent Co

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Mrs William F Shreck

(Address) 303 E Cross st

15 Filed ..... 19.. Registrar

DEC 28 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1927 Dec 26

17 I HEREBY CERTIFY, That I attended deceased from Dec 13, 1927, to Dec 26, 1927, that I last saw her alive on Dec 26, 1927, and that death occurred, on the date stated above, at 1 40 P m.

The CAUSE OF DEATH* was as follows:

Uremic Coma. Chronic Nephritis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation.

(duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys Exam. Lab.

(Signed) Vaught Reynolds, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wesley Chapel Rock Hall Md

Date of Burial Dec 30 1927

20 UNDERTAKER John F Denny

ADDRESS 715 Eutaw

Very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28815

CERTIFICATE OF DEATH.

101-001

E 28815

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1817 Ramsay ST. 15-21 WARD)

2-FULL NAME Daisy Knight

(a) RESIDENCE No. 1817 Ramsay ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Vessels

6 DATE OF BIRTH (month, day, and year) 1885

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Road and contracting

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Charles Knight

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mary Knight

(Address) 1817 Ramsay St

15 Filed 28 1927 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 23, 1927, to Dec 26, 1927, that I last saw her alive on Dec 26, 1927, and that death occurred, on the date stated above, at 4:55 P.M.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) R. Garland Ellwood Jr. M. D.

Dec 27 1927 (Address) 1534 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary — DATE OF BURIAL Dec 28, 1927

20 UNDERTAKER Mrs R. G. Ellwood — ADDRESS 1725 Eutaw Pl

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28816

CERTIFICATE OF DEATH.

E 28816

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 3rd Lane - Caufield ST. 25-76 WARD

2-FULL NAME Caroline Freer

(a) RESIDENCE NO. 3rd Lane - ST. 75 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? — yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Married.

5a If married, widowed, or divorced (or) WIFE of: Benjamin Freer

6 DATE OF BIRTH (month, day, and year): Jan. 5 1852

7 AGE: Years 75 Months 11 Days 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Stafford Turner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Bertha M. Wilson

(Address) 3rd Ave.

15 DEC 28 1927 19 [illegible] M. D.

Registrar Ruth

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 25 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1927, to Dec. 25, 1927

that I last saw her alive on Dec. 23, 1927

and that death occurred, on the date stated above, at 6:45 P. m.

The CAUSE OF DEATH* was as follows: Acute Lobar Pneumonia.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm. D. Lutz M. D.

Dec. 27, 1927 (Address) 816 - Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: Dec. 28 1927

20 UNDERTAKER: Mrs. R. G. Elliott ADDRESS: 1725 Ashland Ave

Spec.-7-27-26-50M-57. E 28817

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001 E 28817

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO. 27-53

City of BALTIMORE: (No. 104 Longwood Road St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dr. Edgar F. Strobel

(a) RESIDENCE NO 104 Longwood Road St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Griffith Strobel

6 DATE OF BIRTH (month, day, and year): Mch 14, 1873

7 AGE: Years 54 Months 9 Days 13. IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Physician

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto Md

(State or country)

PARENTS

10 NAME OF FATHER: Wm. H. Strobel

11 BIRTHPLACE OF FATHER (City or town): Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Eleonora Jenkins

13 BIRTHPLACE OF MOTHER (city or town): Md.

(State or country)

14 Informant: Mary G. Strobel

(Address): 104 Longwood Road

15 Filed DEC 28 1927 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Dec. 27, 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 17, 1927, to Dec 27, 1927.

That I last saw h[illegible] alive on Dec 26, 1927,

and that death occurred, on the date stated above, at 2.10 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Uterine - cervical cerebral vessels - Hypertension

(duration) ? yrs. mos. da.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) John E Legge, M. D.

19 (Address) N.E. cor St Paul & 23rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount

Date of Burial: Dec 29 19 27

20 UNDERTAKER: John O. Mitchell & Sons

ADDRESS: [illegible]

C 28 1927

Very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28818

CERTIFICATE OF DEATH.

112 E 28818

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE (No.) Balto Copper Sm & Smelting Works St. 5-8 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H Evans

(a) RESIDENCE NO. 1217½ Jefferson St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bernice F. Evans

6 DATE OF BIRTH (month, day, and year): 1900

7 AGE: Years 27 Months Days IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Kingston Jamaica

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) unknown

14 Informant Bernice F. Evans

(Address) 1217½ Jefferson St

15 Filed DEC 28 1927 19 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns of Dist. Ac Gas Burns

(Duration) yrs. mos. 4 hrs.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

Dec 27 1927 (Signed) Jno Chisholm Blake M. D.

(Corner) (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury cemetery — Date of Burial: Dec 28 1927

20 UNDERTAKER: Edward Bryan — ADDRESS: 1631 Orleans St

Spec.—1-12-23—M&T—500 Blks.

E 28819

HEALTH DEPARTMENT—CITY OF BALTIMORE

144 E 28819

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. ..... ST., 712 WARD)

2-FULL NAME Mrs. Mati Boepple

(a) RESIDENCE NO. 2433 E. Madison ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~. (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Rev. John J. Boepple

6 DATE OF BIRTH (month, day, and year): Nov 9/96

7 AGE: Years 31 | Months 1 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Charlotte Ill.

PARENTS

10 NAME OF FATHER: Henry Flessner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Becker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ill.

14 Informant: Rev. John T. Boepple (Address) 2433 E. Madison St

15 Filed DEC 28 1927, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 25 1927

17

I HEREBY CERTIFY, That I attended deceased from June 16, 197, to Dec. 25, 1927,

that I last saw h alive on Dec. 25, 1927

and that death occurred, on the date stated above, at 10:50 A. m.

The CAUSE OF DEATH* was as follows:

Postpartum Hemorrhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Parturition

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) W. W. Guy, M. D.

19 (Address) 58 W. Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Newark N. J.

DATE OF BURIAL: 12/30 1927

20 UNDERTAKER: Philip Henry

ADDRESS 2016 Orleans St

Cor.—12-9-25—A Co.—200 Bks.

E 28820

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28820

REGISTERED NO. 161-28

1-PLACE OF DEATH

City of BALTIMORE: (No.) Johns Hopkins Hospital (Ward) 20-69

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Doris Hanker

(a) RESIDENCE NO. 264 S. Bentalou St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
F	W	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 23/27

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
		1	3 4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Jess Hanker

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Virgie Steder

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Virgie Hanker

(Address) 264 S Bentalou St

Filed DEC 28 1927 Per C. HAMILTON JOHNS, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27/27

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prematurity-7 months gestation

(one of twins)

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Watkins M. D.
(Coroner)

12/27/27 (Address) 508 E.North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Baltimore County	12/28/27
20 UNDERTAKER	ADDRESS
Joseph Ahrens	221 Ann

Spec.—1-12-23—M&T—500 Blks.

B 9475

B 28821

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

32 E 28821

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSP. ST. 26-31 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruth Herman

(a) RESIDENCE NO. 3811 Elliot St ST. 1 WARD H. L H. 3

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced. (write the word): Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1922

7 AGE — Years: 5 years. Months: Days: If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER Ernest Herman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Lottie Sullivan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Parents

(Address) JOHNS HOPKINS HOSP.

15 Filed DEC 28 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 25 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec-20 1927 to Dec 25 1927, that I last saw h[illegible] alive on Dec 25 1927 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

T. B. Meningitis

(duration) yrs. 2 weeks?

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? X Date of X

Was there an autopsy? No

What test confirmed diagnosis? Spinal puncture

(Signed) Raymond Wine M. D.

12-25 1927 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: Dec 28 1927

20 UNDERTAKER: Lilly & Zeiler — ADDRESS: 903 S. Wolfe St

Spec.—1-12-23—M&T—500 Bks.

Joseph Burke ✓

E 28822 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

101 E 28822

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. BALTIMORE CITY HOSPITALS ST. 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Burke.

(a) RESIDENCE NO. 100 W. Druid ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dish washer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Julius Burke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Australia

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Australia

14 Informant (Address) Records.

15 Filed 1927 C. Hulman Jones M. D. Registrar

For Kull

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/20/1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 20, 1927 to Dec 20, 1927

that I last saw him alive on Dec 20, 1927

and that death occurred, on the date stated above, at 1:00 A. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Gram + Smear.

(Signed) C. Hulman Jones, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL 12/[illegible]

20 UNDERTAKER J. J. Daly Son

ADDRESS 1318 Light St

Spec.—1-10-21—M&T—1500 Blks.

Gilman D Parks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28823

E 28823

CERTIFICATE OF DEATH.

REGISTERED NO. 1601

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2134 S Charles ST. 23-32 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gilman D. Parks

(a) RESIDENCE NO. 2134 S Charles ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 9 1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	0	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Wm. P Parks

11 BIRTHPLACE OF FATHER (City or town) (State or country) Pikesville Md

12 MAIDEN NAME OF MOTHER Lillie Wooten

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Pikesville Md.

14 Informant Lillie Parks

(Address) 2134 S Charles St

15 Filed DEC 28 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-27-1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 9, 1927, to Dec 27 1927

that I last saw h alive on , 19

and that death occurred, on the date stated above, at 1P m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cyanosis

(duration) yrs. mos. 2 ds.

If Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Dr. H. R. Campbell M. D.

27 19 (Address) 1604 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem

DATE OF BURIAL: 12-29-27 19

20 UNDERTAKER: Fort & Wade

ADDRESS: 115 S Mad

Spec.—1-10-21—M&T—1500 Bks.

E 28824 HEALTH DEPARTMENT—CITY OF BALTIMORE E 28824

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2433 N. Calvert St. 12-50 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Bertha Rossiter

(a) RESIDENCE NO. 2433 N. Calvert ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 4 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) August 24 1923

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
4	4	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER W. Vernon Rossiter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Pauline Bmller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New Freedom Pa

14 Informant W Vernon Rossiter (Address) 2433 N. Calvert st

15 Filed DEC 28 1927 H. Kelly Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec. 7 1927 to Dec. 27 1927, that I last saw her alive on Dec. 27th 1927, and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

Retrol Birth Palsy - Congenital

(duration) 4 yrs 4 mos 24 ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. Leming Jordan M. D.

Dec 28 1927 (Address) Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Dec 30 1927

20 UNDERTAKER: George Schilling & Bro — ADDRESS: 1116 E. Monument St

Spec.—1-16-71—M&T—1500 Bks.

Charlie Hee.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28825

CERTIFICATE OF DEATH.

E 28825

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Md General Hosp

CITY OF BALTIMORE: (No.) Madison & Linden Ave (St.) (WARD)

2-FULL NAME Charlie Hee

(a) RESIDENCE NO. 209 W Mulberry St (St.) Boarding (WARD)

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Yellow

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Oct 10 1867

7 AGE: Years 58 Months 2 Days 16 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer): Laundry

(c) Name of employer: Ley

9 BIRTHPLACE (city or town) (State or country): China

PARENTS

10 NAME OF FATHER: Hee Yang

11 BIRTHPLACE OF FATHER (city or town) (State or country): China

12 MAIDEN NAME OF MOTHER: Yang Se

13 BIRTHPLACE OF MOTHER (city or town) (State or country): China

14 Informant: Maryland Gen Hosp

(Address) Baltimore, Md.

15 Filed DEC 28 1927 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-26 1927.

17 I HEREBY CERTIFY, That I attended deceased from 12-13-27 19 to 12-26-27 19, that I last saw h[illegible] alive on 12-26-27 19, and that death occurred, on the date stated above, at 10.30 a.m.

The CAUSE OF DEATH* was as follows: Cirrhosis Liver with Gastric Ulcer

(duration) 10 yrs. mos.

CONTRIBUTORY (Secondary) Stomach Trouble (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) Md Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cemetery — DATE OF BURIAL: Jan 2 19 28

UNDERTAKER: F A Henderson — ADDRESS: 703 Hamp.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

28826

CERTIFICATE OF DEATH.

90 E 28826

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5201 Belvin ST. (WARD) 27-55

2-FULL NAME Walter Collier

(a) RESIDENCE NO. 5201 Belvin ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Married Laura Collier

6 DATE OF BIRTH (month, day, and year): 11 March 1860

7 AGE: Years 67 Months 8 Days 12 If LESS than 1 day, hrs. or min. — Months 9 Days 15

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman in Bank

(b) General nature of industry, business, or establishment in which employed (or employer): 062

(c) Name of employer: Union Trust Co

9 BIRTHPLACE (city or town) (State or country): England

PARENTS

10 NAME OF FATHER: Ronald Collier

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Louisa Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant: Carrie E Collier

(Address) 5201 Belvin Ave

15 DEC 28 1927 G. MAURICE JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 26 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 10, 1927, to Dec 26, 1927, that I last saw h alive on Dec 26, 1927, and that death occurred, on the date stated above, at 8 40 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 46 ds.

CONTRIBUTORY (Secondary): Valvular Heart dis (duration) yrs. mos. 46 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) J. F. Mulligan M. D.

, 19 (Address) 1303 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lauden Park

DATE OF BURIAL: Dec 29 1927

20 UNDERTAKER: Joseph Leper 1600 W North Ave

ADDRESS

Spec.—1-12-23—M&T—500 Blks.

E 28827

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

124 E 28827

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals WARD)

2-FULL NAME Nathaniel Attaway Aberdeen

(a) RESIDENCE NO. 1712 Etting ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) Widower

8a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years 55 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address)

15 Filed 1-28 1927 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-23 1927

17 I HEREBY CERTIFY, That I attended deceased from 12-21 1927 to 12-23 1927

that I last saw him alive on 12-23 1927

and that death occurred, on the date stated above, at 9:30 a m.

The CAUSE OF DEATH* was as follows:

Empyema of Gall Bladder

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) [illegible] M. D.

19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND

Spec.—1-12-23—M&T—500 Bks.

E 28828

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28828

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals 25-8 WARD)

2-FULL NAME Edward Fuller

(a) RESIDENCE NO. 100 N Exeter ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) (State or country) —

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant (Address)

15 Filed 8 1927 . 19 C. BANCROFT JONES, M. D. 2020 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-26 1927

17 I HEREBY CERTIFY, That I attended deceased from 12-12 . 1927 to 12-26 . 1927

that I last saw him alive on 12-26 . 1927

and that death occurred, on the date stated above, at 3.20 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Subacute nephritis

Benign Prostatic Hypertrophy

Chronic Kidney Retention

(duration) Not known ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) R Blueveld, M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND

Spec.—1-12-23—M&T—500 Blks.

E 28829

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28829

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 26-37 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Otho Hagerman

(a) RESIDENCE NO. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	57		:	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work home. old

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Bulls
(State or country) Md.

PARENTS

10 NAME OF FATHER Lewis Hagerman

11 BIRTHPLACE OF FATHER (city or town) Bulls
(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) Bulls
(State or country) Md

14 Informant
(Address) Reisterstown Md.

15 Filed 28 1927 19 2021 RKH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/26/1927

17 I HEREBY CERTIFY, That I attended deceased from Jan 12 1927 to Dec 26 1927

that I last saw him alive on Dec 26 1927

and that death occurred, on the date stated above, at 7:10 A m.

The CAUSE OF DEATH* was as follows:

Lobular pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Epilepsy

(duration) 5 yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? general Lobular

(Signed) C. Holmes Smyth M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem

DATE OF BURIAL 1/3/28

20 UNDERTAKER Harry H. Hughes

ADDRESS 1531 Gorsuch

Spec.—1-12-23—M&T—500 Blks.

(Rinne)

E 28830

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28830

CERTIFICATE OF DEATH.

× 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. ward) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Rinne

(a) RESIDENCE No. 611 N Calvert St ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 7 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M.	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) 015

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Finland

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Ella Nurkey.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Finland

14 Informant Hospital Records

(Address)

Filed 12 28 1927, 19 C. HAMPSON JONES, Registrar

2022

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/25/1927

17

I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1927, to Dec 25, 1927, that I last saw him alive on Dec 20, 1927 and that death occurred, on the date stated above, at 7:45 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Pathological

(Signed) L. E. Mendelsen M. D.

1227, 19 32 (Address) Balto City Hos

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28831

CERTIFICATE OF DEATH.

90 E 28831

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 725 Rose St., 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frduk Wacegski

(a) RESIDENCE NO. 725 Rose St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): unknown 1842

7 AGE: Years 85 Months Days IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town)

(State or country): Germany

10 NAME OF FATHER: Gottlieb

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

PARENTS

14 Informant: Frank Waszek

(Address) 3523 Fait av.

15 Filed 8 1927 (C. Hamilton Jones, M. D.) Registrar. RRH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 26 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Dropsy

(duration) yrs. mos. ds.

12/27 (Signed) C. Hamilton Jones M. D.

(Address) 1423 Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Date of Burial Dec 30 1927

20 UNDERTAKER: J. O. Ozazewski ADDRESS 1930 Eastern av.

E 28832

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28832

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Agnes Hospital 12-27 REGISTERED NO. 124

CITY OF BALTIMORE: (No. ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. P. Rust

(a) RESIDENCE NO. 1716 W. Baltimore ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. — mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna H Rust

6 DATE OF BIRTH (month, day, and year) October 31 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	1	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer not given

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Wm P Rust

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary Shaw

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Anna Rust
(Address) 1716 W. Baltimore St

15 Filed 12-28 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-27 1927

17 I HEREBY CERTIFY, That I attended deceased from 12-23, 1927, to 12-27, 1927, that I last saw him alive on 12-27, 1927 and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Nephritis (duration) yrs. mos. ds.

over

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? ~

What test confirmed diagnosis?

(Signed) F. L. Dandridge, M. D.

, 19 (Address) St Agnes' Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Dec 30 1927

20 UNDERTAKER Geo W Little — ADDRESS 2130 Edmondson Ave

Spec.-7-17-26—A Co.—200 Bks.

E 28833

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28833

CERTIFICATE OF DEATH

44

1-PLACE OF DEATH

REGISTERED NO. 27-48

City of BALTIMORE: (No. 507 Ravenswood Ave. St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Milton F.H.Meador,

(a) RESIDENCE NO. 507 Ravenswood Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. — mos. — da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louise V Meador

6 DATE OF BIRTH (month, day, and year) July 13.1888

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min..
	39	5	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Haines & Co.

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER William H.Meador,

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Charlotte Crooks,

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Co. Md.

14 Informant Louise V Meador

(Address) 507 Ravenswood Ave.

15 Filed DEC 27 1927 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) DEC 27 1927 19

17 I HEREBY CERTIFY, That I attended deceased from June 3, 1927, to Dec 27, 1927,

that I last saw h[illegible] alive on Dec 21, 1927,

and that death occurred, on the date stated above, at 11.30 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

Metastasis: Lung, spleen, intestine, liver

(duration) 1 F yrs. mos. da.

CONTRIBUTORY Toxemia

(Secondary)

(duration) yrs. mos. 10 da.

18 Where was disease contracted

If not at place of death? Same

Did an operation precede death? Yes Date of Nov 1927.

Was there an autopsy? No

What test confirmed diagnosis? Gastric, bowel carcinoma, liver

(Signed) E. W. Burket, M. D.

Dec. 19 27 (Address) 581 Sheldon Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Balto Co Date of Burial DEC 27 1927 19

20 UNDERTAKER Geo W Little ADDRESS

Very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28834

E 28834

CERTIFICATE OF DEATH

X60-001

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. University Hospital St. 4-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Myrtle E Dunn

(a) RESIDENCE NO. Glenburnie Rd St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: H D Dunn

6 DATE OF BIRTH (month, day, and year): April 16 1895

7 AGE: Years 32 Months 9 Days 11

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: August Langlotz

11 BIRTHPLACE OF FATHER (City or town): Baltimore

(State or country): Md

12 MAIDEN NAME OF MOTHER: Julia Dean

13 BIRTHPLACE OF MOTHER (City or town): Baltimore

(State or country): Md

14 Informant: Henry D Dunn

(Address): Glenburnie Md

15 DEC 8 1927 G. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/27 19 27

17 I HEREBY CERTIFY, That I attended deceased from 12/24 19 27 to 12/27 19 27

that I last saw her alive on 12/27 19 27

and that death occurred, on the date stated above, at 7 30 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Staphylococcic Septicemia (duration) 2 wks yrs. 1 mos ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) E E Irby, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem — Date of Burial: Dec 29 1927

20 UNDERTAKER: C J Barton — ADDRESS: Glenburnie

Key Important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 28835

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28835

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1323 Upton St. Ward 17-24)

2-FULL NAME Rosaine Ward

(a) RESIDENCE NO. 1323 Upton St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced. (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov. 10, 1927

7 AGE: Years 1 Months Days 14 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER Clarence Ward

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Mary Ward

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Mary Ward

(Address) 1323 Upton St

1927 C. HANSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 24, 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Indigestion

(duration) yrs. mos. ds.

(Signed) J. C. Hennessy M. D.

(Coroner)

Dec. 26, 1927 (Address) 232 Eamont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the state yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemetery Date of Burial Dec 29 1927

26 UNDERTAKER: Mrs Katie R. Williams ADDRESS 322 N. Schroeder St

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28836

CERTIFICATE OF DEATH

E 28836

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 715 W. Lafayette Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Harvey

(a) RESIDENCE NO. 715 W Lafayette Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Trist Harvey

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	47			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Halifax Co. N.C.

PARENTS

10 NAME OF FATHER Isaac Harvey

11 BIRTHPLACE OF FATHER (City or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Jane —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant Trist Harvey (Address) 715 W Lafayette Ave

15 8 1927 C. HAMPSON JONES, M. D. Registrar

Pw — ACH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 26 1927 to Dec 27 1927

that I last saw him alive on Dec 27 1927

and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows: Cerebral hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Attended

(Signed) H. C. Stewart M. D.

, 19 (Address) 704 W Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Halifax N.C. Date of Burial 12/29 1927

UNDERTAKER Samuel Stanley ADDRESS Ft Caldwell

Very Important. See instructions on back of certificates.

Spec.—1-10-11—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28837

CERTIFICATE OF DEATH.

E 28837

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1131 Stockton ST. 16-23 WARD)

2-FULL NAME Mary Russell

(a) RESIDENCE NO. 1131 Stockton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE: Years 57 Months Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N.C.

10 NAME OF FATHER Alfred Ronnie

11 BIRTHPLACE OF FATHER (City or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Mobie —

13 BIRTHPLACE OF MOTHER (City or town) (State or country) N.C.

7-PARENTS

14 Informant Jesse Bowman (Address) 1131 N Stockton St.

15 Filed 1927 by H. A. Davis, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/27/ 1927

17 I HEREBY CERTIFY, That I attended deceased from 12-26, 1927 to 12-27, 1927 that I last saw h[illegible] alive on 12/27/ 1927 and that death occurred, on the date stated above, at 9P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Anemia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Stafford Lacy M. D.

, 19 (Address) 1111 North 34

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Charlotte N.C. DATE OF BURIAL 12-29 1927

20 UNDERTAKER Samuel Stemley ADDRESS 1[illegible]8 W Baltimore

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28838

CERTIFICATE OF DEATH.

E 28838

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 34 Russell St. (WARD) 25-72

2-FULL NAME Hattie Porter

(a) RESIDENCE NO. 34 Russell St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug. 22-27

7 AGE — Years: — Months: 4 — Days: 6 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED: None

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or County) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Chas. E. Porter

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Jessie Saunders

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Md

14 Informant: Jessie Porter (Address) 34 Russell St.

15 Filed 1927 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/28 1927

17 I HEREBY CERTIFY, That I attended deceased from 12/24, 1927, to 12/28, 1927, that I last saw h e alive on 12/28, 1927, and that death occurred, on the date stated above, at 3 4 m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Whooping Cough

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Clifford Brown M. D.

, 19 (Address) 127 North Bly

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: 12 29 1927

20 UNDERTAKER: Emmert Kennedy

ADDRESS: Baltimore

Spec.—1-12-23—M&T—500 Bks.

E 28839

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28839

CERTIFICATE OF DEATH.

60-002

1-PLACE OF DEATH Mercy Hospital REGISTERED NO. 27-55

CITY OF BALTIMORE: (NO. ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Jeannette Smith

(a) RESIDENCE NO. 6611 Park Heights Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life time yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of or) WIFE William Smith

6 DATE OF BIRTH (month, day, and year) June 13 1906.

7 AGE Years 21 Months 6 Days 13 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Henrid J. Kaufmann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Julia Keegan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hosp. Records. (Address) Mercy Hosp.

15 Filed 12-28 1927 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/27 1927

17 I HEREBY CERTIFY, That I attended deceased from 12/24 1927 to 12/27 1927.

that I last saw h[illegible] alive on 12/27 1927

and that death occurred, on the date stated above, at 7 05 P m.

The CAUSE OF DEATH* was as follows:

Pregnancy complicated with Hyperthyroidism + Cerebral Palsy

(duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary) Acute dilitation of Heart (duration) yrs. mos 4 days

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 12/24/27

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Elvin B Wallace M. D.

, 19 (Address) Mercy Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ahel Shalom Cem DATE OF BURIAL 12/29/1927

20 UNDERTAKER Henrid Londheim ADDRESS 115-20 W. Mt. Royal Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28840

CERTIFICATE OF DEATH.

167-E 28840

REGISTERED NO.

1-PLACE OF DEATH Pronounced daed at

City of BALTIMORE: (No. Johns Hopkins Hospital St., 7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Robert Miller

(a) RESIDENCE NO. 620 N. Castle St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	widiwer

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Christiana Miller

6 DATE OF BIRTH (month, day, and year) July 4/1869

7 AGE	Years 58	Months 5	Days 23	IF LESS than 1 day.....hrs. or.....min.
	57	6	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Produce Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer self

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Henry Miller

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) "

14 Informant Mary E. Dawson (daughter)

(Address) 2902 Southern Ave

15 Filed [illegible] Registrar

DEC 28 1927

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27/27

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating Gas Asphiziation

(Probably suicidal)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [signature] (Coroner) M. D.

12/28/27 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Faith Evangetical Luth. Cem. Date of Burial Dec. 29 1927

20 UNDERTAKER [illegible] & Zeiler ADDRESS 403 S. Wolfe St.

Very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28841

CERTIFICATE OF DEATH.

91-002

E 28841

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 203 N Castle St. 6-9 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martin L. Maerz

(a) RESIDENCE NO. 2036 Castle St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Barbara R. Maerz

6 DATE OF BIRTH (month, day, and year): April 18, 1869

7 AGE — Years: 60 Months: 8 Days: 8 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpet Upholster

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER: George Maerz

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Marg. Beck

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: Barbara R. Maerz (Wife)

(Address): 209 N. Castle St.

15 Filed: DEC 28 1927 — Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 26 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 1 yr. mos. 2 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) mos. 1 ds.

Dec 28 1927 (Signed) G. B. Coles M. D.

, 19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. Date of Burial: Dec 30 1927

20 UNDERTAKER: Lilly & Zeiler ADDRESS: 413 S. Wolfe St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28842

CERTIFICATE OF DEATH.

90 E 28842

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 214 N. Collington Ave ST. 6-10 WARD)

2-FULL NAME John Deenoad.

(a) RESIDENCE NO. 214 N. Collington Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of ~~or) WIFE of~~ Mr. Robt. Emilla Deenoad.

6 DATE OF BIRTH (month, day, and year) 1863.

7 AGE: Years 64 | Months — | Days — | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: City Employee

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Deenoad

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Margaret Leonold (Address) 2248 Mosher Eldersville

15 Dec 28 1927 CHARLES JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-26 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 15 1927 to Dec 26 1927 that I last saw h alive on Dec 25 1927 and that death occurred, on the date stated above, at 10:30 P.M.

The CAUSE OF DEATH* was as follows: Mitral Regurgitation

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) yrs. mos.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Fred Durand M.D. (Address) 100 N. Bath Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: Dec 29 27

20 UNDERTAKER: Mrs E. Miller & Son — ADDRESS: 233 N. Jefferson St

Spec.—1-12-23—M&T—500 Bks.

28843

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 70 E 28843

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 4-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Chas Smith

(a) RESIDENCE NO. Mt. Airy Maryland ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mower

6 DATE OF BIRTH (month, day, and year) March. 30 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	9	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mower

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Henry N. Smith

11 BIRTHPLACE OF FATHER (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Sarah M. Glisan.

13 BIRTHPLACE OF MOTHER (State or country) Maryland

14 Informant Henry N Smith (Address) Mt Airy. Md.

15 [illegible] 29 1927 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-28-27

17

I HEREBY CERTIFY, That I attended deceased from 2-27-27 to 2-28-27.

that I last saw h— alive on 2-28-27. 19

and that death occurred, on the date stated above, at 4 40 m.

The CAUSE OF DEATH* was as follows:

Foreign body in trachea ~~pneumonia~~

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Tracheitis & Bronchitis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of

Was there an autopsy? no

What test confirmed diagnosis? physical findings

(Signed) Wm Robinson M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Frederick Central Cem Co. Md.	12-31-27

20 UNDERTAKER J B Beale ADDRESS Mt Airy Md.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 28844

CERTIFICATE OF DEATH.

E 28844

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St., 9-46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Riley

(a) RESIDENCE NO. 911 Homestead St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Riley

6 DATE OF BIRTH (month, day, and year) 7 7 1870

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	about 57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer City of Baltimore

9 BIRTHPLACE (city or town)

(State or country) Ireland

PARENTS

10 NAME OF FATHER John Riley

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Joseph M. Riley

(Address) 911 Homestead St

Filed DEC 29 1927 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27/27

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation (duration) yrs. mos. ds.

(Signed) J. H. Falls M. D.

(Coroner)

12/28/27 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial 12/31 1927

20 UNDERTAKER Wm Cook ADDRESS 522 E North Ave

Very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 28845

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 28845

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 807 Homestead St St., 9-41 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lawrence Robinson

(a) RESIDENCE NO. 807 Homestead St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Robinson

6 DATE OF BIRTH (month, day, and year) Feb 14/1859

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	68	10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cigar Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER John Robinson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Beatrice A. Simms

(Address) 807 Homestead St

Filed DEC 29 1927 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27/27.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Chr. Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (History Asthma)

(duration) yrs. mos. ds.

(Signed) J. F. Weller (Coroner) M. D.

12/27/27 (Address) 508 EL North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Date of Burial 12/29 1927

20 UNDERTAKER Wm Cook ADDRESS 502 Elliott St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28846

CERTIFICATE OF DEATH.

101-001 E 28846

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 145 W. Ostend St. 73-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raymond Benzinger.

(a) RESIDENCE NO. 145 W. Ostend St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) October 8, 1927

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	0	2	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER George Benzinger.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary Harris.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Mary Benzinger. (mother)

(Address) 145 W. Ostend St.

DEC 29 1927 HAMILTON JOHNS, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) December 28, 1927. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Signed Otto M Reinhardt M. D.
(Coroner)

12/28/27 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Pleasant, Carroll Co Date of Burial 12/30 1927

20 UNDERTAKER W. H. Cook ADDRESS 503 E North Ave

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 28847

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28847

CERTIFICATE OF DEATH.

101-201

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 664 W. Fayette ST., 4-25 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Lenaro

(a) RESIDENCE NO. 664 W. Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 10, 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	3	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Stone & Webster

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Tony Lenaro

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Catherine Lenaro

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Jane Lenaro

(Address) 664 W. Fayette St

Filed DEC 29 1927 C. HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 1927

17 I HEREBY CERTIFY, That I attended deceased from 12/22, 1927, to 12/27, 1927, that I last saw h[illegible] alive on 12/27, 1927, and that death occurred, on the date stated above, at 2:40 p. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) — yrs. — mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dan Brunden, M. D.

12/28, 1927 (Address) 122 W. Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem.

DATE OF BURIAL 12/30 1927

UNDERTAKER D. McCosh

ADDRESS 522 Hatton

Spec. 7-17-26 A Co. 200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28848

CERTIFICATE OF DEATH

129 E 28848

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 317 S Sharp St. 27-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Tompkins

(a) RESIDENCE NO. 317 S Sharp St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence In city or town where death occurred 40 yrs. mos. ds. How long In U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Tompkins

6 DATE OF BIRTH (month, day, and year): 1877

7 AGE — Years: 50 — Months: — — Days: — IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Steredore

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Essex Co

(State or country): Virginia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (City or town): — —

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): — —

(State or country)

14 Informant: Mary Rich

(Address): 317 S Sharp St

15 Filed DEC 29 1927 C. Harold Jones, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/25 1927

17 I HEREBY CERTIFY, That I attended deceased from 9/8, 1927, to 12/25, 1927,

that I last saw h— alive on 12/24, 1927,

and that death occurred, on the date stated above, at 3 A. M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis + Nephritis

(duration) Chronic yrs. mos. ( ) ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Urine + + +

(Signed) Dan'l Trautman, M. D.

12-27, 1927 (Address) 122 W Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Richmond, Va. Mt. Jon cemetery — Date of Burial: Dec 30 1927

20 UNDERTAKER: John H Toadvine — ADDRESS: 1027 Hanover

Very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28849 × 31 ✓ E 28849

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 315 S Bentalou St. 20-69 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret K Sanders

(Residence in Baltimore: No. 315 S Bentalou St. 54 yrs., mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Oct 19, 1894 (Month) (Day) (Year)

7-AGE: 33 yrs. 2 mos. 6 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home duties
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: Christian Klein

11-BIRTHPLACE OF FATHER (State or Country): Baltimore

12-MAIDEN NAME OF MOTHER: Rose Knopp

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Vincent Sanders

(Address) 315 S Bentalou St

DEC 29 1927 Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Dec 27th, 1927 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 24 1927, to Dec 27 1927, that I saw h er alive on Dec 27 1927, and that death occurred, on the date stated above, at 11 A.M. / P.M.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Edward Bronchitis

Heart Failure (Duration) yrs. mos. ds.

(Signed) Edward Davis M.D.

Dec 28, 1927 (Address) 1108 Mount Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Dec 31 1927, 191....

20-UNDERTAKER: John Greblinuckas — ADDRESS: 423 S Paca St

JG

Spec. -7-17-26—A Co -200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28850

CERTIFICATE OF DEATH

74-001 E 28850

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1217 Bolton St. 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura Maynard Howard

(a) RESIDENCE NO. 1217 Bolton St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of late Dr Edward Lloyd Howard

6 DATE OF BIRTH (month, day, and year): September 15 1845

7 AGE: Years 82 Months 3 Days 27 IF LESS than 1 day ... hrs. or ... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of Industry, business, or establishment In which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Richard Foster Maynard

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Easton Md

12 MAIDEN NAME OF MOTHER Eliza Horton

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md

14 Informant L. Howard

(Address) 701 W Lane St

15 [illegible] 1927 [illegible] Registrar

DEC 29 1927 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 December 27 (27)

17 I HEREBY CERTIFY, That I attended deceased from Dec 12, 1927, to Dec 27, 1927, that I last saw h[illegible] alive on Dec 27, 1927, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

(Cerebral Apoplexy
(Probably thrombosis left middle cerebral artery)

(duration) 2 yrs. mos. 15 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) S M Hamby M. D.

12.28, 1927 (Address) 1375 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Thomas Garrison Forest — Date of Burial: Dec 29 1927

20 UNDERTAKER: Henry J Jenkins Sons — ADDRESS: [illegible]

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28851

CERTIFICATE OF DEATH.

45 E 28851

REGISTERED NO.

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 56-1 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm Douglas

(a) RESIDENCE NO. 903 S. Pat ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Douglas,

6 DATE OF BIRTH (month, day, and year) Feb 15, 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	33	10	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Wm Douglas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Hospital Records.

15 Filed DEC 29 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/27 1927

17

I HEREBY CERTIFY, That I attended deceased from 12/12 , 19 27 , to 12/27 , 1927 ,

that I last saw him alive on 12/27 , 1927

and that death occurred, on the date stated above, at 7.45 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Colon

Contributory

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of 12/13/27

Was there an autopsy? Yes

What test confirmed diagnosis? Microscopic

(Signed) H. M. Slack, M. D.

, 19 (Address) Balt City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — DATE OF BURIAL Dec 31 1927

20 UNDERTAKER Alexander Sons — ADDRESS 170 East St

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28852

CERTIFICATE OF DEATH

74 E 28852

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1320 Smith St. 16-23 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Annie Kellam

(a) RESIDENCE NO. 1320 Smith St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joshua Kellam

6 DATE OF BIRTH (month, day, and year): Oct 2 1885

7 AGE — Years: 42 Months: 10 Days: 26 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) Greenac Co. (State or country) Va.

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (City or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Laura Poulson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant (Address) Joshua Kellam 1320 Smith

15 [illegible] 19 HAMILTON JONES, M. D. Registrar

DEC 29 19[illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28th 19 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 22nd, 19 27, to Dec 28th, 19 27, that I last saw h[illegible] alive on Dec 28th 19 27, and that death occurred, on the date stated above, at 5[illegible] P. M.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jas E Dell M. D.

19 (Address) 723 Calhoun St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — Date of Burial: Dec 30 1927

20 UNDERTAKER: Geo Virgina A Brooks — ADDRESS: 1463 N. Carey St

very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

E 28853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 ✓

REGISTERED NO. E 28853

1-PLACE OF DEATH

City of BALTIMORE: (No. 1513 E. North Ave. St. 8-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jane C. Bobilin

(a) RESIDENCE NO. 1513 E. North Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. if of foreign birth? 46 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White,	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gustav Bobilin

6 DATE OF BIRTH (month, day, and year) May 21, 1865

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	62	7	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Gustav F. Hausser

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Harriet Privat

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Rev. Gustav Bobilin

(Address) 1513 E. North Ave.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Dec 28. 1927.

17 I HEREBY CERTIFY, That I attended deceased from Sept 24 1927 to Dec 28 1927.

that I last saw h[illegible] alive on Dec 28 1927.

and that death occurred, on the date stated above, at 4.20 4 m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

Auricular fibrillation

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? ✓

What test confirmed diagnosis? ✓

(Signed) George A. Dawden, M. D.

12/29 1927 (Address) 1517 E North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Linden Hill, Brooklyn N. Y.	Dec. 30/27

20 UNDERTAKER Harry H. Witzke ADDRESS 1531 N. Lombard St.

DEC 29 1927

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 28854

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 28854

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1471 Stevenson, St. ST. 24-35 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emelie Katzke.

(a) RESIDENCE NO. 1471 Stevenson ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick

6 DATE OF BIRTH (month, day, and year) June 15 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	6	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Frank Herse.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER McKnown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Marie Katz

(Address) 1471 Stevenson

15 Filed DEC 29 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 27 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1927, to Dec 27, 1927, that I last saw h[illegible] alive on Dec 26, 1927 and that death occurred, on the date stated above, at 5.50 a m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) yrs. mos 30 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial nephritis

(duration) yrs. mos. 30 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Thos L. Stevens, M. D.

12-28 1927 (Address) 2818 Harford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill

DATE OF BURIAL Dec 29 1927

20 UNDERTAKER Thos. L. Stevens

ADDRESS 1501 E Fort Ave

Spec.—1-10-21—M&T—1500 Bks.

E 28855

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

118-001

E 28855

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1726 E Oliver ST. 8-17 WARD)

2-FULL NAME ~~William~~ George W. Grant.

(a) RESIDENCE NO. 1726 E Oliver st ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~, (write the word)
M.	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura L. Grant.

6 DATE OF BIRTH (month, day, and year) Sept. 27 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	3	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER George W. Grant.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Laura Worley.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carrollton Bal md

14 Informant Clarence D. Grant. (Address) 1726 E. Oliver st

15 Filed DEC 29 1927, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 27, 1927, to Dec 27, 1927, that I last saw him alive on Dec 27, 1927, and that death occurred, on the date stated above, at 4-30 P. m.

The CAUSE OF DEATH* was as follows:

Strangulated Hernia (L) Inguinal + Inflamation of age

(duration) yrs. mos 19hrs ds.

CONTRIBUTORY (Secondary) Inflamation of age + [illegible]

Stomach Ulcer (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A O Carman, M. D.

12-27 1927 (Address) 1701 N. Carolin ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Country. DATE OF BURIAL Dec 29 1927

UNDERTAKER George A. Ruth ADDRESS 1735 Harford ave.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28856

CERTIFICATE OF DEATH.

X 90

E 28856
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. S E Cor Chas & 33rd Ward) 12-50

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nellie Thomas.

(a) RESIDENCE NO. Adamstown Md St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years: about 71; Months; Days; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.

(State or country)

PARENTS

10 NAME OF FATHER John B. Thomas.

11 BIRTHPLACE OF FATHER (city or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Charlotte Thomas

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant Mrs. John B. Thomas

(Address) SE Cor Chas & 33rd Sts

15 Filed ..... 19.. ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inq (Inquest, autopsy or inquiry.) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows: Colorectal Disease 1 year

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) John Mosure M. D.
(Coroner)

12/29, 1927 (Address) 1632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Frederick Md. Date of Burial: Dec 29 1927

20 UNDERTAKER: Wm J Pickner & Sons ADDRESS North & Pa

Very important. See instructions on back of certificate.

DEC 29 1927 [illegible] Registrar

Spec.—12-9-25—A Co.—200 Bks.

E 28857

HEALTH DEPARTMENT—CITY OF BALTIMORE

99-001.

E 23857

REGISTERED NO.

CERTIFICATE OF DEATH.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1734 N. Milton Ave. Ward) 8-16

2-FULL NAME Robert Schier

(a) RESIDENCE NO. 1734 N. Milton Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Schier

6 DATE OF BIRTH (month, day, and year) March 3d 1843

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	84	9	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brass Finisher

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 10

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Austria

PARENTS

10 NAME OF FATHER Emanuel Schier

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Austria

12 MAIDEN NAME OF MOTHER Maria Feix

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Austria

14 Informant John B. Trautman

(Address) 1737 N. Patterson Park Ave.

15 Filed DEC 29 1927 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 27 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 20 1927 to Dec 27 1927

that I last saw him alive on Dec 26 1927

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

A Bronchitis

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Walter W. White M. D.

, 19 (Address) 2500 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial Dec 30 1927

20 UNDERTAKER Frank G. Pink ADDRESS 910 N. Gay St

Very Important. See Instructions on Back of Certificate.

Spec.—1-12-23—M&T—500 Bks.

Arria Smith

209181

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28858

CERTIFICATE OF DEATH.

E 28858

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST. 9-4 WARD)

2-FULL NAME Arrie Smith

(a) RESIDENCE No. 621 Broadway, N. E. — ST. E. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed, or Divorced, (write the word)~~: Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 17, 1894

7 AGE: 33 Years | Months | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Secretary

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER Albert Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Lillian Rue, Pa

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Records (Address) [illegible]

15 Filed DEC 29 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec-29 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec-7, 1927, to Dec 29, 1927, that I last saw h[illegible] alive on Dec 29, 1927 and that death occurred, on the date stated above, at 12 50 P m.

The CAUSE OF DEATH* was as follows:

1st Cholelithiasis

Cholecystitis

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) Peritonitis Post Operative (Streptococcus)

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Dec 18, 1927

Was there an autopsy? No

What test confirmed diagnosis? Culture

(Signed) Robt. L. Faulkner, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Chambersburg, Penna.

DATE OF BURIAL: Dec 29 1927

20 UNDERTAKER: John D. Mitchell & Sons

ADDRESS: 1900 Eutaw St.

Spec.—1-12-23—M&T—500 Bks.

E 28859 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ 90 E 28859

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 18-29 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Doyle.

(a) RESIDENCE No. 1010 W. Pratt ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Records

15 Filed DEC 29 1927 C. Haman Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/27/1927

17

I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1926. to Dec. 27, 1927.

that I last saw her alive on Dec. 27, 1927

and that death occurred, on the date stated above, at 2:30 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis chronic.
arteriosclerosis.
Emphysema.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General + Subs

(Signed) C. Holmes Boyd, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Dec 30 1927

20 UNDERTAKER ✓ — ADDRESS Thos. Fields 1200 N. Eutaw

Spec.—1-12-23—M&T—500 Bks.

E 23860

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

E 23860

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST. 14-21 WARD)

2-FULL NAME Elizabeth Lane

(a) RESIDENCE NO. 527 Bloom St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Negro

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Davis

6 DATE OF BIRTH (month, day, and year): May 31 1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
80	[redacted]0	6	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer): Housewife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Calvert Co Md

PARENTS

10 NAME OF FATHER: Geo Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Calvert Co Md

12 MAIDEN NAME OF MOTHER: Emma Wallace

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Calvert Co Md

14 Informant (Address): Charles Davis 527 Bloom st

DEC 29 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/27/27 19

17 I HEREBY CERTIFY, That I attended deceased from 12/20/27, 19 , to 12/27/27, 19 ,

that I last saw her alive on 12/27/27, 19

and that death occurred, on the date stated above, at 7.7-P. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary): anti Insurance

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Henry A Wright, M. D.

, 19 (Address) 30 E Lexington

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Cathedral

DATE OF BURIAL: 12-30 1927

20 UNDERTAKER: George T. A. Gibson

ADDRESS: 1765 Druid Hill Ave

Spec.-7-17-26—A Co.—200 Bks.

E 28861

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28861

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. I724 Aliceanna St. 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maryanna Mrowczynska,

(a) RESIDENCE NO. I724 Aliceanna St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. if of foreign birth 43 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow,

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wojcech Mrowczynski,

6 DATE OF BIRTH (month, day, and year) Unknown,

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	63	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fruit packing

(b) General nature of industry, business, or establishment in which employed (or employer) and house work,

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland,

PARENTS

10 NAME OF FATHER Unknown,

11 BIRTHPLACE OF FATHER (City or town) (State or country) Poland,

12 MAIDEN NAME OF MOTHER Unknown,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland,

14 Informant Mrs. Matelta Crobiczynski, Friend.

(Address) I724 Aliceanna St.

15 Filed DEC 29 1927 19 H. [illegible] Jr. S. R. D. Registrar

C 29 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 28, 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1927 to Dec. 27, 1927, that I last saw h[illegible] alive on Dec. 27, 1927 and that death occurred, on the date stated above, at 3 1. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? P. S. A.

(Signed) John J. Kruger, M. D.

19 (Address) 622 Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus. Date of Burial Dec 31, 1927

20 UNDERTAKER W. F. Sadowski ADDRESS 702 S. Ann St.

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

Otillie Lergenmiller

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28862

CERTIFICATE OF DEATH.

123 E 28862

REGISTERED NO.

1-PLACE OF DEATH St Josephs Hosp

CITY OF BALTIMORE: (No. ST. 27-43 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Otilia Lergenmiller.

(a) RESIDENCE NO. Wilson ave. ST. Hamilton WARD

(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	M

5a If married, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Frank Lergenmiller

6 DATE OF BIRTH (month, day, and year) Dec 9 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66		19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Russian

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Frank Lergenmiller

(Address) Wilson ave

15 Filed 2-3-1927 . 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/25/ 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 14, 1927, to Dec 26, 1927, that I last saw he alive on Dec 26, 1927, and that death occurred, on the date stated above, at 6.25 A m.

The CAUSE OF DEATH* was as follows:

Cholylithiasis c

(duration) 8 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(mitral insuff) (duration) ? yrs. ? mos. ? ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of 12-22-27

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] a Vogt MD M. D.

, 19 (Address) St Josephs Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem 12/30/ 1927

DATE OF BURIAL

20 UNDERTAKER J A Moran

ADDRESS 3000 E Baltimore

Spec.—1-10-21—M&T—1500 Blks.

E 28863

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28863

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 315 N. Ellwood ST. 6-11 (WARD)

2-FULL NAME Sarah J. Hagan

(a) RESIDENCE NO. 315 N. Ellwood ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, ~~or divorced~~ (or) WIFE of John Hagan

6 DATE OF BIRTH (month, day, and year) Feb. 1848

7 AGE Years 84 Months 10 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER John Ball

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Dorlson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Cummings (Address) 315 N. Ellwood Ave.

15 Filed DEC 29 1927 [illegible] U. S. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 26 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1 1925 to Dec. 26 1927

that I last saw h[illegible] alive on Dec. 26 1927

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Myocarditis

Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. Artigiani M. D.

1927 (Address) 2941 E. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem. DATE OF BURIAL 12/30/1927

20 UNDERTAKER J. J. Moran ADDRESS 200 E. Baltimore

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28864

CERTIFICATE OF DEATH.

45

E 28864

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1413 Bolton St. 14-20 WARD)

2-FULL NAME Caroline Matilda Hindes

(a) RESIDENCE NO. 1413 Bolton ST. WARD Resident

(Usual place of abode)

Length of residence in city or town where death occurred 91 yrs. 2 mos. 29 ds. How long in U. S., if of foreign birth? 91 yrs. 2 mos. 29 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Sept-29-1836

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
91	2	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: James B Hindes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Maryland

12 MAIDEN NAME OF MOTHER: Mary R Richardson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Maryland.

14 Informant: Mrs Bernard Harnber — (Address) 1413 Bolton St.

15 Filed DEC 29 1927 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-28 1927

17 I HEREBY CERTIFY, That I attended deceased from Sept. 20. 1927, to Dec. 28. 1927, that I last saw her alive on Dec. 28. 27. 19, and that death occurred, on the date stated above, at 9.45 P. m.

The CAUSE OF DEATH* was as follows:

Terminal pneumonia (lobar).

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary): Intestinal Cancer.

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Physical examination

(Signed) Harry D. McCarty, M. D.

Dec 29, 1927 (Address) 374 Preston Street.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: Dec 30. 27.

UNDERTAKER: Stewart Mourn Co — ADDRESS: Baltimore

Spec.—1-12-23—M&T—500 Bks.

Stanley Wladarczyk.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28865

CERTIFICATE OF DEATH.

1-001

11 E 28865

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. ST. 1-3 WARD)

2-FULL NAME Mr. Stanley Wladarczyk

(a) RESIDENCE NO. 616 S. Fakewood Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Eva Wladarczyk.

6 DATE OF BIRTH (month, day, and year) April 5. 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	8	23.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Receiving Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Horn & Horn.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER Walter Wladarczyk.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Anna. ——

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Eva. Wladarczyk.

(Address) 616 S Fakewood Ave.

Filed 12-29-1927 C. HARRISON JOHNS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/28/1927

17 I HEREBY CERTIFY, That I attended deceased from 12/24/, 1927, to 12/28/, 1927, that I last saw h[illegible] alive on 12/28/, 1927, and that death occurred, on the date stated above, at 9.30 a. m.

The CAUSE OF DEATH* was as follows:

Strangulated hernia.

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Intestinal obstruction

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 12/27-7

Was there an autopsy? No

What test confirmed diagnosis? Signs

(Signed) J. Maclagan, M. D.

, 19 (Address) St. Joseph's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ft. Holabird Cem.	Dec 31 1927.

20 UNDERTAKER Henry A. Weber ADDRESS 2206 Eastern Ave.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 28866

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH E 28866

CITY OF BALTIMORE: (No. 1228 Orleans St. ST.) 5-8 WARD)

2-FULL NAME Carrie Bailey

(a) RESIDENCE NO. 1228 Orleans St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Noah D. Bailey

6 DATE OF BIRTH (month, day, and year): 1881

7 AGE: Years 46; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Geo. Langford

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Noah D. Bailey

(Address): 1228 Orleans St

15 Filed 12-29-1927 C. HAMILTON SCHLEY, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 28 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1927 to Dec 28 1927 that I last saw h[illegible] alive on Dec 27 1927 and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. J. Young M. D.

12/29, 1927 (Address) 1429 Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ashury cemetery DATE OF BURIAL 12/31 1927

20 UNDERTAKER: Chas. H. Thomas & Co. ADDRESS Baltimore

Spec—12-23-21—E.B.R.S.—400 Blks.

E 28867 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

99-00

E 28867

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1412 Aisquith St. (Ward) 9-18

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Edward F. Leiben

(a) Residence No. 1412 Aisquith St., Ward.

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced (Write the word) Married

5a-If married, widowed, or divorced, HUSBAND of (or WIFE of) Lillie E. Leiben

6-DATE OF BIRTH (month, day and year) Jan. 5 1846

7-AGE. 81 yrs. 11 mos. 22 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired

(b) General nature of industry, business, or establishment in which employed (or employer). Butcher

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). York, Pa.

PARENTS.

10-NAME OF FATHER. Anthony Leiben

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Glen Rock Pa.

12-MAIDEN NAME OF MOTHER. Not known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country).

14- (Informant) Charles L. Willig

(Address) 1412 Aisquith St.

15- 29 1927 Baltimore, Md. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 12.27.27

17- I HEREBY CERTIFY, That I attended deceased from August 16 1927 to Dec. 27 1927

that I last saw him alive on Dec. 26 1927

and that death occurred, on the date stated above, at 6 A M.

The CAUSE OF DEATH* was as follows:

Uraemic Poisoning

Nephritis Hemorrhagic Gerard

Dropsy

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Debility

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

12/ (Signed) Walter A. Meyer M. D.

27, 1927 Address 1031 N. Caroline

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Westchester Cemetery Chester Co. Pa.

DATE OF BURIAL. 12/30 1927

20-UNDERTAKER. J. H. Simpson & Co.

ADDRESS 1127 E Balto St

Spec.—1-12-23—M&T—500 Blks.

E 28868

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28868

CERTIFICATE OF DEATH.

REGISTERED NO. 1529

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3017 (Street) Westwood Avenue (WARD) 45-67

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Aubel

(a) RESIDENCE NO. 3017 ST. Westwood Avenue WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. — mos. — ds. —How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Blanche E. Aubel

6 DATE OF BIRTH (month, day, and year): Aug 19 1854

7 AGE: Years 73 | Months 4 | Days 9 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John Aubel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Anna Lang

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Blanche E. Aubel 3017 Westwood Avenue

15 Filed DEC 9 1927 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 28th 1927

17 I HEREBY CERTIFY, That I attended deceased from Jan 2 1927, to Dec 27th 1927, that I last saw h[illegible] alive on Dec 27th 1927, and that death occurred, on the date stated above, at 5.45 a m

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Chronic myocarditis

(duration) one yrs. 0 mos. ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Urinalysis

(Signed) Wm. E. Sullivan, M. D.

Dec 28 1927 (Address) 1706 N. Dutton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: Dec 30 1927

20 UNDERTAKER: H. J. Tschudy & Sons — ADDRESS: Pulaski

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28869

CERTIFICATE OF DEATH.

E 28869

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-30 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alexander Simpson

(a) RESIDENCE NO. Rolandville md. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Grad

5 Single, Married, Widowed, or Divorced, (write the word) Mar

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unk

7 AGE Years 68 Months Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unk

(b) General nature of industry, business, or establishment in which employed (or employer) 087

(c) Name of employer Unk

9 BIRTHPLACE (city or town) (State or country) Unk

PARENTS

10 NAME OF FATHER Unk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unk

12 MAIDEN NAME OF MOTHER Unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unk

14 Informant
(Address)

15 Filed 12 29 1927 19 C. HARRISON JOHNSON M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-28-27

17 I HEREBY CERTIFY, That I attended deceased from 12-24-27 to 12-28-27

that I last saw h[illegible] alive on 12-26-27, 19

and that death occurred, on the date stated above, at 2.50 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma stomach
a diffusa metastasis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) myocardial failure

(duration) yrs. mos. 1 7 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. findings

(Signed) C. Harrison Johnson M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND

Spec.–7-17-26—A Co.—200 Bks.

E 28870

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-201

E 28870

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Provident Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Williams

(a) RESIDENCE NO. 909 Jordan St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years: 10 Months: 7 Days: IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant

(Address) 2023

15 Filed 1927 C. HARRISON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/28/ 19 27

17 I HEREBY CERTIFY, That I attended deceased from Dec 19 19 27 to Dec 28 19 27

that I last saw her alive on Dec 27 19 27

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) unknown

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Sign

(Signed) John W. Cannon M. D.

19 (Address) Provident Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 19

20 UNDERTAKER ADDRESS

Very important. See instructions on back of certificates.

UNIVERSITY OF MARYLAND

E 28871 HEALTH DEPARTMENT—CITY OF BALTIMORE E 28871

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 4-7 Ward)

Registered No. C 101

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Ryan

(Residence in Baltimore: No. St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. 1 (Month) (Day) (Year)

7-AGE. 60 years. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country).

PARENTS.

10-NAME OF FATHER.

11-BIRTHPLACE OF FATHER, (State or Country).

12-MAIDEN NAME OF MOTHER.

13-BIRTHPLACE OF MOTHER. (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15- 28-1927 C. Hamilton [illegible] M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 20 - 27 (Month) (Day) 192 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

[illegible] Duration yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner)

Dec 22 1927 (Address) [illegible]

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL. 19

20-UNDERTAKER. ADDRESS

UNIVERSITY OF MARYLAND
THE MORGUE

Spec.—12 9.25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28872

CERTIFICATE OF DEATH.

91-002 E 28872

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor St. 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Donald McCrimmon

(a) RESIDENCE NO. Preston + Valley St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 15, 1857

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
unknown 70 ~~40~~	9	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work NONE

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Scotland

PARENTS

10 NAME OF FATHER Neal McCrimmon

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Scotland

12 MAIDEN NAME OF MOTHER Mary Campbell

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Scotland

14 Informant Little Sisters of the Poor

(Address) Preston + Valley

15 DEC 28 1927 C. HARRISON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28 1927

17 I HEREBY CERTIFY, That I attended deceased from To record, 19..., to ..., 19...,

that I last saw h[illegible] alive on Dec 25, 1927,

and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Old age

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A. Warren, M. D.

Dec 28, 1927 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Date of Burial Dec 30, 1927

20 UNDERTAKER ADDRESS

Wm Wiedefeld 914 Fremont Ave

Very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28873

CERTIFICATE OF DEATH. 24 X

E 28873

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St., 7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Milton Rothe

(a) RESIDENCE NO. 1105 H. St. Sparrows Pt Sta Md. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 30/1921

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	6	0	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Martin W. Rothe

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Co.& Md.

12 MAIDEN NAME OF MOTHER Annie M. Carl

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Co., Md.

14 Informant Father

(Address)

29 1927 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

15 DATE OF DEATH (month, day, and year) Dec 28/27 1927

I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Meningitis (Meningococcus)

(Autopsy at Hopkins)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. C. Hains M. D.

(Coroner)

12/29/27 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Sefwood Cemetery 12/30 1927

20 UNDERTAKER ADDRESS

Geo W Zirkler 1731 E Eager St

Very Important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28874

CERTIFICATE OF DEATH.

90 E 28874

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 625 W. Baltimore St. 430 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Thomas Lawton

(a) RESIDENCE NO. 625 W. Baltimore St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Mina Lawton

6 DATE OF BIRTH (month, day, and year) 1849

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
Aot.	78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Store Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Jervis Lawton

11 BIRTHPLACE OF FATHER (city or town)

(State or country) England

12 MAIDEN NAME OF MOTHER Cecelia C. Lawton

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Thomas W. Lawton

(Address) 2009 E. Preston St.

15 Filed C. HAMILTON JONES, M. D.

DEC 9 1927 Per Registrar.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 28, 1927 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, autopsy or inquiry.

Thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis.

Cardiac Dropsy

CONTRIBUTORY (duration) yrs. mos. 1 ds.

Signed M. D.

(Coroner)

12/ .19 (Address) 143 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — Date of Burial 12/30/27

20 UNDERTAKER Joseph B Cook — ADDRESS 1003 W. Baltimore St

Very important. See instructions on back of certificate.

Cor.—12-9-25— A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28875

CERTIFICATE OF DEATH.

E 28875

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital St., 13 Ward)

2-FULL NAME John Markowicz

(a) RESIDENCE NO. 61 E Belmont St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. dls. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of ~~(or WIFE of)~~ Josephine Markowicz

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	53	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Standard Oil Co

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Martin Markowicz

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Not Known

14 Informant Josephine Markowicz

(Address) 61 E Belmont City

15a Filed 12/29 1927 C. HAMPSON JONES, M. D., Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acc, Burns

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Shock, (Duration) yrs. mos. 1 ds.

(Signed) G C Yeadon (Coroner) M. D.

(Address) 143 W 13 way

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Date of Burial 12/31/1927

20 UNDERTAKER William Fiedtower G 1618 Pavlow City ADDRESS

Very Important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28876

CERTIFICATE OF DEATH.

90 E 28876

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3439 Piedmont Ave St., 45-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mariuina Onorato Sabatino

(a) RESIDENCE NO. 3439 Piedmont Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bernardo Sabatino

6 DATE OF BIRTH (month, day, and year) 11/18/1861

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	66	1	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Italy

PARENTS

10 NAME OF FATHER Guiseppe Onorato

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Italy

12 MAIDEN NAME OF MOTHER Francesca Perico

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Italy

14 Informant Thom Sabatino

(Address) 3439 Piedmont Ave

9 1927 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 27 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Wooden tuberculosis

(duration) yrs. mos. ds.

(Signed) J. F. Hennessy M. D.

(Coroner)

Dec 30, 1927 (Address) 257 N. Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery Date of Burial 12/30 1927

20 UNDERTAKER George J. Ruth ADDRESS 1735 Harford Ave

Very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28877

CERTIFICATE OF DEATH.

31 E 28877

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 612 N. Bruce St. 16-27 Ward)

2-FULL NAME Richard Henry

(a) RESIDENCE NO. 612 N Bruce St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2-25-1889

7 AGE Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
38	10	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.

(State or country)

PARENTS

10 NAME OF FATHER Lewis Henry

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Hallie Bryant

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Florence Henry

(Address) 612 N Bruce St.

29 1927 C. HAMILTON [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-27-1927

17

I HEREBY CERTIFY, That I attended deceased from 12-19 1927, to 12-27, 1927, that I last saw h~~e~~ alive on 12-26, 1927, and that death occurred, on the date stated above, at 11:55 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Phthisis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) [illegible], M. D.

(Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial Dec 31 1927

20 UNDERTAKER Daniel Easton ADDRESS 916 Bo ave

Very important. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28878

CERTIFICATE OF DEATH

7H 001

E 28878

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 2515 Druid Hill St. 13-59 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes M Frazier

(a) RESIDENCE NO. 2515 Druid Hill St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1884

7 AGE: Years 43 Months Days

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Va

PARENTS

10 NAME OF FATHER: Isaac Armstrong

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Va

12 MAIDEN NAME OF MOTHER: Mahone

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant: Mrs. Williams

(Address) 2415 Druid Hill Ave

15 Filed 29 1927 G. HAMILTON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 28 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 26, 1927, to Dec 28, 1927, that I last saw h[illegible] alive on Dec 28 1927 and that death occurred, on the date stated above, at 8:45 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. H. Hatchett, M. D.

12/29 1927 (Address) 1225 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Conn — Date of Burial: Dec 31 1927

20 UNDERTAKER: Hunt Easton — ADDRESS 916 Park Ave

If death occurred in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28879

CERTIFICATE OF DEATH

E 28879

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital St. 12-29-27 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alphonza Darrell

(a) RESIDENCE NO. 326 N. mount st St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4yrs mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct 18/1927

7 AGE: Years 2 Months 11 Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work nn

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Samuel Olsbon

11 BIRTHPLACE OF FATHER (City or town)

(State or country) nn

12 MAIDEN NAME OF MOTHER ? Small

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Mrs. Darrell

(Address) 326 N mount st

Filed 12-29-1927 [illegible] Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 29 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec. 27. 1927. to Dec. 29 1927.

that I last saw h[illegible] alive on Dec. 28 1927.

and that death occurred, on the date stated above, at 7:30 A.m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Signs

(Signed) John W. Gaines M. D.

19 (Address) Provident Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn cem — Date of Burial: Dec 31 1927

20 UNDERTAKER: Dennis Carter — ADDRESS: 916 Eas ave

very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28880

CERTIFICATE OF DEATH.

101-001

E 28880

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 728 N. Gilmore St. 16-22 Ward)

2-FULL NAME Jeannette Wilmore Ex

(a) RESIDENCE NO. 728 N. Gilmore St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): about 1865

7 AGE: Years 59 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Mary E. Carey

(Address) 2339 McCulloh St

15 Filed 1927 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 27 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the date stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) No history

(duration) yrs. mos. ds.

(Signed) J. T. Rosenberg M. D.

(Coroner)

Dec 27, 1927 (Address) 2522 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial Dec 29 1927

20 UNDERTAKER Daniel Easton ADDRESS 956 Gay ave

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 28881

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28881

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2137 Penna ave (St.) 14-54 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albina Hoffman

(a) RESIDENCE NO. 2137 Penna ave (St.) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married~~, Widowed, or ~~Divorced~~ (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Josiah Hoffman

6 DATE OF BIRTH (month, day, and year): April 8 / 44

7 AGE: Years 83 | Months 8 | Days 21 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: John R Kuhn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Susie Hoffman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Susie Hoffman 2137 Pennsave

15 Filed DEC 29 1927, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 29 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 29, 1927, to Dec 29, 1927, that I last saw h[illegible] alive on Dec 29, 1927 and that death occurred, on the date stated above, at 3:30 a m

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) O O Lloyd, M. D.

, 19 (Address) 2737 Eutaw pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem — DATE OF BURIAL: 12/28 1927

20 UNDERTAKER: Wilbur W Shivers — ADDRESS: 1018 Edmondson ave

Cor.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28882

CERTIFICATE OF DEATH.

E 28882

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1056 W. Fayette St (St.) 18-26 (Ward)

REGISTERED NO. 181-001

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Authur Patrick Handlon

(a) RESIDENCE NO. 1056 W. Fayette St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of --

6 DATE OF BIRTH (month, day, and year) Mar. 18, 1877

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	50	9	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work General Worker

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer Tin Decorating Co.

9 BIRTHPLACE (city or town)

(State or country) Staten Is. N. Y.

PARENTS

10 NAME OF FATHER Timothy P. Handlon

11 BIRTHPLACE OF FATHER (city or town)

(State or country) N. Y.

12 MAIDEN NAME OF MOTHER Dila Linton

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) N. Y.

14 Informant Brother

(Address) Timothy Handlon Jr.

15 Dec 28 1927 C. HAMPSON JONES, M. D. Registrar

DEC 29 1927

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Dec. 27, 1927 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Monoxide gas poisoning.
Accidental.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Dec 28 1927 (Coroner) Jno. A. Gordon M. D.

(Address) 1 Cedar St., Curtis Bay, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.) --

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1056 W. Fayette St.

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial 12/30/1927

20 UNDERTAKER Frank L. Cole ADDRESS 2 Clarendon Ave

Very Important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 28883

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28883

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 426 Augusta St. 5-8 WARD)

2-FULL NAME Eugene Chappell Lee

(a) RESIDENCE NO. 426 Augusta ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Sarah Lee

6 DATE OF BIRTH (month, day, and year): — 1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (City or town) (State or country): Anderson South Carolina

PARENTS

10 NAME OF FATHER: Tally Sloan

11 BIRTHPLACE OF FATHER (City or town) (State or country): Anderson South Carolina

12 MAIDEN NAME OF MOTHER: Janie Lee

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Anderson South Carolina

14 Informant (Address): Janie Lee 426 Augusta St —

15 Filed Dec 29 1927 Carl HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 28. 1927

17 I HEREBY CERTIFY, That I attended deceased from May 4, 1927, to Dec. 27, 1927, that I last saw h— alive on Dec 27, 1927, and that death occurred, on the date stated above, at 12:30 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) R. Carl Chappell M. D.

Dec 27 1927 (Address) 1134 — Cal Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Anderson S C — DATE OF BURIAL: 12/30/27

20 UNDERTAKER: Anson Wright ADDRESS: 1228 McElderry Street

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28884

CERTIFICATE OF DEATH.

E 28884

1-PLACE OF DEATH

REGISTERED NO. 170

City of BALTIMORE: (No. 2607 Roslyn Avenue St. 15-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Wailes Burnett

(a) RESIDENCE NO. 2607 Roslyn Avenue St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mattie C. Burnett

6 DATE OF BIRTH (month, day, and year) September 28, 1866

7 AGE	Years	Months	Days	IF LESS than 1 day hrs, or min.
	61	3	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Printer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Oliver P. Burnett

11 BIRTHPLACE OF FATHER (city or town) Somerset Co.,

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Nancy Cullen

13 BIRTHPLACE OF MOTHER (city or town) Somerset Co.,

(State or country) Md.

14 Informant Mrs. Mattie C. Burnett

(Address) 2607 Roslyn Avenue

Filed ..... 19 ..... Registrar

EC 30 1927 C. HARRISON KELLY, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 28, 1927 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide, by gunshot wound in head

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (secondary) almost instantaneous death

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessy M. D.

(Coroner)

Dec 29 1927 (Address) 2572 Edmondson Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State Life yrs., mos., dy.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery Date of Burial 12/30/19 27

20 UNDERTAKER Saulsbury Cook ADDRESS 1002 W. Baltimore St.

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 28885

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28885

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 12-E-Madison ST. 11-15 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Leonard Trippe

(a) RESIDENCE NO. 12 E-Madison ST., WARD Royal Oak Md.
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 21 ds. How long in U. S., if of foreign birth? 71 yrs. 2 mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Samuel C. Trippe

6 DATE OF BIRTH (month, day, and year) October-28-1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) Royal Oak-
(State or country) Talbot Co. Md

PARENTS

10 NAME OF FATHER Nicholas Leonard

11 BIRTHPLACE OF FATHER (city or town) Talbot Co.
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary E. Frampton

13 BIRTHPLACE OF MOTHER (city or town) Talbot Co
(State or country) Maryland

14 Informant Miss Mary Trippe (daughter)
(Address) 12 E Madison St

15 DEC 30 1927 C. HA[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-29 1927

17

I HEREBY CERTIFY, That I attended deceased from Dec. 2 , 19 7 , to Dec. 29 , 19 7 ,
that I last saw her alive on Dec. 29 , 19 7
and that death occurred, on the date stated above, at 9:20 P. m.
The CAUSE OF DEATH* was as follows:

Acute endocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cholelithiasis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Thos L. Watson M. D.
, 19 (Address) 3 W. Biddle St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Easton Maryland — DATE OF BURIAL Dec/30 1927

20 UNDERTAKER Stewart & Mowen Co — ADDRESS Balto Md

Spec.—1-12-23—M&T—500 Bks.

E 28886

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28886

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1228 N. Eden ST. 10-14 WARD)

2-FULL NAME Elizabeth A. Matthews

(a) RESIDENCE No. 1228 N. Eden ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. 1 mos. 25 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Matthews

6 DATE OF BIRTH (month, day, and year) Nov 4-1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	1	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER James Alexander Glen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Isabella A. McNeally

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Miss Isabelle G. Matthews (Address) 1228 N. Eden Street

DEC 30 1927 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 30th 1927

17 I HEREBY CERTIFY, That I attended deceased from December 10th 1927, to December 30th 1927, that I last saw her alive on December 28th, 1927, and that death occurred, on the date stated above, at 1.30 a m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Contributory (duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Senility (duration) — yrs. — mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Frederick L. Grau M. D.

19 (Address) 7827 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cemetery — DATE OF BURIAL: 12/31 1927

UNDERTAKER: Penny & Mears & Sons — ADDRESS: Baltimore

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28887

CERTIFICATE OF DEATH.

100-001

E 28887

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1084 Durham St. 6-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Stach

(a) RESIDENCE NO. 1084 Durham St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? 48 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Stach

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Bohemia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Bohemia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Bohemia

14 Informant Chas. Stach

(Address) 1084 Durham St.

DEC 30 1927

C. H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 15 1927 to Dec 29 1927

that I last saw h... alive on Dec 28 1927

and that death occurred, on the date stated above, at ... A. M.

The CAUSE OF DEATH* was as follows:

Cancer Abdomen

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Finding

(Signed) [illegible] M. D.

Dec 29 1927 (Address) 600 North Wolfe St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial Dec 31 1927

20 UNDERTAKER Franck Crowther ADDRESS 1906 Hillsdale

Very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 28888 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 28888
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2411 Eager Ave St., 712 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maxime Van Veen

(a) RESIDENCE NO. 2411 Eager Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? 15 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: Marie Veen

6 DATE OF BIRTH (month, day, and year): Apr 1 1883

7 AGE: Years 44 | Months 8 | Days 26 | If LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town):
(State or country) Cache Harbor

PARENTS

10 NAME OF FATHER Joseph Veen

11 BIRTHPLACE OF FATHER (city or town):
(State or country) Cache Harbor

12 MAIDEN NAME OF MOTHER Theresa Smith

13 BIRTHPLACE OF MOTHER (city or town):
(State or country) Cache Harbor

14 Informant
(Address) 2411 Eager Ave

15 Filed ..., 19... DEC 30 1927 E. HAMPSON Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 27 27

17 I HEREBY CERTIFY, That I attended deceased from Nov 1 19 27 to Dec 27 19 27
that I last saw h[illegible] alive on Dec 27 19 27 10:30 A.M.
and that death occurred, on the date stated above, at
The CAUSE OF DEATH was as follows: Uremia Retrogitation
(Duration) Kidney yrs. mos. ds.

CONTRIBUTORY (Secondary) Pul. Edema
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? [illegible]
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) [illegible] M.D.
19 (Address) 800 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Date of Burial Dec 31 1927

20 UNDERTAKER: Fred Crockson ADDRESS 1900 Bland

Very important. See instructions on back of certificates.

Spec.—1-12-23—MAT—500 Blks.

E 28889

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

124 E 28889

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 6019 Bellona Ave (ST.) 27-48 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarence Talbot McAfee

(a) RESIDENCE No. 6019 Bellona Avenue (ST.) (WARD)

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah E. McAfee

6 DATE OF BIRTH (month, day, and year): Sept. 28, 1864

7 AGE — Years: 63 — Months: 3 — Days: 1 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Md. Jockey Club

9 BIRTHPLACE (city or town): Baltimore (State or country): Maryland

PARENTS

10 NAME OF FATHER: James H. McAfee

11 BIRTHPLACE OF FATHER (city or town): Baltimore (State or country): Md.

12 MAIDEN NAME OF MOTHER: Amfield E. Sinclair

13 BIRTHPLACE OF MOTHER (city or town): New Elizabeth (State or country): Ohio

14 Informant: Mrs. Sarah E. McAfee (Address): 6019 Bellona Avenue

15 Filed DEC 30 1927 C. Hyman M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 29 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 5, 1927, to Dec 29, 1927, that I last saw h is alive on Dec 29, 1927, and that death occurred, on the date stated above, at 11.35 A m.

The CAUSE OF DEATH* was as follows:

Ch. Rt Nephritis, Ch. Myocarditis

Nephritis chronic.

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchpneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) B. N. Bishop, M. D.

(Address) York Rd. & Sheridan Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: 12/31 1927

20 UNDERTAKER: Jos. B. Cook — ADDRESS: 1003 W. Baltimore St

Spec.—12-8-25—A Co.—200 Bks.

E-28890

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-28890

CERTIFICATE OF DEATH.

REGISTERED NO. 101

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 7 E. 27th St. (Ward) 12-50

2-FULL NAME Margaret Gertrude Krug

(a) RESIDENCE NO. 7 E. 27th St. Ward

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 52 yrs. 9 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alfred F. Krug

6 DATE OF BIRTH (month, day, and year): March 23 1875

7 AGE — Years: 52 Months: 9 Days: 6 If LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md.

PARENTS

10 NAME OF FATHER: George A. Kirk

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Margaret M. Magee

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Baltimore Md

14 Informant: Alfred F. Krug

(Address) 7 E. 27th St.

EC 30 1927

E. HARRISON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Dec 29-1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 6 1927, to Dec 29, 1927, that I last saw her alive on Dec 29, 1927, and that death occurred, on the date stated above, at 11.30 a.m.

The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) J. K. Family, M. D.

(Address) 117 W. Lanvale St.

12/29/27

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery Date of Burial: Dec 31 1927

20 UNDERTAKER: Chas. S. Black ADDRESS: 742 W. Baltimore

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 28891 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 28891
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 Luzern ST., 7-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles L. Kissner

(a) RESIDENCE No. 610 Luzern ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs dys. How long in U. S., if of foreign birth? yrs mos da.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 13 1881

7 AGE — Years: 46 — Months: 2 — Days: 24 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Labor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS
10 NAME OF FATHER: Fred Kissner
11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany
12 MAIDEN NAME OF MOTHER: Mary Doehling
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Gertrude Reed
(Address): 610 Luzern

15 Filed DEC 30 1927 19 C. H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28 1927

17 I HEREBY CERTIFY, That I attended deceased from July 5 1927 to Dec. 28 1927.
that I last saw him alive on Dec. 27 1927.
and that death occurred, on the date stated above, at 3 a m.
The CAUSE OF DEATH* was as follows:
Myocarditis,
(duration) 2 yrs 6 mos da.

CONTRIBUTORY (Secondary)
(duration) yrs mos da.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? no
What test confirmed diagnosis?

(Signed) L. C. Sobelsal M. D.
19 (Address) 447 N. Kenwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer
UNDERTAKER: Kendall Dyppel
ADDRESS: 828 Ann

DATE OF BURIAL: Dec 31 1927

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28892
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

179

E 28892
REGISTERED NO.

City of BALTIMORE: (No. Johns Hopkins Hospital St. 5-Y Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Bee

(a) RESIDENCE NO. 372 Forrest St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	col	widow

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Rock Hall, Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) "

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) "

14 Informant Mary Bee (daughter)
(Address) 372 Forrest St

DEC 30 1927

C. HARRISON JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29/27

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns over entire body. Clothes accidently caught fire from oil stove in her home.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Prather M. D.
(Coroner)

18 (Address) 12/30/27 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial Jan 2 1928

UNDERTAKER Chas. H. Flamm ADDRESS 416 N. Carey

321

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

b.g 28893 -73

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-003

107 E 28893

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Horace Rollins

(a) RESIDENCE No. 1626 McElderry ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col—

5 Single, Married, Widowed, or Divorced (write the word): married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie Rollins

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE: Years 54; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Richard Rollins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Carrie Coleman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Pearls

(Address)

15 Filed , 19 HARRY [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec-29 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 26, 1927, to Dec 29, 1927, that I last saw h[illegible] alive on Dec 29, 1927 and that death occurred, on the date stated above, at 12 08 P m

The CAUSE OF DEATH* was as follows:

Multiple lung abscesses.

(duration) yrs. 2 mos 20 da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Clinical. Autopsy.

(Signed) Raymond Wing, M. D.

12-29 1927 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Cemetery DATE OF BURIAL: Jan 1 1928

UNDERTAKER: Chas. W. Johnson ADDRESS: 716 N. Carey St.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28894

CERTIFICATE OF DEATH

89 E 28894

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 939 St Paul St. 11-15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David Ridgely Howard

(a) RESIDENCE NO. 939 St Paul St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) January 7. 1844

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
83	11	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland.

PARENTS

10 NAME OF FATHER James Howard

11 BIRTHPLACE OF FATHER (City or town) Baltimore

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Catharine M. Ross

13 BIRTHPLACE OF MOTHER (city or town) Frederick

(State or country) Maryland

14 Informant Wm H S Howard

(Address) Southwood Park – Md

15 Filed DEC 30 1927 C. Hatton Jones Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29th 1927 19

17 I HEREBY CERTIFY, That I attended deceased from Dec 26th, 1927, to Dec 29th, 1927,

that I last saw h[illegible] alive on Dec 29th, 1927,

and that death occurred, on the date stated above, at 4-a. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Arterio sclerosis

Hypertension

(duration) 2 yrs. mos. ds.

18 Where was disease contracted —

if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Clinical & Symptoms

(Signed) Jack Leard, M. D.

Dec 29. 1927 (Address) 300 [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

Date of Burial 12. 31—1927

UNDERTAKER Henry W. Jenkins & Sons Co.

ADDRESS Order McCulloh

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 28895 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 E 28895

1-PLACE OF DEATH 3312 old Frederick Rd

CITY OF BALTIMORE: (No. 20-10 ST., WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth May Kirby Norris

(a) RESIDENCE No. 3312 old Frederick ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fe	W	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 18 1884

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
43	9	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Rufus Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Kate Sunley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Edith M. Brooks

(Address) 711 Poplar Grove St

15 Filed DEC 30 1927 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 17, 1927, to Dec 29, 1927, that I last saw her alive on Dec 29, 1927 and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 13 ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Cl & Phy Exam

(Signed) Fred T. Kyler, M. D.

, 19 (Address) 3321 Frederick Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Masters Cem. DATE OF BURIAL 12/31 1927

20 UNDERTAKER George J Smith ADDRESS [illegible]

Spec.—1-12-23—M&T—500 Bks.

E 28896

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31

E 28896
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillie Scott

(a) RESIDENCE No. 712 Lamers ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col.	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1912

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	15			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Girl

(b) General nature of industry, business, or establishment in which employed (or employer) 500

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Kenny, Maney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Anna Scott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Hosp. Records
(Address)

DEC 30 1927 BUREAU OF VITAL STATISTICS, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 27 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct. 5 1927 to Dec 27 1927

that I last saw h[illegible] alive on Dec 27 1927

and that death occurred, on the date stated above, at 5.15 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) L. E. Madden M. D.

(Address) Balto City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pine Lawn Cem DATE OF BURIAL 12/30 1927

20 UNDERTAKER [illegible] ADDRESS [illegible]

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28897

CERTIFICATE OF DEATH.

E 28897
Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1620 W. Lexington St., 19-11 9th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. ~~Mary Magnie~~ Mimy Johnson

(a) Residence No. 1620 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-Single, Married, ~~widow~~ Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Johnson

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE. 90 yrs. mos. ds.

If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Servant

(b) General nature of Industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) Va.
(State or Country),

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) "
(State or Country),

12-MAIDEN NAME OF MOTHER, "

13-BIRTHPLACE OF MOTHER (city or town) "
(State or Country),

14- (Informant) Fannie Smith
(Address) 1620 W. Lexington St.

15- DEC 30 1927 Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 12-29-27

17- I HEREBY CERTIFY, That I attended deceased from 12-15-1927 to 12-28-1927 that I last saw her alive on 12-28-1927 and that death occurred, on the date stated above, at 12:30 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. M. Lawrence M. D.

, 19 (Address) 1232 W. Mosher St.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
St. Pauls Cemetery	Dec 30 1927
20-UNDERTAKER.	ADDRESS
Chas. O. Mitchell	1911 Eutaw Place

Spec.—1-12-23—M&T—500 Bks.

28898

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

37-001 E 28898

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 n. Chapel ST., 79 WARD)

2-FULL NAME Shelton Fisher

(a) RESIDENCE NO. 605 n. Chapel ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
m	Col.	S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 12-12-26

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1		18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. md.

PARENTS

10 NAME OF FATHER John Fisher

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Mervey Griffin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Carrie Griffin (Address) 605 N. Chapel

15 Filed [illegible], 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-29 19 27

17 I HEREBY CERTIFY, That I attended deceased from 12-21, 1927, to 12-29, 1927, that I last saw h— alive on 12-29, 1927, and that death occurred, on the date stated above, at 5:30 A m.

The CAUSE OF DEATH* was as follows:

Acute Miliary Tuberculosis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Tuberculous meningitis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical exam

(Signed) W. A. Bleiy, M. D.

, 19 (Address) 1526 N. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery — DATE OF BURIAL Dec 29, 1927

20 UNDERTAKER Edward Bryan — ADDRESS 1631 Orleans St

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 28899 — REGISTERED NO. 8 — E 28899

1-PLACE OF DEATH

City of BALTIMORE: (No. Sydenham Hospital St. 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gertrude Mary Carter

(a) RESIDENCE NO. St. Vincents Infant Asylum St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 17, 1927

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
		10	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Theresa Carter

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant St. Vincents (Address) Division St.

15 Filed DEC 30 1927 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 1 1927 to Dec 29 1927

that I last saw her alive on Dec 29 1927

and that death occurred, on the date stated above, at 4 45 P m.

The CAUSE OF DEATH* was as follows:

Scarlet Fever

(duration) yrs mos 30 ds

CONTRIBUTORY (Secondary) Lobar Pneumonia Empyema

(duration) yrs mos ds

18 Where was disease contracted if not at place of death? Orphanage

Did an operation precede death? yes Date of Thoracotomy 12/14

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G. Dull M. D.

12/30 1927 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart — Date of Burial 12/30 1927

20 UNDERTAKER J. J. Fahey Son — ADDRESS 737 Light St

very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28900

CERTIFICATE OF DEATH

89

E 28900

1-PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE: (No. 1443 Montpelier St., 9-4th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William E. Burgan

(a) RESIDENCE NO. 1443 Montpelier St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. 6 mos. 25 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C. Burgan

6 DATE OF BIRTH (month, day, and year) June 4 1875

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
	52	6	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Marble Cutter

(b) General nature of industry, business, or establishment in which employed (or employer) 076

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER John J. Burgan

11 BIRTHPLACE OF FATHER (City or town) Balto. (State or country) Md

12 MAIDEN NAME OF MOTHER Bettie A. Kenny

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant Miss Mary Nola Burgan

(Address) 1443 Montpelier St

15 Filed DEC 30 1927 By [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 29 1927

17 I HEREBY CERTIFY, That I attended deceased from December 26, 1927, to December 29, 1927, that I last saw him alive on December 29, 1927, and that death occurred, on the date stated above, at 1.45 P m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

Duration 8 Hours

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) acute angina pectoris

about 8 hours

(duration) yrs. mos. ds.

18 Where was disease contracted —

if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Coroner at Inquest and Autopsy

(Signed) S. Harris Nettunk M. D.

(Address) 1161 Goodrich ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Holy Redeemer Cemetery	Dec. 31 1927
20 UNDERTAKER	ADDRESS
Henry Storck Son	1301 E. Eager St

very important. See instructions on back of certificates.

Do not write in pencil or with ink containing iron, as this may be injurious to the paper, so that it may be properly classified. Exact statement of OCCUPATION is

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28901

CERTIFICATE OF DEATH.

100-001

E 28901

1-PLACE OF DEATH

City of BALTIMORE: (No.) 758 Dolphin St. 17-23 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter D. Dennis

(a) RESIDENCE NO. 758 Dolphin St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov 4th 1927

7 AGE: Years 1 Months Days 26 (24) IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore City

(State or country)

10 NAME OF FATHER: Walter D Dennis

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Md

12 MAIDEN NAME OF MOTHER: Hellen D Jacobs.

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Md.

PARENTS

14 Informant: Hellen Dennis

(Address) 758 Dolphin St

Filed DEC 30 1927 [illegible] Registrar

very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Dec. 28, 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Coroner, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency

(duration) yrs. mos. ds.

(Signed) J. C. T. Hennessy M. D.

(Coroner)

Dec 30 1927 (Address) 2572 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem Date of Burial Dec 30 1927

20 UNDERTAKER: David Easton ADDRESS 916 Cross

Spec.—1-12-23—M&T—500 Blks.

20 E 797 / 28902

HEALTH DEPARTMENT—CITY OF BALTIMORE

3-09 E 28902

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. 16-23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edgar Warner

(a) RESIDENCE NO. 1118 Riggs Ave ST., WARD Harriet Lane Home

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 15 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 6-5-26

7 AGE: Years 1 | Months 15 | Days 23 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md —

PARENTS

10 NAME OF FATHER George Warner

11 BIRTHPLACE OF FATHER (city or town) Md — (State or country)

12 MAIDEN NAME OF MOTHER Beulah DeGlucen

13 BIRTHPLACE OF MOTHER (city or town) Md — (State or country)

14 Informant Records — (Address) JOHNS HOPKINS HOSPITAL

15 Filed DEC 30 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 28 1927

17 I HEREBY CERTIFY, That I attended deceased from Sept- 21, 1927, to Dec- 28, 1927, that I last saw h-alive on Dec- 28, 1927 and that death occurred, on the date stated above, at 8 5/4 a m.

The CAUSE OF DEATH* was as follows:

Benedict's Syndrome (mid-brain) due to tuberculoma, ~~Meningitis~~

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Miliary Tbc (?), Tbc meningitis (duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? Yes.

What test confirmed diagnosis? Physical exam, lumbar puncture, X-Ray

(Signed) J. L. Bennett M. D.

Dec. 29, 1927 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL 12/31/1927

20 UNDERTAKER Mrs. Geo. H. Holland ADDRESS 1631 Druid Hill Ave

Spec. 7-17-26 A Co. 200 Blks.

E 28903

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28903

101-001

CERTIFICATE OF DEATH

REGISTERED NO. 2224

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital 14-20 St., or Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Williams

(a) RESIDENCE NO. 1609 Mccullah St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 20 mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Baby

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Dec 1926.

7 AGE — Years: 1 Months: 8 Days: IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore Md.

(State or country)

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (City or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant Robert Williams

(Address) 1609 McCulloh St

Filed DEC 30 1927 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 12/29/27

17 I HEREBY CERTIFY, That I attended deceased from Dec 27, 1927, to Dec. 29, 1927, that I last saw him alive on Dec. 28, 1927, and that death occurred, on the date stated above, at 5:15 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Immediate Cause and

Malnutrition secondary

Cause (duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) yrs. 2 mos ds.

18 Where was disease contracted

If not at place of death? 1609 Mccullah St.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Sx.

(Signed) Ernest A. Muller, M. D.

19 (Address) 2001 Penna. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery Date of Burial 12/31/1927

20 UNDERTAKER Mrs. H. H. Holland ADDRESS 1431 Lindsell Ave

very important. See instructions on back of certificates.

that if any of the property classified. Exact statement of OCCUPATION is

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28904

CERTIFICATE OF DEATH.

113 E 28904

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital 5-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Henderson

(a) RESIDENCE NO. 1127 May St St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 4/27

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
		7	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Rich. H. Henderson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Wash. D.C.

12 MAIDEN NAME OF MOTHER Louisa Starks

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md.

14 Informant Mother

(Address)

EC 30 1927

C. HANSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28/27

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Enquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Indigestion

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. M. Gibson M. D.

(Coroner)

12/29/27 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Date of Burial Dec 30 19 27

20 UNDERTAKER Mrs. R. E. Elliott ADDRESS 172 Eastlund Ave

very important. See instructions on back of certificate. CAUSE, STATEMENT OF OCCUPATION IS

Spec.—7-17-26—A Co.—200 Bks.

E 28905

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED NO. E 28905

City of BALTIMORE: (No. Provident Hospital St. 1724 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. Keys

(a) RESIDENCE NO. Pumphrey Md. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: C.

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE — Years: about 60 — Months — Days — IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Md.

(State or country)

PARENTS

10 NAME OF FATHER: James Keys

11 BIRTHPLACE OF FATHER (City or town): Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Elizabeth Hayes

13 BIRTHPLACE OF MOTHER (City or town): Md.

(State or country)

14 Informant: Elizabeth Hayes

(Address) Pumphrey Md.

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 28 19 27

17 I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1927, to Dec. 28, 1927.

that I last saw him alive on Dec. 21, 1927.

and that death occurred, on the date stated above, at 7 15 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis & Nephritis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis & Senility

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) John D. Jaines M. D.

19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary — Date of Burial: Dec 30, 19 27

20 UNDERTAKER: Wm. R. G. Elliott — ADDRESS: Baltimore

DEC 30 1927

Very important. See instructions on back of certificates. Exact statement of OCCUPATION is

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28906

CERTIFICATE OF DEATH.

74-001

74 E 28906

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 N. Allendale St. 12-14 WARD)

2-FULL NAME Julia Mangolian

(a) RESIDENCE NO. 413 N. Allendale St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Ca

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Mangolian

6 DATE OF BIRTH (month, day, and year): 1885

7 AGE: Years 44 yr; Months ?; Days ?; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): no

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Randall Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Adline Butler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Mary Mangolian

(Address) 413 N. Allendale St.

15 Filed DEC 30 1927 H. A. Regis. Supervisor

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 28 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 24, 1927, to Dec 28 1927, that I last saw h alive on Dec 27, 1927, and that death occurred, on the date stated above, at 11:40 a m

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) yrs mos 5 ds.

CONTRIBUTORY (Secondary) & Uraemia (duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? Personal Exam.

(Signed) C. V. Hall, M. D.

, 19 (Address) 1426 E 23rd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary — DATE OF BURIAL: Dec. 29 1927

20 UNDERTAKER: Mrs. R. G. Elliott — ADDRESS: 1725 Ashland Ave

Cor—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28907

CERTIFICATE OF DEATH. 145-001

E 28907

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Johns Hopkins Hospital 25-72 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna M. Horten

(a) RESIDENCE NO. 2412 Washington Boulevard Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lester Horten

6 DATE OF BIRTH (month, day, and year) Sept 14/1911

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	16	3	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dancer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

10 NAME OF FATHER Wm. H. Jubb

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Edna M. Rodney

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

PARENTS

14 Informant Wm. H. Jubb

(Address) 2412 Washington Boulevard

Filed DEC 30 1927 C. HAMPSON JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29/27

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock- following Caesarian Section

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Bayne M. D.

(Coroner)

(Address) 12/29/27 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem Date of Burial June 2 1928

UNDERTAKER H C Breuning See Schroder

ADDRESS 51 N

See instructions on back of certificate. Every supposition. Exact statement of OCCUPATION is

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28908

CERTIFICATE OF DEATH.

X 49 E 28908

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hosp., ST., 4-7 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Milton Palmer

(a) RESIDENCE NO. Berlin, Md., ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1905

7 AGE — Years: 22 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farm - hand

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Mercy Hospital Front

15 [illegible] Registrar

DEC 30 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1927, to Dec. 30, 1927, that I last saw h im alive on Dec 30, 1927 and that death occurred, on the date stated above, at 1 40 A m.

The CAUSE OF DEATH* was as follows:

New growth in Kidney
Chr. Nephritis (?)

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Yes

(Signed) Sheldon Calotland, M. D.

, 19 (Address) 2736 N. Calvert St., Mercy Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bethlehem Md — DATE OF BURIAL: 1/3/28

20 UNDERTAKER: Jno. A. Tingle & Stanley Salisbury Md — ADDRESS

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28909

CERTIFICATE OF DEATH. X 100 E 28909

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. BALTIMORE CITY HOSPITALS ST. 3-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles D mahue

(a) RESIDENCE NO. 726 Sitler 2nd ST. WARD Washington D.C.
(Usual place of abode)
Length of residence in city or town where death occurred ? yrs. / mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Washington
(State or country) D. C.

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town)
(State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) ?

14 Informant
(Address) Records.

15 FILED 1927 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/28/1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1927, to Dec. 28, 1927, that I last saw him alive on Dec. 28, 1927, and that death occurred, on the date stated above, at 1:30 A m.

The CAUSE OF DEATH* was as follows:

Acute lobar pneumonia

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Gram & Smear

(Signed) C. Wilmer Boyd, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart	12/30 1927
20 UNDERTAKER J. J. Fahey & Son	ADDRESS 1318 Light St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 23910

E 28910

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

City of BALTIMORE: (No. 716 Lemmon St. 8-17 Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George L. Nelson

(a) RESIDENCE NO. 1326 W. Washington St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Catherine Nelson

6 DATE OF BIRTH (month, day, and year): Sept - 1864

7 AGE: Years 63 Months 3 Days _____ IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Odd Jobs

(c) Name of employer: _____

9 BIRTHPLACE (city or town): Near Mt. City

(State or country)

PARENTS

10 NAME OF FATHER: — Nelson

11 BIRTHPLACE OF FATHER (city or town): _____

(State or country)

12 MAIDEN NAME OF MOTHER: Catherine Corcoran

13 BIRTHPLACE OF MOTHER (city or town): _____

(State or country)

14 Informant: Catherine Nelson

(Address): 1326 W. Washington St

15 Filed 30 1927 HAMPSON JONES, Registrar

RMA

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12 28 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral x Stenosis

(duration) _____ yrs. _____ mos. 4 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) _____ yrs. _____ mos. 1 ds.

12/28/27 (Signed) Geo Clinton Biddle M. D.

(Coroner)

(Address) 1436 Bolton St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs.,..... mos.,..... ds. In the State..... yrs.,..... mos.,..... ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dennis Brothers Date of Burial 12 31 1927

20 UNDERTAKER: Phillips & Henry ADDRESS 2110 Eutaw St

very important. See instructions on back of certificate. EXACT statement of OCCUPATION is

Spec.—1-12-23—M&T—500 Bks.

E 28911

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28911

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph's Hospital ST. 2435 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Ittner

(a) RESIDENCE No. 1360 Lawrence St ST. Local Dist WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of Annie Ittner

6 DATE OF BIRTH (month, day, and year) Oct 3/47

7 AGE — Years: 80 — Months: 2 — Days: 26 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sheet Iron

(b) General nature of industry, business, or establishment in which employed (or employer): Worker

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER John Ittner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Del.

12 MAIDEN NAME OF MOTHER Barbara

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Del.

14 Informant Annie Ittner

(Address) 1360 Lawrence St

0 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 1927

17

I HEREBY CERTIFY, That I attended deceased from Dec 11, 1927, to Dec 27, 1927,

that I last saw h[illegible] alive on Dec 27, 1927,

and that death occurred, on the date stated above, at 9 15 m.

The CAUSE OF DEATH* was as follows:

Coarctation of Renal Vascular disease

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H Lawrence Fahney M. D.

, 19 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem.

DATE OF BURIAL: 1/2 1928

20 UNDERTAKER: Philip Herwig

ADDRESS 2016 Arlington Ave

Spec.—1-12-23—M&T—500 Bks.

E 28912

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28912

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3014 Presstman ST. 16-67 WARD) 74-06

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliz. A. Sanders

(a) RESIDENCE NO. 3014 Presstman ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	Mulatto	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George E.

6 DATE OF BIRTH (month, day, and year) April 57

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Joseph B. Fingier

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Emily Carson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant E. B. Saunders

(Address) 3017 Presstman St.

15 Filed 30 1927 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30 1927

17 I HEREBY CERTIFY, That I attended deceased from Sept 1 1927 to Dec 30 1927.

that I last saw h[illegible] alive on Dec 29 1927.

and that death occurred, on the date stated above, at 11-05 m.

The CAUSE OF DEATH* was as follows:

Senility Arteriosclerosis

Cerebral. Hem.-

(duration) yrs 3 mos — ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) H. Wesley Cole M. D.

1930 1927 (Address) 2702 Lanvale Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Jan. 2 1928

DATE OF BURIAL

20 UNDERTAKER H. M. Cole

ADDRESS 502 E. [illegible]

Section 49, Ordinances of 1922, see instructions on back of certificate.

Co. —12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28913

CERTIFICATE OF DEATH.

88-002 E 28913

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Noll

(a) RESIDENCE NO. Lwicks Rd Ward

(Usual place of ... (If non-resident give city or town and State)

Length of residence in city or town where death occ... yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	66 (about)			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Caretaker

(b) General nature of industry, business, or establishment in which employed (or employer) Caretaker for

(c) Name of employer Estate of Betz

9 BIRTHPLACE (city or town) Martinsburg W Va

(State or country)

PARENTS

10 NAME OF FATHER William Noll

11 BIRTHPLACE OF FATHER (city or town) Martinsburg

(State or country) W Va

12 MAIDEN NAME OF MOTHER Virginia

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) W Va

14 Informant Allen Noll

(Address) Martinsburg W Va

15 Filed ..... 19 ..... Registrar

12 30 1927

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30 192 7

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull

(duration) yrs. mos. 2 da.

CONTRIBUTORY (Secondary) automobile accident

(duration) yrs. mos. 3 hr.

(Signed) J. Hamman M. D.

(Coroner)

(Address) 2572 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Martinsburg W Va Date of Burial 12/30 1927

20 UNDERTAKER Wilson Cook ADDRESS 5026 Belair Rd

very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Spec.—1-10-21—M&T—1500 Bks.

E 28914

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28914

CERTIFICATE OF DEATH.

31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 1201 Bradford St. 8-12 (WARD)

2-FULL NAME Alfonso Salerno

(a) RESIDENCE NO. 1201 Bradford ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Salerno

6 DATE OF BIRTH (month, day, and year): 10/26/1901

7 AGE — Years: 26 — Months: 2 — Days: 2 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Barber

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Pietro Salerno

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Paulina DeSalvo

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: mother

(Address)

15 DEC 30 1927 C. HAMPSON JONES, M. D. Per ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-27 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 11, 1926, to Dec 27, 1927, that I last saw h[illegible]ive on Dec 27, 1927, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. 1 mos ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? 2

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X ray

(Signed) Wesley L. Wadsworth, M. D.

Dec 29, 1927 (Address) 1035 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: 12/31 1927

20 UNDERTAKER: George J. Ruth 1735 — ADDRESS: Harford Ave

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 28915

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28915

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 921 N. Chester ST., 7-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Margaret Conway

(a) RESIDENCE NO. 400 N. Biddle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 31, 1888

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
39	2 3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Michael F. Conway

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary A. Morriffey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Mary A. Conway (Address) 921 N. Chester St.

15 Filed DEC 30 1927, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 29 1927

17

I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1927, to Dec. 29, 1927, that I last saw her alive on Dec. 29, 1927, and that death occurred, on the date stated above, at 5 30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis & endocarditis

Chronic nephritis

(duration) Uncertain mos ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

Pulmonary edema (duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no.

What test confirmed diagnosis? Physical Evidence

(Signed) Geo. B. Dybert, M. D.

, 19 (Address) 2802 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — DATE OF BURIAL: Dec. 31 1927

20 UNDERTAKER Rita Rudefeld ADDRESS 914 Greenmount Ave

Spec.—1-10-21—MAT—1500 Blks.

E 28916

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28916

X. 65-001

CERTIFICATE OF DEATH

1-PLACE OF DEATH 2nd Second Hospital REGISTERED NO.

CITY OF BALTIMORE: (NO. Mendenhall & Luther ST. 5C WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Underfuhrer

(a) RESIDENCE Edmund St, Westminster WARD Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 19, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	6	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Louis Underfuhrer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Switzerland

12 MAIDEN NAME OF MOTHER Elizabeth Ammerman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Harold Reese (Address)

15 Jan 1927 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-30-1927

17 I HEREBY CERTIFY, That I attended deceased from 12-22-27 to 12-30-27.

that I last saw her alive on 12-30-27

and that death occurred, on the date stated above, at 12 P m.

The CAUSE OF DEATH* was as follows:

(My death Certificate)

Acute Myocarditis

Influenza

(duration) — yrs. 7 mos — ds.

CONTRIBUTORY (Secondary) Pneumonia Lung & Pleurisy

(duration) yrs. — mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of None

Was there an autopsy? No

What test confirmed diagnosis? Blood & Clinical

(Signed) Jno A Hampson Jones, M. D.

, 19 (Address) 111 W Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster Md

DATE OF BURIAL 1/2 1928

20 UNDERTAKER H Bankard & Son

ADDRESS Westminster

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28917 E 28917

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St. 11-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rev. Caspar Elbert (Rev. Caspar P. Elbert)

(a) RESIDENCE NO. R.C. House ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Priest

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington D. C.

PARENTS

10 NAME OF FATHER John Elbert

11 BIRTHPLACE OF FATHER (city or town) Not obtainable (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) " (State or country) "

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-30-27

17

I HEREBY CERTIFY, That I attended deceased from 12-27-27, to 12-30-27,

that I last saw h— alive on 12-30-27

and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) Hypertension (duration) yrs. — mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm Polaton M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant Rev. Harry Quinn (Address) 405 N. Charles St.

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mission Helpers Cem., Towson, Md. DATE OF BURIAL 1/2, 1928

20 UNDERTAKER Henry A. Wears & Son ADDRESS 405 N. Calvert

Filed 30 1927 C. HAMPSON JONES, M. D. Registrar

Per —

Spec.—1-12-23—M&T—500 Blks.

E 28918

HEALTH DEPARTMENT—CITY OF BALTIMORE

H.E. 28918

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 406 Bretton Place, Guilford (S.) (WARD) 42-44

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Frances George

(a) RESIDENCE NO. 406 Bretton Place ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred 73 yrs 3 mos 3 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: G. W. Russell George

6 DATE OF BIRTH (month, day, and year) Sept. 26, 1854

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
73	3	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER Isaac Hartman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Greencastle Pa.

12 MAIDEN NAME OF MOTHER Catherine Crey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant: Isaac George
(Address) 406 Bretton Place

Filed Dec 30 1927. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 8 — 1927, to Dec 29 1927, that I last saw her alive on Dec 29 — 1927, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris (duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Carcinoma of Liver (duration) unknown mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) E. G. Hall, M. D.

Dec 30 1927 (Address) 1631 E. North Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL 1/2 1928

20 UNDERTAKER: Henry H. Mears & Son — ADDRESS 605 N. Calvert

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28919

CERTIFICATE OF DEATH.

167 Oct.

E 28919

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 901 N. Calvert St. 11-15 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul R. Rockwood

(a) RESIDENCE NO. 901 N. Calvert St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 31 Months Days

IF LESS than 1 day.....hrs. or....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Physician

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Iowa

(State or country)

PARENTS

10 NAME OF FATHER: E. W. Rockwood

11 BIRTHPLACE OF FATHER (city or town): Mass.

(State or country)

12 MAIDEN NAME OF MOTHER: L. Clarke

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Iowa

14 Informant: Allen C. Rockwood

(Address): 1511 Union St. Schenectady N.Y.

30 1927 C. HAMPSON JONES, M. D.

Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): From Dec 28 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by Inhaling Gas.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) W. J. Riley, M. D.

(Coroner)

1930, 1927 (Address) 1039 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: (Cremation) Loudon Park. Date of Burial: Dec. 31 1927

20 UNDERTAKER: Harry H. Waltzhe ADDRESS: 1531 W. Fayette St

OCCUPATION is very important. See instructions on back of certificate. Exact statement of OCCUPATION is necessary in order that it may be properly classified.

Spec.—1-12-23—M&T—500 Bks.

E 28920

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101 E 28920

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1124 N. Port ST. (WARD) 6-12

2-FULL NAME Frank S. Richardson

(a) RESIDENCE NO. 1124 N. Port ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Mary L Richardson

6 DATE OF BIRTH (month, day, and year): 1873

7 AGE: Years 54 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Day Laborer

(c) Name of employer: ?

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Louis Bell

11 BIRTHPLACE OF FATHER (city or town) (State or country): C. C. Co

12 MAIDEN NAME OF MOTHER: Rosie Brooks

13 BIRTHPLACE OF MOTHER (city or town) (State or country): St Marys Co Md

14 Informant: Mary L. Richardson

(Address) 1124 Port St

15 DEC 30 1927

C. 19 HAMPSON JONES, M. D. Registrar

Per ____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 28, 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 23, 1927, to Dec 28, 1927, that I last saw h— alive on Dec 28, 1927, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Ex —

(Signed) [illegible] M. D.

Dec 29 1927 (Address) 1534 — Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Crem.

DATE OF BURIAL: 12/31 1927

20 UNDERTAKER: Byron Wright

ADDRESS 1218 McElderry St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28921

CERTIFICATE OF DEATH.

179 E 28921

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) South Baltimore General Hospital (Ward)

2-FULL NAME June Elizabeth Durr.

(a) RESIDENCE NO. 1811 Pennington Ave. Curtis Bay. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 6 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Simgle.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .----------

6 DATE OF BIRTH (month, day, and year) June 4, 1921

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	6	6	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.

(State or country)

PARENTS

10 NAME OF FATHER William F. Durr.

11 BIRTHPLACE OF FATHER (city or town) Baltimore, Md.

(State or country)

12 MAIDEN NAME OF MOTHER Margaret Bell.

13 BIRTHPLACE OF MOTHER (city or town) Baltimore, Md.

(State or country)

14 Informant William F. Durr. (father)

(Address) 1811 Penniington Ave. Curtis Bay.

15 Filed DEC 30 1927 C. HAMPSON JONES, M. D. Registrar

per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 29, 1927. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Burns about the back and buttocks. Playing with fire.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D.

(Coroner)

12/30/27 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Lot in rear of 1811 Pennington Ave.

Former or usual residence December 28, 1927.

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemt. Date of Burial Dec 31, 1927

20 UNDERTAKER Jos Jordens & Son ADDRESS 217 S Broadst

Cut on dotted lines, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28922

CERTIFICATE OF DEATH

44 E 28922

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1316 N. Bond St. 8-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George. Albert Le Compte

(a) RESIDENCE NO. 1316 N. Bond St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. 8 mos. 20 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 ~~Single~~, Married, ~~Widowed~~, or Divorced, (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Alice. May LeCompte

6 DATE OF BIRTH (month, day, and year): April 8 1874

7 AGE 53 Years 8 Months 23 Days 20 IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Baltimore md

PARENTS

10 NAME OF FATHER: James LeCompte

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Baltimore md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Maryland

14 Informant: Mrs Alice. M. LeCompte

(Address): 1316 N. Bond St

15 Filed DEC 30 1927 C. HAMPSON JONES, M. D. Registrar

By RECD

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 28 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 21, 1927, to Dec 28, 1927, that I last saw h[illegible] alive on Dec 28, 1927, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

I Pneumonia

Duration: Three wks yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Oesophagus

Duration: yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X ray

(Signed) L. L. Richardson M. D.

Dec 29, 1927 (Address) 1170 W 20 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemy — Date of Burial: Dec 31 1927

20 UNDERTAKER: Jos Joerdens & Son — ADDRESS: 2173 Pa

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

E 28923

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 28923

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Provident Hospital (St.) 13-59 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alethea Mason Gray

(a) RESIDENCE NO. 2501 Madison Av St. Ward Mt Auburn Calvert Co Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: William Gray

6 DATE OF BIRTH (month, day, and year): 1877

7 AGE: Years 50 yrs. Months Days

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Calvert Co.

(State or country): Md.

PARENTS

10 NAME OF FATHER: Edward Eagans

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Locke

13 BIRTHPLACE OF MOTHER (City or town)

(State or country): Maryland

14 Informant: Minnie Earl

(Address) 2102 Edmondson Ave

15 Filed DEC 30 1927

C. HAMPSON JONES M. D. Registrar

Per RKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-29-1927

17 I HEREBY CERTIFY, That I attended deceased from 12-15-, 1927, to 12-29-, 1927, that I last saw h[er] alive on 12-28-, 1927, and that death occurred, on the date stated above, at 4:15 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver & stomach & metastasis

(duration) about 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no What test confirmed diagnosis? Clinical

(Signed) L. Cashon M. D.

12/29 1927 (Address) 808 Paradise

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Brooks Chapel Calvert Co Md

Date of Burial: DEC 31 1927

20 UNDERTAKER: Samuel J Hemsley

ADDRESS 578 N Bradford

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Edward K. C. Smith

E 28924

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119 E 28924

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 321 S East Ave St. 26 W. 2 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward K. C. Smith

(Residence in Baltimore: No. 321 S East Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Sept. 17, 1927
(Month) (Day) (Year)

7-AGE, ...yrs. 3 mos. 12 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Samuel R Smith

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Katherine R. Huppert

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. Edward K. C. Huppert

(Address) 321 S East Ave

15- C. HAMPSON JONES, M. D.

DEC 30 1927 Dec ....., 191.... Per ICKH Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 29 1927, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary thrombosis

Coronary Sclerosis

..... (Duration) ..... yrs. ..... mos. 2 hrs.

CONTRIBUTORY (Secondary) —

..... (Duration) 1 yrs. ..... mos. ..... ds.

(Signed) Geo Edmund Rader M. D.
(Coroner)

Dec 31 1927 (Address) 143 W Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Dr. Rawn Mem Park DATE OF BURIAL, Dec 31, 1927

20-UNDERTAKER John C. Miller ADDRESS 2435 E Aliceanna

(Please write plainly. Read instructions on back of certificate. Information is important.)

Spec. 7-17-26 A Co. 200 Blks.

Szymborski

HEALTH DEPARTMENT—CITY OF BALTIMORE

159-001

E 28925

CERTIFICATE OF DEATH

E 28925

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1514 Aliceanna St. St., 3-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dominik Szymborski

(a) RESIDENCE NO. 1514 Aliceanna St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 25 1927

7 AGE	Years	Months	Days	IF LESS than 1 day ..hrs. or ..min..
		3	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER Dominik Szymborski

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Agnes Polek

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Agnes Szymborski

(Address) 1514 Aliceanna St.

15 Filed C. HAMPSON JONES, M. D.

DEC 30 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Dec. 30 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec. 20, 19 27, to Dec 30, 19 27,

that I last saw him alive on Dec 30, 19 27,

and that death occurred, on the date stated above, at 7 30 a. m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Prolapsis

(duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. J. Rydonek M. D.

Dec 30 - 27 (Address) 801 N Kenwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Dec 31 19 27

Date of Burial

20 UNDERTAKER John M Weber

ADDRESS 1813 Boston St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 28926

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28926

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 - N. Milton Ave. St., 6th Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Belle Wheatley

(a) RESIDENCE NO. 410 - N. Milton Ave ST., 6th WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White.	Widowed

5a If married, widowed, or divorced (or) WIFE of Samuel E. Wheatley.

6 DATE OF BIRTH (month, day, and year) Jan. 20 - 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	11	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas Ousey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sadie Smullin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Russell W. Rinder (Address) 410 - N. Milton Ave

15 JU 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30 - 1927.

17 I HEREBY CERTIFY, That I attended deceased from Sept. 7, 1927, to Dec. 30, 1927, that I last saw h~ alive on Dec. 28, 1927 and that death occurred, on the date stated above, at 2-15 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm T Jent, M. D.

(Address) 816 - Pennington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL All Saints Monte Cem Commenet DATE OF BURIAL Dec 31/1927

20 UNDERTAKER Wm C. Miller & Son ADDRESS 2334 Jefferson St

TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 28927

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28927

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2 Calvert St. Brooklyn (Ward) 25-75

REGISTERED NO. 1597

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Imes

(a) RESIDENCE. (Usual place of abode) No. 2 Calvert St. Brooklyn, ST., WARD.

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored.

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 29. 27

7 AGE: Years Months Days — If LESS than 1 day, 8 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Brooklyn. Md

PARENTS

10 NAME OF FATHER: Thomas Henry Imes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Patapsco Neck Anundel Co. Md.

12 MAIDEN NAME OF MOTHER: Laura Sales

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Fauquier Co. Va.

14 Informant. (Address): Thomas Imes 2 Calvert St Brooklyn Md.

15 Filed DEC 31 1927

C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 29 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 29. 4 40 AM, 1927, to Dec 29, 1927, that I last saw him alive on Dec 29. 4 30 PM, 1927, and that death occurred, on the date stated above, at 4 30 P m.

The CAUSE OF DEATH* was as follows: Congenital Malformations of the Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Allen Wilbur Kelly, M. D.

12/30, 1927 (Address) 1412 Light St Balto. Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Furnace Branch Cemetery — DATE OF BURIAL: 12/31 1927

20 UNDERTAKER: John H. Toadvine — ADDRESS: 1027 Druid Hill Ave

THIS is very important. See instructions on back of certificates.

Spec.--7-17-26—A Co.—200 Bks.

E 28928

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 28928

1-PLACE OF DEATH

REGISTERED NO. 16-23

City of BALTIMORE: (No. 1022 N. Carey St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa Blackwell

(a) RESIDENCE NO. 1022 N. Carey St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred > yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: colord

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): —

7 AGE: 31 Years — Months — Days

IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town)

(State or country): md

PARENTS

10 NAME OF FATHER: Adolph Veney md

11 BIRTHPLACE OF FATHER (City or town): [illegible]

(State or country)

12 MAIDEN NAME OF MOTHER: Harriet Parker md

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): md

14 Informant: Christobel Veney

(Address): [illegible] Maryland Ave

15 Filed ..... 19 .....

C. HARRISON JONES, M. D. Registrar

JAN 31 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Dec 30 - 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 27, 1927, to Dec 30, 19 27, that I last saw h[illegible] alive on 12/29-, 1927, and that death occurred, on the date stated above, at 12:50 PM

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) ..... yrs. ..... mos. 1 week ds.

CONTRIBUTORY (Secondary) Carcinoma Colon

(duration) ..... yrs. 6 mos ..... ds.

18 Where was disease contracted if not at place of death? Va

Did an operation precede death? no Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W B Jopkins, M. D.

, 19 (Address) 1618 N Calhoun St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: northumberland Bunker Hill Cemetery Va

Date of Burial: Dec 31- 1927

20 UNDERTAKER: Schmitt Goodwin

ADDRESS: 1027 Druid Hill Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 28929

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28929

CERTIFICATE OF DEATH.

25-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Williams.

(a) RESIDENCE NO. 719 Dallam ~~St~~ ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer) O H O

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Somersamen

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant (Address) Records

15 Filed 3 1 1927 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/29/1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 19, 1927 to Dec 29, 1927 that I last saw h~~im~~ alive on Dec. 29, 1927 and that death occurred, on the date stated above, at 8.00 P.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Hemiplegia, L. ? yrs. mos. ds.

Hypertension

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? General + Symp

(Signed) C. Wilmer Burg M. D.

, 19 (Address)

BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pt Comfort Va Cemetery

DATE OF BURIAL Dec 31 1927

UNDERTAKER Edmonds Broadwin

ADDRESS 1927 Druid Hill Ave

How to fill this blank. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 28930 HEALTH DEPARTMENT—CITY OF BALTIMORE E 28930

90

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 121 N Carrollton ave ST., 18 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Carroll

(a) RESIDENCE NO. 121 N Carrollton ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. | 4 COLOR OR RACE C | 5 Single, Married, Widowed, or Divorced, (write the word) widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years — | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER William Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Sarah Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant Mary Carroll

(Address) 121 N Carrollton ave

15 Filed 31 1927 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29th 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 26 1927 to Dec 29th 1927 that I last saw h alive on Dec 29th 1927 and that death occurred, on the date stated above, at 1.47

The CAUSE OF DEATH* was as follows: Cardiac Renal disorder

CONTRIBUTORY (Secondary) Cardiac Dyspnea (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test (bacteriological, microscopical, chemical, serological, etc.) was made?

(Signed) C. Hampson Jones M.D.

, 19 (Address) 119 N Carrollton ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Jan 2 1928

20 UNDERTAKER Solomon Goodwin

ADDRESS 1927 Druid Hill ave

TION IS very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—2[illegible] Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28931

CERTIFICATE OF DEATH

10-002 E 28931

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Sydenham Hospital St. 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Herbert White

(a) RESIDENCE NO. 947 N. Mount St. Ward

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Black

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct. 14, 1924

7 AGE — Years: 3 Months: 2 Days: 16

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Augustus White

11 BIRTHPLACE OF FATHER (City or town):

(State or country): Virginia

12 MAIDEN NAME OF MOTHER: Vernie Wrenn

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Virginia

14 Informant: Augustus White

(Address): 947 N Mount

15 Dec 31 1927 C. HAMPSON JONES, M. D. Registrar

By RKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Dec. 30, 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 29, 1927, to Dec. 30, 1927,

that I last saw h[illegible] alive on Dec 29, 1927,

and that death occurred, on the date stated above, at 12 45 a. m.

The CAUSE OF DEATH* was as follows:

Diphtheria - Nasal, tonsillar and pharyngeal

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary): Myocarditis, acute

(duration) yrs. mos 2 ds.

18 Where was disease contracted if not at place of death? 947 N Mount St.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Bacteriological

(Signed) V. L. Leon, M. D.

Dec 30 1927 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

Date of Burial: Dec 31st 1927

20 UNDERTAKER: A. Jones

ADDRESS: 111 S. Gilmor

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 28932

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 28932

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1934 Eastern Ave (ST.) (WARD) 2-4

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Gawronski

(a) RESIDENCE NO. 1934 Eastern Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Gawronski

6 DATE OF BIRTH (month, day, and year) 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	-		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER John Gawronski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Jankowski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant A. Gawronski

(Address) 1930 Eastern ave

Filed 31, 1927 C. HAMPSON JONES, M. D. Registrar

Pct. 4th

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 30 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1927, to Dec. 30, 1927; that I last saw him alive on Dec. 29, 1927 and that death occurred, on the date stated above, at 12 30 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchial asthma

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? P. S. & S.

(Signed) John J. Traga, M. D.

, 19 (Address) 1927 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary DATE OF BURIAL Jan 2 1928

UNDERTAKER J. W. Czazenski ADDRESS 1930 Eastern

Spec.-7-17-26-A Co.-200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28933

CERTIFICATE OF DEATH

100-901.

E 28933

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 12 E. Montgomery St. 07-33

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Andrew Noel

(a) RESIDENCE NO. 12 E. Montgomery St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 2 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of XXXXXXXXXXXXXXXXXX

6 DATE OF BIRTH (month, day, and year) Nov. 28 1927

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
		1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) XXXXXXXXXXXX

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md

(State or country)

PARENTS

10 NAME OF FATHER F. Andrew Noel

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Jessie Tyler

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Jessie Noel (Mother)

(Address) 12 E. Montgomery St.

15 Filed 1927 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

December 30 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1927, to Dec. 30, 1927, that I last saw him alive on Dec. 30, 1927, and that death occurred, on the date stated above, at Noon m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) J. F. Hall Bruce, M. D.

12/31 1927 (Address) 6 Rundel

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Via B. & O. R.R. Milford, Va.

Date of Burial Dec. 31 1927

20 UNDERTAKER John F. Denny

ADDRESS 716 Light

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 28934

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28934

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Agnes Hospital

REGISTERED NO. 129

CITY OF BALTIMORE: (No. 9-18 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Alice Lavering

(a) RESIDENCE No. 1502 N. Eden St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry J. Lavering ~~not to be given~~

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 75 | Months — | Days — | If LESS than 1 day, hrs or min. —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Harford Co (State or country) Md.

PARENTS

10 NAME OF FATHER George Chalk

11 BIRTHPLACE OF FATHER (city or town) Harford Co (State or country) " " Md

12 MAIDEN NAME OF MOTHER — Amos

13 BIRTHPLACE OF MOTHER (city or town) Harford Co (State or country) " " Md

14 Informant: August Gobsen (nephew)

(Address) 1502 N. Eden St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-30 1927

17 I HEREBY CERTIFY, That I attended deceased from 12-2, 1927, to 12-30, 1927, that I last saw h[illegible] alive on 12-30, 1927 and that death occurred, on the date stated above, at 7.30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. L. Delaglacca, M. D.

, 19 (Address) St Agnes' Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Jan 2 1928

20 UNDERTAKER: Chas. D. Black — ADDRESS: 742 W. North Ave

SEE INSTRUCTION is very important See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 28935

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28935

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 W. 33rd ST.) (12-44 WARD)

REGISTERED NO. 905

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Hedrick

(a) RESIDENCE. No. 512 W. 33rd ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 4/853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	2	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland Md.

PARENTS

10 NAME OF FATHER Washington Hedrick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Harry T. Hedrick
(Address) 512 W 33rd St.

15 Filed 1927 19

C. HAMPSON JONES, M. D.
Registrar

Per —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29 1927

17

I HEREBY CERTIFY, That I attended deceased from Dec 20, 1927, to Dec 29, 1927, that I last saw her alive on 12/29, 1927, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 9 ds

CONTRIBUTORY (Secondary) Ch. Valv. Heart Disease

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. Ross Bell, M. D.

12/30 1927 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Hampden

DATE OF BURIAL Dec 31 1927

20 UNDERTAKER Chenowith Son

ADDRESS 3615 Chestnut Ave

TION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28936 E 28936

CERTIFICATE OF DEATH.

129

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1511 Appleton St 45-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine C Thornton

(Residence in Baltimore: No. 1511 Appleton St St.; 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, March 25, 1848 (Month) (Day) (Year)

7-AGE, 78 yrs. 9 mos. 4 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Home
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Thomas B Burke

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Catherine Carey

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Francis C Thornton

(Address) 1511 Appleton St

15-

Filed 31 1927 C. HAMPSON JONES, M. D. Registrar.

Ref ARH

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 29 (Day), 1927 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 15 1927, to Dec 29 1927, that I saw h er alive on Dec 29 1927, and that death occurred, on the date stated above, at 7:20 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 1 ..... ds.

CONTRIBUTORY (Secondary) Hypertension with Chronic nephritis (Duration) 10 yrs. ..... mos. ..... ds.

(Signed) Joseph N Zierler M. D.

Dec 31, 1927 (Address) 421-5 Mechanics Bldg

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Westernbeautry

DATE OF BURIAL, Dec 31, 1927

20-UNDERTAKER W M Routson

ADDRESS 2223 E Fayette St

Spec.—1-10-21—M&T—1500 Bks.

E 28937

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28937

CERTIFICATE OF DEATH.

161-01

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital ST. 27-54 WARD)

2-FULL NAME James Edward Arledge.

(a) RESIDENCE No. 5202 Berkley Ave, Mt. Washington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 15 '27

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Wm Manuel Arledge

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Texas

12 MAIDEN NAME OF MOTHER Lillian McCurry

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md

14 Informant Lillian Arledge
(Address) 5202 Berkley Ave

15 Filed 31 1927 C. HAMPSON JONES, M. D.
Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30 1927

17

I HEREBY CERTIFY, That I attended deceased from Dec 15 .1927. to Dec 30 .1927.

that I last saw him alive on Dec 30 .1927,

and that death occurred, on the date stated above, at 10-15 p. m.

The CAUSE OF DEATH* was as follows:

Cong. Atelectasis
& Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Bernard J. Feng, M. D.

(Address) 910 W Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery DATE OF BURIAL Dec 31 1927

20 UNDERTAKER A S Marshall ADDRESS 3539 Fall Rd

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 28938

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28938

CERTIFICATE OF DEATH.

REGISTERED NO. 100-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 116 E Branch ST. 14-28 WARD)

2-FULL NAME Frank Gies

(a) RESIDENCE NO. 116 E. Branch ST, WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W.	widower

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary K Gies

6 DATE OF BIRTH (month, day, and year) Sept 16 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Ruttany Gies

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sophia Steffen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs F. Crandell
(Address) 116 E Branch St

15 Filed 31 1927 C. HAMPSON JONES, M. D. Registrar
By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 15 1927, to Dec 29 1927, that I last saw h— alive on Dec 29 1927 and that death occurred, on the date stated above, at 8.20 P. m.

The CAUSE OF DEATH was as follows:

Le Branch
Pneumonia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical findings

(Signed) H. O Knull, M. D.

Dec 30, 1927 (Address) 4207 Frederick

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery DATE OF BURIAL Jan 2 1928

20 UNDERTAKER Chas Knull & Son ADDRESS 917 Washington Blvd

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28939

CERTIFICATE OF DEATH.

38 E 28939

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat ST. 28-63 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William J. Murray

(a) RESIDENCE NO. Mt Hope Retreat ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 1876 Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Unemployed 009

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Michael Murray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Horgan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Mrs Mary Murray 150 N. Kenwood Ave

15 Filed JAN 31 1927, 19 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30 1927

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1926, to Dec 30, 1927, that I last saw h[illegible] alive on Dec 29, 1927, and that death occurred, on the date stated above, at 3:10 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis (duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebro-Spinal Syphilis (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) C. B. Emory M. D.

12-30, 1927 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 1/3 1928

20 UNDERTAKER Chas. P. Maus & Son

ADDRESS 118 W. Mt Royal Ave

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28940

CERTIFICATE OF DEATH.

170 E 28940

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (a) 209 So. Vincent St. 14-26 Ward)

2-FULL NAME Fredk J. Bartels

(a) RESIDENCE NO. 209 So. Vincent St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. 4 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Elizabeth Bartels

6 DATE OF BIRTH (month, day, and year): July 8th 1860

7 AGE: Years 67 Months 5 Days 21 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md. U.S.A.

PARENTS

10 NAME OF FATHER: Henry Bartels

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md. U.S.A.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md. U.S.A.

14 Informant (Address): Elizabeth Bartels 209 So. Vincent St

15 Filed 1927 C. HAMPSON JONES, M. D. Registrar Per RKH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 29 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, and (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by Inquest and Autopsy find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage Brain Suicide Shot self through head

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Thos A Bartels M. D. (Coroner)

Dec 31st 1927 (Address) Curtis Bay, Md.

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Date of Burial Jan 2 1928

20 UNDERTAKER: John J. Fields ADDRESS 1200 W. Lombard

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28941

101-01

E 28941

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 15 W. Lee St. St.) 22-30 Ward)

2-FULL NAME Ernest Jones.(C)

(a) RESIDENCE NO. 15 W. Lee St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) October 4, 1927.

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	0	2	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Lawrence Miller.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 NAME OF MOTHER Elsie Jones.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Elsie Jones.(C) mother.

(Address) 15 W. Lee St.

Filed 31 1927 C. HAMPSON JONES, M. D. Registrar

By RRH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 30 1927 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Leimhardt (Coroner) M. D.

12/31 19 27 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Date of Burial Jan 31 1927

20 UNDERTAKER J. E. Robertson ADDRESS 105 North

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

James J Green.

E 28942 HEALTH DEPARTMENT--CITY OF BALTIMORE E 28942

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1428 oak St. 17 51 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James J. Green

(a) RESIDENCE No. 1428 oak ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Mal	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Rachel Green

6 DATE OF BIRTH (month, day, and year) Dec 11 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37		17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer O&O

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Samuel Green

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Alfred Green

(Address) 202 Ramsay

15 Filed DEC 31 1927 C. HAMPSON JONES, Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30, 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 30, 1927, to Dec 30, 1927

that I last saw h[illegible] alive on Dec 29, 1927

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

with acute dilatation

(duration) 2 yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) W. H. Pelagal, M. D.

Dec. 1927 (Address) 2105 N Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Church Cem

DATE OF BURIAL: Dec 31 1927

20 UNDERTAKER: Stewart Curtain

ADDRESS 916 Eutaw

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

No Birth is file

E 28943 HEALTH DEPARTMENT—CITY OF BALTIMORE E 28943

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 S. Streeper ST., 12 WARD)

2-FULL NAME Joseph W. Volek.

(a) RESIDENCE NO. 816 S. Streeper ST., 1 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. 7 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 1889.

7 AGE: 38 Years, 7 Months, 26 Days. If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer at O.H.

(b) General nature of industry, business, or establishment in which employed (or employer): Continental Can Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Jamed Volek

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria

12 MAIDEN NAME OF MOTHER: Mary Hutson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Austria

14 Informant: Mary Schimunek

(Address) 816 S. Streeper St

DEC 31 1927 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 27, 1927, to Dec 29, 1927, that I last saw h alive on Dec 28, 1927, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cystitis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) N. J. Davidow, M. D.

, 19 (Address) 3035 Odonnell St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem

DATE OF BURIAL: Jan 2 1928

UNDERTAKER: Kelly & Zeiler

ADDRESS: 400 E. North Ave

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 28944 HEALTH DEPARTMENT—CITY OF BALTIMORE E 28944

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [illegible] St. 35 Ward) BALTIMORE CITY HOSPITALS

REGISTERED NO. 100-00

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lewis Deleher

(a) RESIDENCE NO. 1715 Eastern St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lost Years mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1842

7 AGE: 85 Years | Months | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): "

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant (Address): Records

15 Filed DEC 31 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/29 1927

17 I HEREBY CERTIFY, That I attended deceased from 8-7, 1927, to 12-29, 1927, that I last saw him alive on 12-29, 1927, and that death occurred, on the date stated above at 145 P m.

The CAUSE OF DEATH* was as follows:

Arteria - Sclerosis

Hypertention

(duration) ? yrs mos ds.

CONTRIBUTORY (Secondary) Broncho - Pneumonia

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) C. Julmes Carey M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cemetery

DATE OF BURIAL: Dec 31 1927

20 UNDERTAKER: Lilly Zeiler

ADDRESS: 4218 Roger B

C. HAMPSON JONES, M.D.

Registrar

THIS IS very important See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28945

CERTIFICATE OF DEATH

31 E 28945

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1221 Mosher St. 16-23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Evelyn Page

(a) RESIDENCE NO. 1221 Mosher St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. da.

(If non-resident give city or town and State)

How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Page

6 DATE OF BIRTH (month, day, and year): Oct 10 - 96

7 AGE — Years: 31 Months: 2 Days: 20 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): St Mary Co Md

PARENTS

10 NAME OF FATHER: Thomas Gray

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Jane Woodland

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Charles Page

(Address): 221 Mosher

15 Filed DEC 31 1927 C. HARRISON JONES Registrar

(Deputy)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 30 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 26 1927 to Dec 30 1927

that I last saw h[illegible] alive on Dec 30 1927

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

(duration) yrs. 2 mos. 4 da.

CONTRIBUTORY (Secondary)

(duration) yrs. 1 mos. 2 da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. H. Natelson M. D.

(Address) 1715 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's Co Md (Galilee Cem) Date of Burial Jan 1 1928

20 UNDERTAKER: Wm. H. Chase & Son ADDRESS 1400 Eutaw

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12 9 25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28946

CERTIFICATE OF DEATH.

E 28946

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 226 E Lafayette St. 17-19 Ward)

2-FULL NAME Mary Jane Smith

(a) RESIDENCE NO. 226 E. Lafayette St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Andrew A. Smith

6 DATE OF BIRTH (month, day, and year): Oct 26 1855

7 AGE: Years 72 | Months 2 | Days 4 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home Wife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

PARENTS

10 NAME OF FATHER: James Murphy

11 BIRTHPLACE OF FATHER (city or town): Baltimore

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Jane McGlone

13 BIRTHPLACE OF MOTHER (city or town): —

(State or country): Ireland

14 Informant: Mrs. McCabe

(Address): 226 E Lafayette Ave

15 FILED: DEC 31 1927 C. HAMPSON JONES, M. D. Registrar

Per RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 30. 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 9, 1927, to Dec 30, 1927, that I last saw h... alive on Dec 30, 1927, and that death occurred, on the date stated above, at 6.30 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) 3 wks

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. ds.

Where was disease contracted if not at place of death? —

Did an operation precede death? No Date —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) L. A. Richardson M.D.

, 19 (Address) 1120 E. 25 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — Date of Burial: Jan 2 1928

20 UNDERTAKER: Mary M. Wudyka — ADDRESS: 501 E 22nd

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C 31 1927

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-002

E 28947

CERTIFICATE OF DEATH

E 28947

1-PLACE OF DEATH South Baltimore Gen. Hospital

CITY OF BALTIMORE: (No. 26-39 ST. WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. Annie Albanese.

(a) RESIDENCE No. 3rd & Jefferson St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced (~~HUSBAND~~ or) WIFE of: Thomas Albanese.

6 DATE OF BIRTH (month, day, and year)

7 AGE: 45 years.

Years	Months	Days	If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not Known

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

14 Informant: Thomas Albanese

(Address) 3rd & Jefferson Sts

15 DATE RECEIVED: 31 1927

C. HAMPSON JONES, M. D.

Per MKH Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-30-1927

17 I HEREBY CERTIFY, That I attended deceased from 12-24, 1927, to 12-30 1927, that I last saw h[illegible] alive on 12-30, 1927, and that death occurred, on the date stated above, at 12 M. m.

The CAUSE OF DEATH* was as follows:

Encephalitis

(duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Infected Antrum (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 12-25-27

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. E. Flaggig M. D.

, 19 (Address) 1 W Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Jan 3 1928

20 UNDERTAKER: John H. Denny — ADDRESS: 715 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 28948

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28948

CERTIFICATE OF DEATH.

117

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. ST. 9-42 WARD)

2-FULL NAME Ella Lamb

(a) RESIDENCE NO. 719 McKewin Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 4 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	3	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John R Lamb

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Mina Layton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Hospital Records.
(Address)

15 Filed DEC 31 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-29 1927

17

I HEREBY CERTIFY, That I attended deceased from 12-28, 1927, to 12-29, 1927, that I last saw her alive on 12-29, 1927, and that death occurred, on the date stated above, at 11:30 P.M.

The CAUSE OF DEATH* was as follows:

Uterine fibroid
Hypertrophied Uterus

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Mechanical Uremia

Uremia (duration) yrs. mos. 12 hrs. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 12-29-27

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) Jos. A. Sympson M. D.

, 19 Address John F. Dewey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery DATE OF BURIAL June 2 1927

20 UNDERTAKER John F. Dewey ADDRESS 946 Light

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—11-9-26—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28949

CERTIFICATE OF DEATH.

113 E 28949

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 27 Hafer St., 20-69 Ward)

2-FULL NAME Raymond L. Miller

(a) RESIDENCE NO. 27 Hafer St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 28th 1926

7 AGE: Years 1, Months 3, Days 1. IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Md

(State or country)

PARENTS

10 NAME OF FATHER Garlon N. Miller

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Md

12 MAIDEN NAME OF MOTHER Eva Maddux

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Balto

14 Informant Eva Miller

(Address) 27 Hafer st

DEC 31 1927 C. HAMPSON JONES, M. D. Registrar

Per RKH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Dec 29th 192 7

17 I HEREBY CERTIFY that I took charge of the remains described above, held an Inquest, and made or caused to be made an autopsy thereon and from the evidence obtained by said autopsy and from the evidence obtained at the inquest find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Indigestion

(duration) 4 yrs. 11 mos. 1 ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) 1 hour ds.

(Signed) Thos B. Horton M. D.

(Coroner)

Dec 31st 1927 (Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Orala Cemetery Date of Burial 12/31 1927

20 UNDERTAKER: William Cook ADDRESS 502 E Wall St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 28950

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28950

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 460 Brunswick St. 20-6 WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barbara Wittkofsky.

(a) RESIDENCE No. 460 Brunswick St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Michael Wittkofsky

6 DATE OF BIRTH (month, day, and year): Aug 18 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	66	4	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Philip Wedel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Katherine

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: John E. Wittkofsky (Address) 460 Brunswick St.

15 Filed ... 19 ... C. HAMPSON JONES, Registrar. By ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/29/1927

17 I HEREBY CERTIFY, That I attended deceased from July, 1926, to Dec 28, 1927.

That I last saw h[er] alive on Dec 28, 1927

and that death occurred, on the date stated above, at 10 40 A. m.

The CAUSE OF DEATH* was as follows:

Endocarditis

Indefinite (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilitation (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry Glassman, M. D.

Dec 30 1927 (Address) 2687 Druid Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	June 2nd 1928.
UNDERTAKER	ADDRESS
J. B. Wiseheart	1850 N. Eutaw St.

TION is very important See instructions on back of certificate.

Cor.—12-9-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28951

CERTIFICATE OF DEATH.

E 28951

160

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1419 Ashland Ave St 10 13 Ward)

2-FULL NAME John Johnson

(a) RESIDENCE NO. 1419 Ashland St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 29 /27

7 AGE	Years	Months	Days	If LESS than 1 day 8 hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER John Johnson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Farmville Va

12 MAIDEN NAME OF MOTHER Elva Johnson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Farmville Va

14 Informant John Johnson

(Address) 1419 Ashland

Dec 31 1927 C. HAMPSON JONES, M. D.

2025 CKH Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29 192 7

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquest, autopsy or inquiry, find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prematurity - Fetal Development (one of these)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Wilson M. D.

(Coroner)

12/30/27 (Address) 108 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

JOHNS HOPKINS HOSPITAL Dec 30 192 7

20 UNDERTAKER ADDRESS

Commissioner Health

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—MAT—500 Bks.

E 28952

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28952

CERTIFICATE OF DEATH.

31

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. BALTIMORE CITY HOSPITALS ST. 1124 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Brien.

(a) RESIDENCE No. 921 Gordon ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant (Address) Records.

15 Filed DEC 31 1927, 19 C. HAMILTON JONES, M. D. Registrar

or 2032

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/25/1927

17

I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1927. to Dec. 25, 1927.

that I last saw h alive on Dec. 25, 1927.

and that death occurred, on the date stated above, at 4:00 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General + Sub.

(Signed) C. Holmes Brown, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL DEC 31 1927

20 UNDERTAKER

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28953

CERTIFICATE OF DEATH.

E 28953

66

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St. 5-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Reed

(a) RESIDENCE NO. 1111 McElderry St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	col	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	about 55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unknown

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Unknown

PARENTS

10 NAME OF FATHER "

11 BIRTHPLACE OF FATHER (city or town)

(State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Police Dept

(Address)

15 Filed 19 Per Registrar

C. HAMPSON JONES, M. D.

2033

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) M. D.
(Coroner)

12/31/27 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 19

20 UNDERTAKER ADDRESS

JOHNS HOPKINS HOSPITAL

Commissioner of Health

DEC 31 1927

PER [illegible] WOODALL

DEC 31 1927

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 28954

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 28954

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 702 6th Ave (Room) 4th St. 28-66 WARD

2-FULL NAME Samuel E. Henry

(a) RESIDENCE NO. 702 6th Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Henry

6 DATE OF BIRTH (month, day, and year) Aug 19 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	4	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Draughtsman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 086

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Samuel Henry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Elizabeth Loether

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mary Henry (Address) 709 6th Ave Roland Heights

15 Filed 31 1927 C. HAMPSON JONES, M. D. Registrar

Perf

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30 1927

17 I HEREBY CERTIFY, That I attended deceased from April, 1925, to Dec 30, 1927, that I last saw him alive on Dec 30, 1927 and that death occurred, on the date stated above, at 2:45 P.M.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis

Myocarditis

Chronic Nephritis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) George L. Disney, M. D.

, 19 (Address) 4100 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Jan 2 1928

20 UNDERTAKER George J Smith — ADDRESS 1532 Hollins

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 9633
E 28955

HEALTH DEPARTMENT—CITY OF BALTIMORE E 28955

CERTIFICATE OF DEATH.

51

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 9-13 WARD)

2. FULL NAME Josephine M. Frazer

(a) RESIDENCE NO. 718 N. Broadway ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Feb. 21. 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	9	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ky.

PARENTS

10 NAME OF FATHER Thomas Frazer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ky

12 MAIDEN NAME OF MOTHER Josephine Moore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ky

14 Informant Records — (Address) JOHNS HOPKINS HOSPITAL

15 DEC 31 1927 C. HAMPSON JONES, M. D. Registrar

Per AKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30 19 27

17 I HEREBY CERTIFY, That I attended deceased from Dec 28 . 1927 . to Dec 30 . 1927 .

that I last saw h.er alive on Dec 30 . 1927

and that death occurred, on the date stated above, at 5 - 10 - m

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) ? yrs. ? mos ds.

CONTRIBUTORY (Secondary) Diabetic acidosis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller, M. D.

12/30/27 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Russellville Ky. DATE OF BURIAL: Dec 31 1927

20 UNDERTAKER: Chas. A. Mitchell ADDRESS: Lexington Ky

TION is very important See instructions on back of certificates.

E 28956

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001 E 28956

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) University Hospital 4-30 St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jno Banning -

(a) RESIDENCE NO. Church Creek Md St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Cried -

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 19-1921

7 AGE: Years 6 Months 6 Days 12

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer): Child

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Church Creek, Md

PARENTS

10 NAME OF FATHER Clyde Banning -

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Lula Jones

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Hospital Records

(Address)

15 DEC 31 1927 C. HAMPSON JONES, M. D. Registrar

Per RRP

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

12/30/27

17 I HEREBY CERTIFY, That I attended deceased from 12/21, 19 27, to 12/30, 19 27, that I last saw h[illegible] alive on 12/30 19 27 and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Suppurative otitis media.
Infection spreading to mastoid

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 12/28/27

Was there an autopsy? No

What test confirmed diagnosis? Clinical and operative

(Signed) L. A. Hamphein M. D.

12/30 1927 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Church Creek, Dorchester Co, Md — Date of Burial: Dec 31 1927

20 UNDERTAKER: Harry A. Witzke — ADDRESS: 153½ W. Lombard

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 28957

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28957

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2326 E Biddle ST. 8-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard W Pritchett.

(a) RESIDENCE NO. 2326 E Biddle ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed, or divorced. HUSBAND of (or) WIFE of: Sarah E. Ringgold.

6 DATE OF BIRTH (month, day, and year): Dec 17th 1852.

7 AGE: Years 75. Months — Days 13. If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Bricklayer.

(b) General nature of industry, business, or establishment in which employed (or employer): 011

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: James Pritchett.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Louisa Wheeler.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mary M. Pritchett.

(Address) 2326 E Biddle St.

15 FILED: DEC 31 1927 Reg'r

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 30th 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 27 1927 to Dec 30 1927

that I last saw h[illegible] alive on Dec 30 1927

and that death occurred, on the date stated above, at 6.45 P.m.

The CAUSE OF DEATH* was as follows:

1 Coloa Pneumonia

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Ray Jones, M. D.

Dec 31 1927 (Address) 801 N Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: Jan 2nd 1928

20 UNDERTAKER: John J Cowan & Son

ADDRESS: 901 Fulton

TION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 28958

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

27 57 E 28958

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Md General Hospital

CITY OF BALTIMORE (No. Madison & Eutaw Sts. WARD)

2-FULL NAME Bessie Goodmonds

(a) RESIDENCE (No. 29 N. Front St. ST., Steelton Pa. WARD)

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Theo.

6 DATE OF BIRTH (month, day, and year): Dec 22 1856

7 AGE: Years 71 | Months 0 | Days 7 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer: Home

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: John Toon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Bessie Hodges

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Hospital Records

(Address)

Filed Dec 31 1927 E. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 29 1927

17

I HEREBY CERTIFY, That I attended deceased from 10-7-27, 19 , to 12-29-27, 19 ,

that I last saw h alive on 12-29-27

and that death occurred, on the date stated above, at 9P m.

The CAUSE OF DEATH* was as follows:

Diabetes, Arteriosclerosis, and Cardio-Renal disease

(duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. 7 mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of 12-27-27

Was there an autopsy? No

What test confirmed diagnosis? Hospital Course

(Signed) Jno A Thompson (M. D.

(Address) Md Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Harrisburg Pa — DATE OF BURIAL: 12/31 1927

20 UNDERTAKER: Sol Levinson & Bro — ADDRESS 11 27 E Balto st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28959 E 28959

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospl ST. 25-72 WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Penney.

(a) RESIDENCE NO. 169 Maywood St Wilkinsburg Pittsburgh Pa.
(Usual place of abode) ST. WARD
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

009

9 BIRTHPLACE (city or town) (State or country): Pittsburg Pa.

PARENTS

10 NAME OF FATHER: John J. Penney

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pittsburg Pa.

12 MAIDEN NAME OF MOTHER: E. K. Masterman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant: George E. Penney.
(Address): 109 Maywood St. Wilkinsburg Pa.

15 Filed JAN 1 1928 19 C. HAMPSON JONES, Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-31 1927

17 I HEREBY CERTIFY, That I attended deceased from 12/19 1927 to 12/31/27 1927 that I last saw h alive on Dec. 31 1927 and that death occurred, on the date stated above, at 9.55 P m

The CAUSE OF DEATH* was as follows:

Carcinoma of Larynx

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 12/21/27

Was there an autopsy? No

What test confirmed diagnosis? Microscopic exam.

(Signed) Augustine P. Vonderheuf, M. D.

19 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: North Side Pittsburg Pa

DATE OF BURIAL: 1/3 1928

20 UNDERTAKER: Robert Brookerson

ADDRESS: Calhoun Rollins

CAUSE OF DEATH in plain terms, so that it may be properly classified. EACH Statement of CAUSE.
TION is very important See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28960

CERTIFICATE OF DEATH

155 E 28960

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. University Hospital St. 18-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. H. Harrison

(a) RESIDENCE NO. 1204 W. Fayette St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) Nov 1 1841

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	36	1	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Gas + Electric Corp.

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER Bradford N. Harrison

11 BIRTHPLACE OF FATHER (City or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Emma C. Jump

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant Howard Lyle Harrison

(Address) St. Michaels Md.

Filed JAN 1 - 1928 THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 31 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1927, to Dec 31, 1927, that I last saw him alive on Dec. 31, 1927, and that death occurred, on the date stated above, at 5 40 p. m.

The CAUSE OF DEATH* was as follows:

Osteomyelitis of jaw

(duration) yrs. 3 mos. da.

CONTRIBUTORY (Secondary) Lung abscess

(duration) yrs. mos. 21 da.

18 Where was disease contracted if not at place of death? 1204 W. Fayette St. Md.

Did an operation precede death? Yes Date of Nov 26 + Dec 11

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Lemuel Lyle Lumpkin, M. D.

(Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Michaels Md. Date of Burial Jan 1 1928

20 UNDERTAKER John O. Mitchell ADDRESS Easton Md

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28961

CERTIFICATE OF DEATH.

100-001 E 28961

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2231 N. Fulton Av ST. WARD 13-54

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jack Klempay Feigenfelder

(a) RESIDENCE NO. 2231 N. Fulton Av ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced. (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 22nd 1927

7 AGE Years Months Days 9

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Christopher Feigenfelder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Lilian A. Halsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Christopher Feigenfelder

(Address) 2231 N. Fulton Av

Filed JAN 1 1928 H. HAMILTON JONES, M. D. Registrar

Per KCH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 31st 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec. 22nd 1927 to Dec. 30th 1927.

that I last saw him alive on Dec. 30th 1927.

and that death occurred, on the date stated above, at 5:30 A. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) Edward G. Reese M. D.

12/31 1927 (Address) 2227 N. Fulton Av. Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL June 1928

20 UNDERTAKER John J. Fields — ADDRESS 1200 N. Lombard

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28962

CERTIFICATE OF DEATH.

1925 E 28962

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto. City Hosp. St., 34 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Matthew Bystry

(a) RESIDENCE NO. 754 E. Bond St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 22 1874

7 AGE: Years 52 Months 3 Days 7 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Labor

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER William Bystry

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Mary Pranek

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Frances Bystry

(Address) 754 E. Bond St.

15 Filed ..... 19 ..... C. HAMILTON JONES, M. D. Registrar

JAN 1 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 1925 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Coroner's autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Multiple Fracture

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Shock

(duration) yrs. mos. 1 ds.

Dec 27 19 (Signed) Geo. Yates M. D.

(Coroner)

(Address) 143 W. Bray

1 over

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Date of Burial Jan 2 1926

20 UNDERTAKER: John M Wilson ADDRESS 1803 Bank St

Do not write in this space. Any error should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 28963

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12 E 28963

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 17 Anthony (Ward) One 27 41

2-FULL NAME Mrs Charlotte Sentz

(a) **RESIDENCE NO.** 17 Anthony ST., Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Christian C Sentz

6 DATE OF BIRTH (month, day, and year): Dec 28 1873

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
54	0	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Co Maryland

PARENTS

10 NAME OF FATHER: Charles Miller

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER: Caroline Wormann

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant: Mrs Moore (Address) 17 Anthony Ave. Reisterstown

15 Filed JAN 1 - 1928 HAMPSON JONES, M. D. Registrar

Per RLH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 30th 1927

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1927, to Dec 30, 1927, that I last saw her alive on Dec 29, 1927, and that death occurred, on the date stated above, at 4.30 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) O. H. Cushman, M. D.

(Address) 3100 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Jan. 2 1928
UNDERTAKER	ADDRESS
Frederick Sonntag Sons	Fullerton

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 6-9-13—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28964

CERTIFICATE OF DEATH.

57 E 28964

REGISTERED No.

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1329 Upton St. 1723 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Calaman

(a) RESIDENCE. No. 1329 Upton St., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1873

7 AGE: Years 54 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Emanuel Green

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Elizabeth Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Frank Calaman 1329 Upton St.

15 Filed JAN 1 - 1928 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): DEC 29 1927

17 I HEREBY CERTIFY, That I attended deceased from October 30 1927 to Dec. 29 1927

that I last saw her alive on Dec. 29 1927

and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 2 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Myocarditis, hypertension

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Urinalysis.

(Signed) Jacob Taggott M. D.

, 19 (Address) 1015 Monroe St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cem. DATE OF BURIAL: 1/1 19 28

20 UNDERTAKER: Samuel Hensley ADDRESS: Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28965

CERTIFICATE OF DEATH.

188-003

E 28965

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. John Hopkins Hospital St., 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Litt

(a) RESIDENCE NO. 1817 E Baltimore St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 15 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Celia Litt

6 DATE OF BIRTH (month, day, and year) April 6 1879

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	48	8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Present

(b) General nature of industry, business, or establishment in which employed (or employer) Poultry Dealer

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Unkown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unkown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Celia Litt

(Address) 1817 E Balto St

15 Filed JAN 1 - 1928 C. HARRISON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31/27

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Crushed chest-Accidently run over by autotruck at Lombard St & Cent ave.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) (Coroner), M. D.

12/31/27 (Address) 508 E. Nort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew MtCarmel Cem Date of Burial Jan 1 1928

20 UNDERTAKER Jack Lewis ADDRESS 1439 E Balto St

Use should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 28966

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3 / E 28966

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 926 Mc. Donough St., 7-13 WARD)

2-FULL NAME Nelson Dockins

(a) RESIDENCE NO. 926 Mc. Donough ST, WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col.	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 26 - 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	32	10	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Mr Dockins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Jenkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mr Dockins

(Address) 926 Mc Donough

15 Filed 1928 C. HARRISON JONES, M. D. Registrar

Dep

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-29-1927

17 I HEREBY CERTIFY, That I attended deceased from 5-2-1926, to 12-29-1927, that I last saw h[illegible] alive on 12-27-1927 and that death occurred, on the date stated above, at 8,30 P m

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(duration) unknown yrs. mos ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) [illegible], M. D.

1-1-1928 (Address) 611-N. Conkling

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pleasant Hill Cemetery

DATE OF BURIAL Jan 1, 1928

20 UNDERTAKER Mrs. P. A. Elliott

ADDRESS 325 Eastern Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28967

CERTIFICATE OF DEATH.

90

E 28967

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 28 N. Dutton Ave ST., 20-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Lucetta McCamey

(a) RESIDENCE NO. 28 N Dutton Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of James McCamey

6 DATE OF BIRTH (month, day, and year) Jany 11 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	11	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Pittsburg Pa

(State or country)

PARENTS

10 NAME OF FATHER Jas Purnell

11 BIRTHPLACE OF FATHER (city or town) Pitts Pa

(State or country)

12 MAIDEN NAME OF MOTHER Marcella Tipey

13 BIRTHPLACE OF MOTHER (city or town) Pitts Pa

(State or country)

14 Informant Mrs Eleanor Rice

(Address) 28 N Dutton Ave

15 DATE RECEIVED DEC 31 1928 G. HAMPSON JONES, M.D. Registrar

Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 29 1927, to Dec 29 1927, that I last saw h[illegible] alive on Dec 29 1927, and that death occurred, on the date stated above, at 5.15 P m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. 12hs ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Mc Orville M. D.

Dec. 29 1927 (Address) 108 N Dutton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem DATE OF BURIAL 1/2 28

20 UNDERTAKER Edgar A Farley ADDRESS Fulton & Fayette

Filed JAN 1 - 1928

Registration should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

Noah Collins

E 28968

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 135 E 28968

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital 4-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Collins, Noah

(a) RESIDENCE NO. Westminster, Md St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of single

6 DATE OF BIRTH (month, day, and year) 1847

7 AGE Years 80 Months Days IF LESS than 1 day hrs. or min.

80 years.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Collins, Allen

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mason, Jeanette

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant (Address) St. Mehfeld Sykesville Md

Filed JAN 1 - 1928 19 HARRISON JONES, M. D. Registrar

Per RRR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

12-31-1927

17 I HEREBY CERTIFY, That I attended deceased from 11-5-27, 19, to 12-31-27, 19,

that I last saw him alive on 12-30-27 19,

and that death occurred, on the date stated above, at 2 30 am

The CAUSE OF DEATH* was as follows:

Cystitis - Pyelitis

unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Urethral Stricture Prostatitis

unknown yrs. mos. ds.

18 Where was disease contracted

if not at place of death? unknown

Did an operation precede death? yes Date of 11-6-27

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J B Treasure M. D.

19 (Address) Univ. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnsville 2nd. Date of Burial Jan 3 1927

20 UNDERTAKER Neer & Son, Inc ADDRESS Sykesville Md

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 28969 — HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. X 84 E 28969

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 1-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Booth, Swanson Booth -

(a) RESIDENCE No. Max Meadows St. 2a Ward Route 2

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Leona Booth

6 DATE OF BIRTH (month, day, and year) 1903 -

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	22			

8 OCCUPATION OF DECEASED -

(a) Trade, profession or particular kind of work Railroad Brakeman

(b) General nature of industry, business, or establishment in which employed (or employer) R R

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER William Booth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va -

12 MAIDEN NAME OF MOTHER Ella Lyons

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va -

14 Informant Reeds - (Address) JOHNS HOPKINS HOSPITAL

15 Filed JAN 1 - 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31 1927.

17 I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1927, to Dec. 31, 1927, that I last saw him alive on Dec. 31, 1927, and that death occurred, on the date stated above, at 1.15 P.M.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis - Atheroma (Benign)

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 12-31-27

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Operative

(Signed) Warfield M. Firor, M. D.

12-31 1927 (Address) J. H. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Maxmeadow Va — DATE OF BURIAL 1/1/28

20 UNDERTAKER Joseph Owens — ADDRESS 721 Bway

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28970 — REGISTERED NO. 90 E 28970

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2102 Oak St. 12-51 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James F. Kelly

(a) RESIDENCE NO. 2102 Oak-st St. 12 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1887

7 AGE: Years 40 Months Days — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Accountant

(b) General nature of industry, business, or establishment in which employed (or employer): 008

(c) Name of employer

9 BIRTHPLACE (city or town): Md

(State or country): Md

PARENTS

10 NAME OF FATHER: J. Kelly

11 BIRTHPLACE OF FATHER (city or town): Ireland

(State or country)

12 MAIDEN NAME OF MOTHER: Ann Clark

13 BIRTHPLACE OF MOTHER (city or town): Ireland

(State or country)

14 Informant: Flowers Kelly

(Address): 917 E Chase St

Filed JAN 1 - 1928 HAMILTON JONES, M. D. Registrar

Per R.O.M.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/30 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Valvular Disease of Heart

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D. (Coroner)

1/31, 1927 (Address) 7692 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — Date of Burial: Jan 2 1928

20 UNDERTAKER: Robt J Turner Inc — ADDRESS: 1401 N Broadway

Don't should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 28971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104-002
E 28971
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2906 Gibbons ave. 27-44 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie Durra

(a) RESIDENCE NO. 2906 Gibbons ave WARD
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Paul Durra

6 DATE OF BIRTH (month, day, and year) Sep 19 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER deceased

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Elizabeth Tuschen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Paul Durra
(Address) 2906 Gibbons ave

15 Filed JAN 1 1928 C. HAMILTON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 15 1927 to Dec 30 1927 that I last saw h[illegible] alive on Dec 30 1927 and that death occurred, on the date stated above, at 2 53 0 m.

The CAUSE OF DEATH* was as follows:

Pulmonary oedema from acute Endocarditis & myocarditis (following)

CONTRIBUTORY (Secondary) Peri Tonsillar abscess (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? ?

What test confirmed diagnosis? ? Sug. Blood culture ?

(Signed) Chas Mewx M. D.

12/31/27 (Address) 4 206 Hanover Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loh Redeemer — DATE OF BURIAL Jan 2 1928

20 UNDERTAKER Wendell Diffenderffer & Son ADDRESS 37 S Amer Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks. Naomi Meredith

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28972

CERTIFICATE OF DEATH.

10 001 E 28972 Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 714 Emory St St. 72-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Naomi Meredith

(a) Residence No. 714 Emory St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced WIFE of Solamon Meredith

6-DATE OF BIRTH (month, day and year) June 1887

7-AGE: 40 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: house wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): md

PARENTS.

10-NAME OF FATHER: Charles Wilkins

11-BIRTHPLACE OF FATHER (city or town) (State or Country): md

12-MAIDEN NAME OF MOTHER: Kate Hutchins

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): md

14- (Informant) Solamon Meridith

(Address) 714 Emory St

15- Filed JAN 1 - 1928 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 30 1927

17- I HEREBY CERTIFY, That I attended deceased from Dec 19, 1927 to Dec 30, 1927

that I last saw her alive on Dec 30 1927

and that death occurred, on the date stated above, at 9:30 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) 11 days

CONTRIBUTORY (Secondary) Acute Dilatation of Heart,

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. Cooke M. D.

, 19 (Address) 501 N. Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem Stephensville md

DATE OF BURIAL, Jan 2 1928

20-UNDERTAKER: John H. Trudeau

ADDRESS 1627 Lemmon Hill

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28973

183 E 28973

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) South Baltimore General Hospital (Ward) 24-33

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adam Feimer.

(a) RESIDENCE NO. 1413 E. Clement St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. 0 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) December 18, 1918

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or....min.
	9	0	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.

(State or country)

PARENTS

10 NAME OF FATHER Nicholas Feimer.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Hungary.

12 MAIDEN NAME OF MOTHER Susanna Hemeker.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Hungary.

14 Informant Susanna Feimer. (mother)

(Address) 1413 E. Clement St.

15 Filed JAN 1 - 1928 19 C. HAMPSON JONES, M. D. Registrar

Per RRK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 30, 1927. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidentally shot through the Heart by a playmate.

(duration) yrs. mos. ds.

CONTRIBUTORY (secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D.

12/31/27 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the state yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross, A-G Co Date of Burial Jan. 2, 1928

20 UNDERTAKER J. E. Flynn Margaret D. Flynn ADDRESS 1211 Light St.

(If death occurred in a hospital or institution, the information required under 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 16, 17, 18, 19 and 20 should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.)

Spec.—7-17-26—A Co.—200 Bks.

E 28974

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-E 28974

CERTIFICATE OF DEATH

1-PLACE OF DEATH Univ Hospital — REGISTERED NO. 25-7

City of BALTIMORE: (No. ____ St., ____ Ward ____)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas J. Fitzpatrick.

(a) RESIDENCE NO. 323 Patapsco St. St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): 3/18/13

7 AGE — Years: 14 — Months: 9 — Days: 11 — IF LESS than 1 day ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): O'Neill

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Thos. Fitzpatrick

11 BIRTHPLACE OF FATHER (City or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Annie King

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Annie Fitzpatrick (Address) 323 Patapsco St.

15 Filed ____, 19____ Registrar

JAN 1 - 1928 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 29 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 27, 1927. to Dec 29, 1927.

that I last saw him alive on Dec 29, 1927.

and that death occurred, on the date stated above, at 10 20 P. m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Oedema

3 hrs. (duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

____ (duration) ____ yrs. ____ mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) F. M. Lumpkin, M. D.

, 19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — Date of Burial: 1/2 1928

20 UNDERTAKER: J. Fahey Stone — ADDRESS: 318 Eighth St.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28975

CERTIFICATE OF DEATH.

E 28975

REGISTERED NO. 100-061

1-PLACE OF DEATH Union Memorial Hosp

CITY OF BALTIMORE: (No.) Calvert & 33d ST., (or) WARD 12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas W. Johnson

(a) RESIDENCE NO. Ellicott City ST. Md WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ~ yrs. ~ mos. ~ ds. How long in U. S., if of foreign birth? ~ yrs. ~ mos. ~ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Mal

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs T. W. Johnson

6 DATE OF BIRTH (month, day, and year): June 1861

7 AGE: Years 66 | Months 6 | Days 7 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): Farming

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Anthony W. Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penna

12 MAIDEN NAME OF MOTHER: Josphine Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Family

(Address)

15 Filed 2 - 1928 19 C. HAMPSON JONES, M. D. Registrar

Per ACA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 1 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 27. 1927. to Jan 1. 1928.

that I last saw h alive on Jan. 1. 1928

and that death occurred, on the date stated above, at m

The CAUSE OF DEATH was as follows:

Confluent Broncho-Pneumonia

(duration) 6 yrs. 6 mos 7 ds.

CONTRIBUTORY (Secondary) ~

(duration) ~ yrs. ~ mos. ~ ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of ~

Was there an autopsy? Partial

What test confirmed diagnosis? Autopsy

(Signed) Wallace Townsend Jr. M. D.

19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Johns cemetery Ellicott City Md | DATE OF BURIAL: Jan 3 1928

20 UNDERTAKER: Scott M Starr | ADDRESS: Ellicott City

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28976

CERTIFICATE OF DEATH.

46 E 28976

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 3401 (Street) Mueller St. (Ward) 26

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dora E. Drzewiecki

(a) RESIDENCE No. 3401 (Street) Mueller St., (Ward) 26

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | COLOR OR RACE White | 5 Single, Married, Widowed or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Stephen Drzewiecki

6 DATE OF BIRTH (month, day, and year) May 24-1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	7	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

PARENTS

10 NAME OF FATHER Edward Ireland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Jennie Moran

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Stephen Drzewiecki (Address) 3401 Mueller St

Filed 1928 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 31 1927

17 I HEREBY CERTIFY, That I attended deceased from 9/13/27, 19.., to 12/31, 1927.

that I last saw her alive on 12/30, 1927.

and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Cervix Uteri

(duration) yrs. 5 mos — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] Gerrell M. D.

12/31 1927 (Address) 635-5-3rd,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cemetery | DATE OF BURIAL Jan. 1 1928

20 UNDERTAKER George L. Schwab | ADDRESS 2101 Eutaw Place

N 2 - 1928

Mail [illegible]

NATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 28977

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16 E 28977

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1508. E. Layfatte ST., 8-17 WARD)

2-FULL NAME Anna De Silves

(a) RESIDENCE NO. 1508. E. Layfatte ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 29/1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	1	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Joseph De Silves

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy.

12 MAIDEN NAME OF MOTHER Rosa. Alfonsio

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy.

14 Informant Mrs. Rosa De Silves.
(Address) 1508 E. Lafatte ave.

15 2-1928 C. HAMPSON JONES, M. D. Registrar
Per —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 12, 1927, to Dec 30, 1927, that I last saw her alive on Dec 30, 1927, and that death occurred, on the date stated above, at 6 9. m.

The CAUSE OF DEATH* was as follows:
Cerebral hemorrhage (both injury)

CONTRIBUTORY (Secondary) Convulsions — (duration) 3 yrs. 1 mos. 10 ds.
Oedema (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) George Abner Bowden, M. D.
1/1, 1928 (Address) 1517 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL
New Cathedral Cemty. Jan 2 1928.

20 UNDERTAKER — ADDRESS
George L. Ruth. 1735 Hanford Ave.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28978 E 28978

CERTIFICATE OF DEATH.

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Hospe ST. A-63 WARD)

2-FULL NAME Thomas Coleman

(a) RESIDENCE NO. Md Hospe Retreat ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. At Md Hospe How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) July 8-1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	5	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrician

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Wash. D. C.

PARENTS

10 NAME OF FATHER Patrick Coleman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Elizabeth Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mary E Flynn

(Address) Kirkley Home-Roland ave

15 12-31-1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31 1927

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1926, to Dec 31, 1927, that I last saw h alive on Dec 30, 1927, and that death occurred, on the date stated above, at 8.40 A m.

The CAUSE OF DEATH* was as follows:

Chronic Mitral Endocarditis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & Clinical

(Signed) C. B. Evans, M. D.

(Address) Md Hospe Retreat.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery. DATE OF BURIAL Jan 3 1928

20 UNDERTAKER George F. Ruth ADDRESS 1735 Harford ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

2 - 1928

Spec.—1-10-21—M&T—1500 Bks.

E 28979

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 28979

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1331 Valley ST., 9-14 (WARD)

2-FULL NAME Mary E Matthews

(a) RESIDENCE NO. 1331 Valley St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. X mos. X ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced. (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Matthew E Matthews

6 DATE OF BIRTH (month, day, and year): April 11-1850

7 AGE: Years 77 Months 8 Days 19 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Lancaster Pennsylvania

PARENTS

10 NAME OF FATHER: John Widdoes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Margt Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Minnie Logan

(Address): 1331 Valley St

15 DEC 31 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): DEC 30 1927

17 I HEREBY CERTIFY, That I attended deceased from NOV 28 1927 to DEC 30 1927

that I last saw her alive on DEC 30 1927

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Toxemia of Chronic Nephritis

(duration) X yrs. X mos. 3 ds.

CONTRIBUTORY (Secondary) Paranchymatous Chronic Nephritis (duration) 10 yrs. + X mos. X ds.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) Otto F. Deiker M. D.

(Address) 928 E. North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Jan 2 1928

20 UNDERTAKER: George J Ruth — ADDRESS: 1735 Harford Av

JAN 2 - 1928

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 28980

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100 E 28980

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 2848 Boarman Ave ST., 15-62 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Tilliona R Strickland

(a) RESIDENCE NO. 2848 Boarman Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: N.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emily Boarman

6 DATE OF BIRTH (month, day, and year): Jan 4 1861

7 AGE: Years 66 Months 11 Days 26 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Gardner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Lucy Egan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mary E Strickland

(Address) 2848 Boarman Ave

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 31 1927

17

I HEREBY CERTIFY, That I attended deceased from 12 20, 1927, to 12/30, 1927.

that I last saw him alive on 12/30, 1927

and that death occurred, on the date stated above, at 8:20 P m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchitis

Carcinoma (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? 2848 Boarman Ave

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Special Exam

(Signed) Jack. H. Hogan M. D.

12/30 1927 (Address) 6-E-Read St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn — DATE OF BURIAL 1/2 1928

20 UNDERTAKER: W. H. Cook — ADDRESS 502 E Lafayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

2 - 1928

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28981

CERTIFICATE OF DEATH.

154 E 28981

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3605 Central ST., new Woodbury Ave 13-37 WARD)

2-FULL NAME La Verne Hannah Woodward

(a) RESIDENCE NO. 3605 Central ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 12-27-27

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Geo. H. Woodward

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt.

12 MAIDEN NAME OF MOTHER Helen Schultz.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt.

14 Informant Helen Woodward

(Address) 3605 Central

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 29, 1927, to Dec. 31, 1927, that I last saw her alive on Dec. 31, 1927 and that death occurred, on the date stated above, at 5 50 P. m.

The CAUSE OF DEATH* was as follows:

Failure of Foramen Ovale to close

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Wm. H. Leahy, M. D.

12/31, 1927 (Address) 636 Fork

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL 1/2 1928

UNDERTAKER William Cook

ADDRESS 502 E Main St.

Filed N 2 - 1928 C. HAMPSON JONES, M. D. Registrar

Par AKB

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 28982

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 28982

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 W. Belnden Av St. 27-5E WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma L Shenton

(Residence in Baltimore: No. 417 W. Belnden Av St. 2/12 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Nov (Month) 15 (Day) 1861 (Year)

7-AGE: 66 yrs 1 mos 16 ds. If LESS than 1 day, hrs., or min?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 0

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Louis P. Forde

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Henrietta Green

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joshua Shenton

(Address) 417 W Belnden Av

15- Rec'd 2 1928 C. HAMPSON JONES, M. D. Per 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec (Month) 31 (Day), 1927 (Year)

17- I HEREBY CERTIFY, That I attended deceased from September, 1927, to, Dec 31 1927, that I saw h[illegible] alive on Dec 31 1927 and that death occurred, on the date stated above, at 10.45 P m.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis ?

(Duration) yrs mos ds

Contributory (SECONDARY) Hypostatic Pneumonia

(Duration) yrs mos 2 ds

(Signed) John O'Dubert M D

Jan 4 1928 [Address] 754 Park Heights

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Parkland

DATE OF BURIAL: 1/3 1928

20-UNDERTAKER: [illegible]

ADDRESS: 502 Edmondson Ave

21.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28983

CERTIFICATE OF DEATH

90 E 28983

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1282 Pennsylvania Ave St. 24-33 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie E Carr

(a) RESIDENCE NO. 1282 Pennsylvania Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Willis D Carr

6 DATE OF BIRTH (month, day, and year): May 18 1853

7 AGE: Years 74 Months 7 Days 12 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Annapolis Md

PARENTS

10 NAME OF FATHER: John G Taylor

11 BIRTHPLACE OF FATHER (City or town) (State or country): Annapolis Md

12 MAIDEN NAME OF MOTHER: Mary A Wilcox

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Scotland

14 Informant (Address): Bertie Wellemyer 1526 N Walke St

Filed JAN 2 - 1928

C. HAMPSON JONES, M.D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 30 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 6 1926 to Dec 30 1927

that I last saw h[illegible] alive on Dec 30 1927

and that death occurred, on the date stated above, at 7 45 m.

The CAUSE OF DEATH* was as follows:

Endocarditis Chronic

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) O Winfield M. D.

12/30, 1927 (Address) 1379 William St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dear Hill — Date of Burial: Jan 2 1928

20 UNDERTAKER: Wilson Carlson & Nadler — ADDRESS: [illegible]

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28984 E 28984

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH Franklin Sq Hosp — REGISTERED NO.

CITY OF BALTIMORE: (No. Fulton & Fayette ST. 21-29 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Weinhardt

(a) RESIDENCE NO. 1137 West Bird — ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine Weinhardt.

6 DATE OF BIRTH (month, day, and year): Nov 1, 1863

7 AGE — Years: 64 — Months: 2 — Days: 30 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): 0/5

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: John Weinhart

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Walter Weinhart

(Address): 1137 Hanover Blvd

15 Filed JAN 2 - 1928

16 Registrar: C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 1 19 28

17

I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1927, to Jan. 1, 1928,

that I last saw h alive on Dec. 31, 1927,

and that death occurred, on the date stated above, at 5:30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease with decompensation.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Myocardial failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Elizabeth B Shaw M. D.

, 19 (Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: 1/4 28

20 UNDERTAKER: J. W. Cook

ADDRESS: 502 E Nat'l

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28985

CERTIFICATE OF DEATH.

E 28985

1-PLACE OF DEATH

City of BALTIMORE: (No. Providence Hosp. 18-26 Ward)

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Jones

(a) RESIDENCE NO. 939 W. Lexington St Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female | 4 Color or Race: colored | 5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day and year) about 1910

7 AGE: Years 17 | Months | Days | IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Dec. 29 1927

(State or country) Md.

PARENTS

10 NAME OF FATHER R. W. Jones

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Florence Scott ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Florence Jones

(Address) 939 W. Lexington St

15 1928 C. HAMPSON JONES, M. D.

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 29, 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquest)

thereon and from the evidence obtained by said Inquest, autopsy or inquest) find that said deceased came to death on the date stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Auto accident

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D. (Coroner)

(Address) 2572 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial Jan 2 1928

20 UNDERTAKER Daniel Easter & Co ADDRESS 916

JAN 2 1928

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 28986

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28986

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1601-W-Mulberry ST. 19-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Queen Ester Summerfield-Morris

(a) RESIDENCE No. 1601-W Mulberry ST., WARD

(Usual place of abode) Old Lyle

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 8 — 1926

7 AGE — Years: 1 — Months: 0 — Days: 23 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Unemployed

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Ed. Summerfield

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Ruth E. Morris

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Alexandria Va

14 Informant: Ruth Morris

(Address): 1601-W Mulberry

15 Filed: 2-1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/31 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 27, 1927, to Dec 31, 1927, that I last saw her alive on Dec 31, 1927, and that death occurred, on the date stated above, at 6 P m

The CAUSE OF DEATH was as follows*: Bronchial Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary): Whooping Cough

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Walter Dorsey M. D.

(Address) 634 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: Jan 2 — 1928

20 UNDERTAKER: David Carton — ADDRESS 516 Pa ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CONDITION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 28987

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 28987

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 26-37 Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James H. Dennison

(a) RESIDENCE NO. ..... ST. ..... WARD .....

(Usual place of abode) ?

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ?

6 DATE OF BIRTH (month, day, and year): ? 1853

7 AGE: Years 74 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

040

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: ?

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Records

15 Filed JAN 2 - 1928, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/31/1927

17 I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1922 to Dec. 31, 1927

that I last saw h[illegible]ive on Dec. 31, 1927

and that death occurred, on the date stated above, at 6:00 P. m.

The CAUSE OF DEATH* was as follows:

Senile Insanity

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General & Symp.

(Signed) C. D. Thelen Dr. M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: Jan 2 1928

20 UNDERTAKER: Daniel Carter ADDRESS 916 Pa ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26–A Co.—200 Bks.

E 28988

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28988

CERTIFICATE OF DEATH

90

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1712 N. Port. St., 8-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Young

(a) RESIDENCE NO. 1712 N. Port St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. 2 mos. 16 ds. How long in U. S. if of foreign birth? Born mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Joseph Young.

6 DATE OF BIRTH (month, day, and year) October 15 1866

7 AGE	Years	Months	Days	IF LESS than 1 day ..hrs. or ..min..
	61	2	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Henry Stielper

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Engel Ladd

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Joseph Young (Address) 1712 N. Port St

15 Filed _____, 19__ _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 31 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 21, 1926, to Dec 31, 1927, that I last saw h[e] alive on Dec 31, 1927, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

Hemiplegia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis Y

Arteriolar Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Simon M. D.

, 19 (Address) 4 708 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery Date of Burial Dec 31 1928

20 UNDERTAKER Henry Hoech & Son ADDRESS 801 E Eager St

NOTE.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

2 1928 C. HAMPSON JONES, M.D.

Spec.—1-12-23—M&T—500 Blks.

E 28989 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

90 E 28989

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST., 9-17 WARD)

2-FULL NAME Daniel A. McCrystal

(a) RESIDENCE NO. St. Joseph's Hospital ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. Name should be stated EXACTLY. PHYSICIANS should state

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Hospital attendant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Brooklyn N.Y.

PARENTS

10 NAME OF FATHER: William McCrystal

11 BIRTHPLACE OF FATHER (city or town) (State or country): Scotland.

12 MAIDEN NAME OF MOTHER: Anna Barker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Scotland.

14 Informant: Francis J. McCrystal
(Address): 328 N. Camden St.

15 Filed ..... 19... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-30 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 30, 1927, to Dec 30, 1927, that I last saw him alive on Dec 30, 1927, and that death occurred, on the date stated above, at 11.50 A.M.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

Acute Cardiac Decompensation

Unknown.

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Decompensation of Cardiac Dilatation

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H Laurence Fahnestock M. D.

, 19 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: June 4 1928

20 UNDERTAKER: Henry Hoen. Sons

ADDRESS: 130 E Eager St

JUN 2 - 1928

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28990

CERTIFICATE OF DEATH

44 E 28990

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1013 Aisquith St., 1004 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John. A. Reed

(a) RESIDENCE NO. 1013 Aisquith St. 10 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. 11 mos. 13 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Mary M. Reed

6 DATE OF BIRTH (month, day, and year): January 18 1858

7 AGE: Years 69 Months 11 Days 13 IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto. (State or country): Md

PARENTS

10 NAME OF FATHER: John Reed

11 BIRTHPLACE OF FATHER (City or town): (State or country): Germany

12 MAIDEN NAME OF MOTHER: Christina Ernstberger

13 BIRTHPLACE OF MOTHER (city or town): (State or country): Germany

14 Informant: Mrs Mary M. Reed (Address) 1013 Aisquith St

15 Filed: 1-2-1928 16 C. HAMPSON JONES, M. D. Registrar. Per R.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 31 1927

17 I HEREBY CERTIFY, That I attended deceased from May 26, 1927, to Dec 31st, 1927, that I last saw him alive on Dec 30 1927, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) ..... yrs. 8 mos. ? ds.

CONTRIBUTORY (Secondary)

Cachexia (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X-Ray -

(Signed) Thomas J Cochran M. D.

Jan. 1 1928 (Address) 1004 Aisquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — Date of Burial: Jan. 3 1928

20 UNDERTAKER: Henry Hoech & Son — ADDRESS: 1301 E Eag

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 28991

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 28991

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 795 Carroll ST. 21-24 WARD)

2-FULL NAME Ida Coursey

(a) RESIDENCE NO. 795 Carroll ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Walter Coursey

6 DATE OF BIRTH (month, day, and year) Feb. 24" 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	70	10	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER William Griffith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Frank Coursey

(Address) 608 N. Brice Street

15 Filed 1-2-1928 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 31 1927

17 I HEREBY CERTIFY, That I attended deceased from May 13, 1926, to December 31, 1927, that I last saw her alive on Dec 30, 1927 and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 30 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinalysis

(Signed) J. M. Bellott, M. D.

1/1, 1928 (Address) 621 Washington Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery DATE OF BURIAL Jan 3" 1928

20 UNDERTAKER Cook ADDRESS 603 N. Gay St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28992

CERTIFICATE OF DEATH.

66 E 28992

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Townsend 392 Fremont St. Ward)

2-FULL NAME Anthony Donohue

(a) RESIDENCE NO. 423 East Street St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years 5 2 Months Days IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Edward Donohue

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Delia Roche

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Mrs. Thomas Martin

(Address) Evergreen House Charles St. Ave.

15 Filed G. HARRISON JONES, M. D., Registrar

N 2 - 1928 Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28th 27

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) therein and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Alcoholism

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

Dec 30 Signed W. J. Peter M. D.

(Coroner)

, 1927 (Address) 1039 Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial National Cem. June 7 1928

20 UNDERTAKER Joseph Cook ADDRESS 1003 W. Balto St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 28993

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 28993

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. BALTIMORE CITY HOSPITALS ST. 9-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Cook

(a) RESIDENCE NO. 1806 Bullerman ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mths. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 0+0

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Wm. Cook

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Jane Ann ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Tennessee

14 Informant (Address) Records

15 Filed C. HAMPSON JONES, M. D. Registrar.

N 2 - 1928 Par

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/31/1927

17

I HEREBY CERTIFY, That I attended deceased from Mar. 22. 1927. to Dec. 31. 1927

that I last saw h alive on Dec. 31. 1927

and that death occurred, on the date stated above, at 3.35 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis chronic
Arteriosclerosis
Hypertension

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Gross and Sudan

(Signed) C. Hampson Boyd M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary — DATE OF BURIAL June 3, 1928

20 UNDERTAKER Mrs. H. C. Elliott — ADDRESS 1726 Eutaw

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28994

CERTIFICATE OF DEATH

40 E 28994

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Sydenham Hospital St. 03-33 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Richardson

(a) RESIDENCE NO. 1123 Light St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 28, 1927

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	0	1	4	3

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Robert Richardson

11 BIRTHPLACE OF FATHER (City or town) Baltimore

(State or country)

12 MAIDEN NAME OF MOTHER Cath. Murphy

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country)

14 Informant Mrs. Robert Richardson

(Address) 1123 Light St

15 DEC 1928 C. HAMPSON JONES, M. D. Registrar

Pur AKE

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 22, 1927, to Jan 1, 1928

that I last saw him alive on Jan 1, 1928

and that death occurred, on the date stated above, at 1.45 p m.

The CAUSE OF DEATH* was as follows:

Gonorrheal Ophthalmia

(duration) yrs. mos. 23 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? clinical

(Signed) Myron G. Tuck, M. D.

1/2, 1928 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet

Date of Burial Jan 2nd 1928

20 UNDERTAKER C. Schumacher Sons

ADDRESS 1034 Fremont

DEC 2 1928

PLEASE WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 28995

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28995

CERTIFICATE OF DEATH.

162

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 21-29 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Sachs

(a) Residence No. 751 Washington Blvd. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 12/30/27

7-AGE. yrs. mos. 1 ds. If LESS than 1 day, 13 hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER Irving Sachs

11-BIRTHPLACE OF FATHER (city or town) (State or Country), New York City N.Y.

12-MAIDEN NAME OF MOTHER Bessie Merkin

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), New York City N.Y.

14- (Informant) Hosp Rec

(Address)

15- Filed 12-2-1928 C. HAMPSON JONES, M. D. Registrar. Per RCH

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 1/1/28

17- I HEREBY CERTIFY, That I attended deceased from 12/30 1927 to 1/1 1928

that I last saw h.. alive on 1/1 1928

and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH was as follows:

Congenital atelectasis

(Duration) yrs. mos. 1d. 13h

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 1d. 13h.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Leo. T. Habbitts M. D.

, 19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Olivet Cemetery DATE OF BURIAL. 12-2- 1928

20-UNDERTAKER. Jacl Heine ADDRESS 1438 E. Baltimore St.

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 28996

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 28996

CERTIFICATE OF DEATH.

31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. BALTIMORE CITY HOSPITALS ST. 9-1 WARD)

2-FULL NAME Mary Mapp

(a) RESIDENCE NO. 1317 no Spring ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 2-14-1882

7 AGE 45 Years Months 10 Days 16 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 0 10

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Isaiah Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country) S.C.

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S.C.

14 Informant

(Address) BALTIMORE CITY HOSPITALS

15 Filed 1928 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/30 1927

17 I HEREBY CERTIFY, That I attended deceased from 12/24 1927 to 12/30 1927 that I last saw h alive on 12/30 1927 and that death occurred, on the date stated above, at 3.00 Am

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage

? Pulmonary tbc

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) arteriosclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Phys. Exam Autopsy

(Signed) C. Hampson Jones M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem.

DATE OF BURIAL Jan. 2, 1928

20 UNDERTAKER Chas J. Locke

ADDRESS 1302 Jefferson

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AN 2

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

28997

CERTIFICATE OF DEATH.

90 E 28997

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. BALTIMORE CITY HOSPITALS ST. 14-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Ramey.

(a) RESIDENCE NO. 209 N. Bruce ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	Widowed

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer) 0 x 0

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Maryland.

PARENTS

10 NAME OF FATHER Jacob Ramey

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Rebecca ?

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland.

14 Informant
(Address) Records.

15 Filed JAN 2 - 1928 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12, 29, 1927

17

I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1927, to Dec 29, 1927,
that I last saw h[illegible]ive on Dec 29, 1927,
and that death occurred, on the date stated above, at 11:30 A m.
The CAUSE OF DEATH* was as follows:

Myocarditis, chronic, arteriosclerosis.
Coronary thrombosis

(duration) yrs. 4 mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Gross and Symptoms

(Signed) C. Lawrence Conrad M. D.
, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Lorne Cy

DATE OF BURIAL June 2 1928

20 UNDERTAKER Leard & Zalen

ADDRESS Myth ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

28998

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 E 28998

CERTIFICATE OF DEATH.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

City of BALTIMORE: (No. 982 S. Eutaw St. St. 21-31 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rudolph V. Johnson. (C)

(a) RESIDENCE NO. 982 S. Eutaw St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 6 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6 DATE OF BIRTH (month, day, and year) June 24, 1927.

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	0	6	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER ----- Johnson. (C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Zelma Curney. (C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) North Carolina.

14 Informant Lucy Johnson. (C)

(Address) 982 S. Eutaw St.

15 Filed 1928. C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 December 30, 1927.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Coroner, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M Reinhardt (Coroner) M. D.

12/31 1927 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the state ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Ch Date of Burial June 2 1928

20 UNDERTAKER N. F. Brown & Son ADDRESS 1000 Monday St

Spec.—7-17-26—A Co.—200 Bks.

28999

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001 E 28999

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 617 S. Green St. 07-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elethia Fleming

(a) RESIDENCE NO. 617 S. Green St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 28 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Irvin Fleming

6 DATE OF BIRTH (month, day, and year): Jan 3 - 1902

7 AGE: Years 25 Months 11 Days 28 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic 070

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Mrs Jacob Cohen

9 BIRTHPLACE (city or town): Pamplico

(State or country): S Carolina

PARENTS

10 NAME OF FATHER: Jessie Davis

11 BIRTHPLACE OF FATHER (City or town):

(State or country): S Carolina

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country):

14 Informant: Irvin Fleming

(Address): 617 S. Green St

15 Filed: 1-2-1928 C. HAMPSON JONES, M. D. Registrar

ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/31 1927

17 I HEREBY CERTIFY, That I attended deceased from 12/21, 1927, to 12/31, 1927, that I last saw h[illegible] alive on 12/20, 1927, and that death occurred, on the date stated above, at 12 [illegible] a. m.

The CAUSE OF DEATH* was as follows:

Acute Dilat Stomach

Pneumonia

(duration) ..... yrs. mos. 12 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Dan Frankel, M. D.

12/31, 1927 (Address) 142 W Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Florence, S. C. Date of Burial: Jan 2 1928

20 UNDERTAKER: A. A. Brown & Son ADDRESS: Mt. Vernon

N 2 - 1928

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

E 29000

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29000

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO. 13-59

City of BALTIMORE: (No. 2109 Brookfield Av St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Moses A. Kuder

(a) RESIDENCE NO. 2109 Brookfield Av St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Kuder

6 DATE OF BIRTH (month, day, and year): Sept 27 1850

7 AGE: Years 77 Months 3 Days 4 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Insurance Agent

(b) General nature of industry, business, or establishment in which employed (or employer): 86

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Germany

PARENTS

10 NAME OF FATHER: Aaron Kuder

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Sarah Lowenstein

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: Sarah Kuder

(Address): 2109 Brookfield Av

15 Filed JAN 2 1928

16 Registrar: C. HALPSON JONES, M. D.

Per RRR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jany 1st 1928

17 I HEREBY CERTIFY, That I attended deceased from 1921, 19__, to Jan 1, 19 28.

that I last saw h[illegible] alive on Jan 1, 19 28.

and that death occurred, on the date stated above, at 9 A. M.

The CAUSE OF DEATH* was as follows:

uremia following

apoplexy

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) acute dilatation

of heart (duration) yrs. 1 mos. ds.

18 Where was disease contracted

if not at place of death? -

Did an operation precede death? No Date of -

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) J. Frederick Lintz, M. D.

Jan 2. 1928 (Address) Temple Garden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Hebrew

Date of Burial: Jany 3 1928

20 UNDERTAKER: Lane Sondheim

ADDRESS: 118 N. Howard St

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29001

CERTIFICATE OF DEATH.

134-002

E 29001

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital 44-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David Hoffler

(a) RESIDENCE NO. Marlborough Apts St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 19 1875

7 AGE — Years: 52 — Months: 5 — Days: 12 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country): Md.

PARENTS

10 NAME OF FATHER: Nathan Hoffler

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Virginia Burbaum

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: Mrs. I. Rich

(Address): Marlborough Apts

15 1928 C. HAMPSON JONES, M. D.

Per RPH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1927

Dec 31

17

I HEREBY CERTIFY, That I attended deceased from Dec 28, 1927, to Dec 31, 1927, that I last saw him alive on Dec 31, 1927, and that death occurred, on the date stated above, at 5.20 p.m.

The CAUSE OF DEATH* was as follows:

Uremia Rupture of Urethra

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) (1) Uremia (2) Terminal Pneumonic

(duration) yrs. mos. 4 ds.?

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 12/18/27

Was there an autopsy? Yes

What test confirmed diagnosis? Laboratory & Clin

(Signed) C. Hampson Jones, M. D.

, 19 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Hebrew Cem. — Date of Burial 1/2/1928

20 UNDERTAKER: Baird Sondheim — ADDRESS 1822 Rav. Mt. Royal Ave

N 2

E.B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 29002

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29002

10-004

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St. 7-54 Ward)

2-FULL NAME Kate Schwartz

(a) RESIDENCE NO. Rogers Avenue, Mt. Washington Ward

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 28 1853

7 AGE: Years 74 Months 5 Days 4 3 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER George Schwarz

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Emma M Reus

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Miss Anne Schwartz

(Address) 908 Rosedale St

15 [illegible] 19 HAMPSON JONES, M. D.

JAN 2 1928 RRH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Jan 1 - 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 30 1927, to Jan 1, 1928, that I last saw her alive on Jan 1, 1928, and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis and Localized Peritonitis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Secondary Infection and Diphtheria

(duration) yrs. mos. 9 ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? Yes Date of Oct 30 - 1927

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. Hyman, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Date of Burial 1—3, 19 28

20 UNDERTAKER C. B. Hanke ADDRESS 115 E. North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

29003

CERTIFICATE OF DEATH.

57 E 29003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1442 N. Gay ST. 8-17 WARD)

2-FULL NAME Margaret J. Nosset

(a) RESIDENCE NO. 1442 N. Gay ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. 4 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Nosset

6 DATE OF BIRTH (month, day, and year) Aug 21 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	57	4	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER James C Stewart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Frances Oler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant George Nosset (Husband) (Address) 1442 N. Gay St.

15 Filed JAN 2 - 1928, 19 C. HAMPSON JONES, M. D. RPK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31 1927

17 I HEREBY CERTIFY, That I attended deceased from Sept 10 - 1927 to Dec 30 1927, that I last saw h alive on Dec 30 - 1927, and that death occurred, on the date stated above, at 12 A m.

The CAUSE OF DEATH* was as follows:

Diabetis Mellitus -

(duration) 4 yrs 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Don't Know

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Sugar, Urine, General Symptoms & Diabetis Mellitus

(Signed) Thompkinson M. D.

, 19 (Address) 108 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL Jan 3 1928

20 UNDERTAKER Henry Lutz — ADDRESS 203 N. Broadway

E.—WHERE PRINTED, WITH ENGRAVING.—THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 29004

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16 E 29004

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 327 N. Robinson ST. 6 11 WARD)

2-FULL NAME Edward Wm Henry Meggett Sr.

(a) RESIDENCE No. 327 N Robinson ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): 12/19/27

7 AGE: Years | Months | Days: 12 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Edward Wm H. Meggett

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Freda Schmidt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Edward Wm H. Meggett

(Address) 327 N Robinson St.

15 Filed JAN 2 1928, 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 1 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 20, 1927, to Jan 1, 1928, that I last saw h[illegible] alive on Dec 31, 1927, and that death occurred, on the date stated above, at 6 [illegible] m.

The CAUSE OF DEATH* was as follows:

Convulsions

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Pneumonia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. C. Keacen, M. D.

1928 (Address) 2008 Orleans

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Jan 3 1928

20 UNDERTAKER: John Merrick — ADDRESS: 2008 Orleans

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 29005

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29005

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore, Md.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6005 York Road ST. 27-18 WARD)

2-FULL NAME Mr. Richard Augustus Shefels

(a) RESIDENCE NO. 6005 York Road ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Katie Shefels

6 DATE OF BIRTH (month, day, and year) ~~Nov. 5, 1858~~ Feb. 22, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	69	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Sherefords, Balto. Co. Maryland.

PARENTS

10 NAME OF FATHER Chas. Shefels.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known.

12 MAIDEN NAME OF MOTHER Elizabeth Galliard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Co. Md.

14 Informant Esther Shefels

(Address) 6005 York Road

15 FILED JAN 2 - 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 2 1928.

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1 , 1927 , to Jan. 2 , 1928 ,

that I last saw him alive on Jan. 2 , 1928 ,

and that death occurred, on the date stated above, at 6 25 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

Cardiac Dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Liver and Gall Bladder (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of Nov. 18, 1927

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Tests.

(Signed) Williams E. Cole, M. D.

1-2-1928 (Address) 6014 York Road.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Black Rock, Butler, Md DATE OF BURIAL Jan. 4 1928

20 UNDERTAKER Chas. C. Brooks ADDRESS Sparks, Md

N.B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 29006

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29006

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 829 S. Charles ST. 27-32 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel B. Blechman

(a) RESIDENCE NO. 829 S. Charles ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Infant

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 30, 1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		1		
2m 1925		Nov	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Joseph Blechman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah Weis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Sarah B. Blechman. (Address) 829 S. Charles St

15 N 2 - 1928 C. HAMPSON JONES, M. D. Registrar

Par

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1 — 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 31 . 1927 . to Jan. 1 . 1928.

that I last saw h[illegible] alive on Jan - 1 — . 1928.

and that death occurred, on the date stated above, at 7 20 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Herman Seidel, M. D.

, 19 (Address) 2404 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rockdale. DATE OF BURIAL Jan 2 1928

20 UNDERTAKER S. Levin & Son ADDRESS 1127 E Balto St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29007 E 29007

CERTIFICATE OF DEATH.

113

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 Stott Lane ST. 27-63 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John L. Harvey

(a) RESIDENCE. No. 6 Stott Lane ST., WARD.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 28-1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Born 3 day		4	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hopkins Hospital

PARENTS

10 NAME OF FATHER John L. Harvey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Victoria Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) John L. Harvey. 6 Stott Lane

15 Filed JAN 2 1928 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 31 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 21st, 1927, to Dec 31, 1927, that I last saw h[illegible] alive on Dec 31, 1927, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Intestinal Infection

(duration) yrs. 4 mos. 3 ds.

CONTRIBUTORY (Secondary) Debility

(duration) yrs. 4 mos. 3 ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Blood

(Signed) Wayne Pratt, M. D.

, 19 (Address) 354 W. Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn DATE OF BURIAL Jan 2 1928

20 UNDERTAKER Virginia A. Brooks ADDRESS 1-63 W. Pratt

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 29008

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 29008

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 119 Montebello Ter. (St.) 27-44 (Ward)

2-FULL NAME George Steinbock.

(a) RESIDENCE NO. 119 Montebello Ter. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. 3 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 7, 1852.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75.	3.	24.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Grocerman.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER George Steinbock.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Margaret Schmidt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Mrs. Kate Walper

(Address) 119 Montebello Ter.

15 Filed JAN 2 1928, 19 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 25, 1927, to Dec 31, 1927, that I last saw h alive on Dec 30, 1927 and that death occurred, on the date stated above, at m

The CAUSE OF DEATH* was as follows:

Pulmonary oedema

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Asters Sanat

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Alan Smith, M. D.

19 (Address) 8 W 86 Hopkins Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Jan 19 28

20 UNDERTAKER Edward Evans & Father

ADDRESS

JAN 2 1928

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 29009

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29009

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Guilford Manor Apartments University Parkway ST. 12-46 29 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Roland Richards

(a) RESIDENCE No. Guilford Manor Apts. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. 5 mos. 9 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Marries

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice Willson

6 DATE OF BIRTH (month, day, and year): July 22, 1849

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
78	5	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Randolph Richards

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Co. Maryland

12 MAIDEN NAME OF MOTHER: Ann C. Byrne

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Mrs. Alice W. Richards Guilford Manor Apts.

15 Filed DEC 2 - 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 31 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 6, 1927, to Dec 31, 1927, that I last saw h[illegible] alive on Dec 31, 1927, and that death occurred, on the date stated above, at 1.18 P. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Congestion

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chron. Nephritis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of No

Was there an autopsy? None Blood

What test confirmed diagnosis? Urine & Kelly

(Signed) [illegible] M. D.

1/1, 1928 (Address) 4 Somerset Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery

DATE OF BURIAL: 1/3 19 28

20 UNDERTAKER: Henry A. Myers & Son

ADDRESS: 805 N. Carlton St.

INSTRUCTIONS: Information should be entered in plain legible handwriting, using indelible pencil or pen and ink. AGE should be stated EXACTLY. PHYSICIAN should sign CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-28—M&T—500 Bks.

E 29010

20138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 49

E 29010

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST., 79 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nathan A- Najjum

(a) RESIDENCE No. 15-19 Campbell St ST., WARD Roanoke - Va -

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Rachael Lenkinson

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45 -			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant -

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Syria

PARENTS

10 NAME OF FATHER Abraham Najjum

11 BIRTHPLACE OF FATHER (city or town) (State or country) Syria

12 MAIDEN NAME OF MOTHER Helen Malouf

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Syria

14 Informant Friends - P

(Address) JOHNS HOPKINS HOSPITAL

15 Filed JAN 3 1928 at [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2 - 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 17, 1927, to Jan 2, 1928, that I last saw him alive on Jan 2, 1928, and that death occurred, on the date stated above, at 10 20 m.

The CAUSE OF DEATH* was as follows:

Lymphosarcoma

(duration) - yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of Jan 2 - 1928

Was there an autopsy? No.

What test confirmed diagnosis? Biopsy

(Signed) R. Hooper Lulu L. M. D.

Jan 2, 1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Roanoke Va — DATE OF BURIAL Jan 3 1928

20 UNDERTAKER Geo M. Frank Son — ADDRESS 811 Hollins St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Blks.

E 29011

HEALTH DEPARTMENT—CITY OF BALTIMORE

29011

$10.00

E 29011

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Sydenham Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruth Pettigrew

(a) RESIDENCE NO. Earleigh Heights St. Ward Anne Arundel County
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 27, 1927

7 AGE	Years	Months	Days	IF LESS than 1 day ..hrs. or ..min..
		2	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of indostry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Anne Arundel County
(State or country) Maryland

PARENTS

10 NAME OF FATHER William A. Pettigrew

11 BIRTHPLACE OF FATHER (City or town) Lexington
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Clara Johnson

13 BIRTHPLACE OF MOTHER (city or town) King & Queen Co.
(State or country) Virginia

14 Informant (Address) Wm A Pettigrew Earleigh Heights

15 Filed JAN 3 - 1928 Registrar

16 HARRISON JONES, M. D.

Per R R S

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 31, 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1927, to Dec 31, 1927,
that I last saw h.e.r alive on Dec 30, 1927,
and that death occurred, on the date stated above, at 4.45 a. m.

The CAUSE OF DEATH* was as follows:

Diphtheria Nasal and Laryngeal

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted
If not at place of death? At home
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Bacteriological

(Signed) H. L. Levin, M. D.

1-2, 1928 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Zion — Date of Burial Jan 2 1928

20 UNDERTAKER Joseph A Lowe — ADDRESS 30 Lemmon

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 29012

Cor.—12-9-25—A Co.—200 Bks.

(Original)

HEALTH DEPARTMENT CITY OF BALTIMORE

E 29012

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH Enroute

City of BALTIMORE: (No.) John Hopkins Hospital (Ward) 7-9

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. M. Rotan

(a) RESIDENCE NO. 6545 Guyer Ave Phila., Pa. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah J. Rotan

6 DATE OF BIRTH (month, day, and year): Feb 22/1903

7 AGE: Years 24 Months 10 Days 10 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Wool Carder

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): New Jersey

PARENTS

10 NAME OF FATHER: Harry Rotan

11 BIRTHPLACE OF FATHER (city or town):

(State or country): New Jersey

12 MAIDEN NAME OF MOTHER: Mary Marsh

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Kansas

14 Informant: Frederick Mann

(Address) 1745 N. 19th St. Phila., Pa.

Filed Jan 3. 1928 E. HAMPSON JONES, M. D. Registrar

Per RRA

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 1/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull- Accidental.
Automobile which he wasdriving
struck large stone and turned over

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) near Kingsville, Md.

(duration) yrs. mos. ds.

(Signed) J. H. Catton M. D.

(Coroner)

1/2/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Philadelphia Pa

Date of Burial: 1/8 1928

20 UNDERTAKER: George J. Ruth

ADDRESS: 1730 Harford Ave

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

E 29013

CERTIFICATE OF DEATH.

3 E 29013

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 7397 Fulton ave ST. 16-22 WARD)

2-FULL NAME Miss Margaret D. O'Toole

(a) RESIDENCE No. 739 N. Fulton Ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word)
female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 17, 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	23	4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stenographer

(b) General nature of industry, business, or establishment in which employed (or employer) Community Fund.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Joseph O'Toole

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Selena Turner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Selena Turner

(Address) 7398 Fulton ave.

15 Filed JAN 3 - 1928 19 HAMPSON JONES, M. D. Registrar

By RRJ

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 31 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1927, to Dec. 31, 1927, that I last saw her alive on Dec. 30, 1927 and that death occurred, on the date stated above, at 6.00 P m

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. D. Lefevy, M. D.

, 19 (Address) 432 S. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Jan. 3 1928
20 UNDERTAKER	ADDRESS
Martin Fahey & Sons	1827 N. North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29014

CERTIFICATE OF DEATH.

31 E 29014

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2434 Ashland ave. 7-12 WARD)

2-FULL NAME Barnardo Petrella

(a) RESIDENCE NO. 2434 Ashland ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? 7 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 1 1905

7 AGE — Years: 22 — Months: 3 — Days: 30 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Joseph Petrella

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Louisa Bernazzi

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant (Address): Joseph Petrella 2437 Ashland ave

15 Filed JAN 3 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-31-27

17 I HEREBY CERTIFY, That I attended deceased from 12-30-27 to 12-31-27

that I last saw him alive on 12-31-27

and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Acute Dil Colitis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Phil Campbell M. D.

1/2/28 (Address) 800 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Jan 3 1928

20 UNDERTAKER: Wendell Wippel & Son — ADDRESS: 378 N

C. HAMPSON JONES, M. D.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29015

CERTIFICATE OF DEATH.

3/ E 29015

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 31 ½ President St. 3-5 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Strauss

(a) RESIDENCE NO. 318 President ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 12 1881

7 AGE — Years: 45 — Months: 2 — Days: 19 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Christian Strauss

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna-Marie Null

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) John Strauss 300 W Saratoga

15 Filed JAN 3 - 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 31, 1927, to June 1, 1928

that I last saw him alive on Dec 31, 1927

and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

June 1

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

June 2 1928 (Address) 1038 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Back Hams — DATE OF BURIAL: June 6 1928

20 UNDERTAKER: Wendell Appel & Son — ADDRESS: 87 Lan[illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

AGE should be stated EXACTLY. PHYSICIANS should state

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29016

CERTIFICATE OF DEATH.

170

REGISTERED NO. E 29016

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1635 E Pratt St. 2nd Ward)

2-FULL NAME Frank. Averse

(a) RESIDENCE NO. 1635 E Pratt St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Josephina Averse

6 DATE OF BIRTH (month, day, and year): Aug 5 1884

7 AGE: 43 Years 4 Months 26 Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Italy

PARENTS

10 NAME OF FATHER Dominick Averse

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Italy

12 MAIDEN NAME OF MOTHER Barbara Rozzo

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Italy

14 Informant: Catherine Detaler

(Address) 2275 Hugh

15 Filed ..... 19 ..... Registrar

Per .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

1 Gunshot of Chester

Duration ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Shock.

Duration ..... yrs. ..... mos. ..... ds.

Dec 31/27 (Signed) G. Clinton Bates M. D.

19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .....yrs. .....mos. ..... ds. In the State .....yrs. .....mos. ..... ds.

Where disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Date of Burial Jan 3 1928

20 UNDERTAKER: Mendell Duppelson ADDRESS 97 S Ann St

JAN 3 - 1928 C. HAMPSON, M. D.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 29017 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

70 E 29017

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) So. Balt. Gen. Hosp (ST.) 7-4 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Welsh

(a) RESIDENCE NO. 1814 E. Lombard ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Not Married

6 DATE OF BIRTH (month, day, and year): June 7 1870

7 AGE: Years 57 Months 6 Days 23 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Keeper.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: John Welsh

11 BIRTHPLACE OF FATHER (city or town) (State or country): Irland

12 MAIDEN NAME OF MOTHER: Cecila Lise

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Irland.

14 Informant: John Welsh

(Address) 1814 E Lombard St

15 Filed JAN 3 1928 C. HARRISON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 2 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 29 1927 to Jan 2 1928, that I last saw h alive on Jan. 2 1928, and that death occurred, on the date stated above, at 12 45 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Toxic Encephalitis and Nephritis (duration) yrs. mos. 18 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) W. W. Chase M. D.

1928 (Address) So. Balt. Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: Jan 4 1928

UNDERTAKER: Randell Dippel

ADDRESS: 37 S Ann

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 29018

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 29018

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital ST. 4 WARD)

2-FULL NAME Joseph Frostner

(a) RESIDENCE NO. 638 N Chester ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Kath. Frostner

6 DATE OF BIRTH (month, day, and year): 1851

7 AGE: Years 76 | Months | Days | If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lunch Room

(b) General nature of industry, business, or establishment in which employed (or employer): Proprietor

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany.

PARENTS

10 NAME OF FATHER: Not Given

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not Given

12 MAIDEN NAME OF MOTHER: " "

13 BIRTHPLACE OF MOTHER (city or town) (State or country): " "

14 Informant: Katherine Frostner

(Address): 223 Eden Ave

Signature: [illegible]

JAN 3 - 1928 H. [illegible] JONES, M. D. Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/1/28 19

17

I HEREBY CERTIFY, That I attended deceased from 12/30/27 19 to 1/1/28 19

that I last saw h[illegible] alive on 1/1/28 19

and that death occurred, on the date stated above, at 8:15 Am.

The CAUSE OF DEATH* was as follows:

Pulmonary T B

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary): Cardiac pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H Laurence Fahrney, M. D.

, 19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: Jan 3 1928

UNDERTAKER: Geo M Kriel Jr

ADDRESS: 811 N Wolfe

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

188-003

REGISTERED NO. E 29019

E 29019
1-PLACE OF DEATH

City of BALTIMORE: (No.) St. Joseph Hospital (St.) 16-15 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stephen P. Campbell

(a) RESIDENCE NO. 1014 Brentwood Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Kate L. Campbell

6 DATE OF BIRTH (month, day, and year) Mar 4/1865

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	62	7	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Peter J. Campbell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Bennett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Stephen Campbell 616 Hollen Road.

15 Filed JAN 3 - 1928 Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock-Cardiac Decompensation.
Fracture of lrft fibia & fibula
Automobile accident Dec 22/27
near Belair Md.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) John Cain M. D.
(Coroner)

1/2/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the state yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 1/4 1928

UNDERTAKER Chas. F. Kane & Son ADDRESS 118 W. Fayette Ave

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks. Andrew Rumiński

E 29020

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91-00 E 29020

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 620 S Washington St. St. 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Rumiński

(a) RESIDENCE NO. 620 S Washington St. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 10 1867

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....m/n.
	60		21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER Ignac Rumiński

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Joanna Rutkowski

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant

(Address) 620 S Washington St.

Filed JAN 3 - 1928 HAMILTON JONES, M. D.

Ref Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 1 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asthma Sclerosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

Jan 3 1928 (Signed) G E Radcliffe M. D.

(Coroner)

(Address) 143 W Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Date of Burial Jan 3 1928

20 UNDERTAKER John M Weber ADDRESS 1803 Bank

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tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—7-17-26—A Co.—200 Bks.

John Stanowski

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-002

E 29021

CERTIFICATE OF DEATH

E 29021

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2026 Hudson St. St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Stanowski

(a) RESIDENCE NO. 2026 Hudson St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 15 1927

7 AGE Years 17 Months Days 18 IF LESS than 1 day ....hrs. or ....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.

(State or country)

PARENTS

10 NAME OF FATHER John Stanowski

11 BIRTHPLACE OF FATHER (City or town) Poland

(State or country)

12 MAIDEN NAME OF MOTHER Josephine Ploonka

13 BIRTHPLACE OF MOTHER (city or town) Pleasant Pa.

(State or country)

14 Informant Josephine Stanowski

(Address) 2026 Hudson St.

15 Filed JAN 3 - 1928 19 C. HAMILTON JONES, M. D. Registrar

By: [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2 1928 19

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1928 to Jan 2 19 28

that I last saw h— alive on 19

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cap Bronchitis

(duration) yrs. 1 mos 21 ds.

CONTRIBUTORY Ex Lues

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

1/3 19 28 (Address) 1403 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Jan 3 19 28

Date of Burial

20 UNDERTAKER John M Weber ADDRESS 1803 Bank St

NOTICE—BEFORE WRITING OR TYPEWRITING THIS CERTIFICATE, READ CAREFULLY THE INSTRUCTIONS ON BACK. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

E 29022

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001 E 29022

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3904 Brookline St. 53-63 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Starry Dugan Williar

(a) RESIDENCE NO. 3904 Brookline St. Ward Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. 7 mos. 27 ds. How long in U. S. if of foreign birth 81 yrs. 7 mos. 27 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Grace Royer Williar

6 DATE OF BIRTH (month, day, and year): May-4-1846

7 AGE — Years: 81 Months: 7 Days: 27 IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(e) Name of employer: Retired

9 BIRTHPLACE (city or town): Baltimore.

(State or country): Maryland.

PARENTS

10 NAME OF FATHER: George P. Williar

11 BIRTHPLACE OF FATHER (City or town): Balto.

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Catherine Dugan

13 BIRTHPLACE OF MOTHER (city or town): Balto.

(State or country): Maryland.

14 Informant: Mr. Harry D. Williar Jr.

(Address): 310 Edgevale Road City.

Filed JAN 3 1928, 19 C. HARRISON JONES, M. D. Registrar

Per RMR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 1st 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 27, 1927, to Jan 1, 1928, that I last saw him alive on Dec 31, 1927, and that death occurred, on the date stated above, at 6.30a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary): Senility Myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. G. Queen M. D.

1/1, 1928 (Address) 35 01 Garrison ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Hill Cemetery — Date of Burial: Jan 3 1928.

20 UNDERTAKER: Stewart & Comm Co. — ADDRESS: Balto.

IMPORTANT, WITH CERTAIN EXCEPTIONS, THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29023

CERTIFICATE OF DEATH.

24001

E 29023

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 St Paul St. 11-7 WARD)

2-FULL NAME Margaret Reed

(a) RESIDENCE NO. 617 St Paul ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Reed

6 DATE OF BIRTH (month, day, and year) June 12 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	6	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER John Mc Grasnah

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Fisher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Martha Allentyne

(Address) 617 St Paul Street

15 Filed JAN 1 - 1928 HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-2- 1928

17

I HEREBY CERTIFY, That I attended deceased from 12-30 1927, to 1-2- 1928

that I last saw h~~e~~r alive on 1-2- 1928

and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Stafford Dorr M. D.

1928 (Address) 1727 Mt Royal

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wilmington Del

DATE OF BURIAL 1-5 1928

20 UNDERTAKER William Cook

ADDRESS 502 E Fork

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29024

CERTIFICATE OF DEATH.

23 E 29024

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. 8-16 Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Charles Wilbur Russell

(a) RESIDENCE NO. 1718 N. Milton Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 26/1909

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	18	7	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Gas Co School

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Charles W. Russell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Marie A. Ruppreche

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Father

(Address)

Filed JAN 3 - 1926 HARRISON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Encephalitis-(probably due to Chr Sinus Infection)

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) John C. Crim M. D. (Coroner)

Jan 2/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. d.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Date of Burial 1928

20 UNDERTAKER H. M. Cook ADDRESS 520 Cath St

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29025

CERTIFICATE OF DEATH.

90 E 29025

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2615 Walbrook Ave ST. 15-67 WARD)

2-FULL NAME Mary E Leach

(a) RESIDENCE NO. 2615 Walbrook Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 3, 1846

7 AGE Years 81 Months 2 Days 28 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Caleb Leach

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Dorcas Willett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Anna Hilleary (Address) 214 N Fulton Ave

15 Filed JAN 3 - 1928 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31 1927

17 I HEREBY CERTIFY That I attended deceased from May 31, 1927 to Dec 31, 1927, that I last saw her alive on Dec 20, 1927, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis with myocardial insufficiency

(duration) 7 yrs. 2 mos — ds.

CONTRIBUTORY (Secondary) Chronic Cystitis

(duration) — yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No What test confirmed diagnosis? Clinical

(Signed) Arthur Case, M. D.

, 19 (Address) 2712 Gwynns Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Old St Louis

DATE OF BURIAL 1 4 1928

20 UNDERTAKER W. H. Cook

ADDRESS 1702 North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29026

CERTIFICATE OF DEATH

32 E 29026

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Sydenham Hospital 22-43 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ralph Major

(a) RESIDENCE NO. McLean Boulevard St. Hamilton Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. da. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 10, 1926

7 AGE Years 1 Months 5 Days 23 22 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) 000

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Walter M Major

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Catherine B. German

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia

14 Informant Walter M Major

(Address) McLean Blvd Hamilton

15 Filed JAN 3 -1928 H. HANSON JONES, M. D. Registrar

Per RRR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Jan 2, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 21, 19 27, to Jan 2, 19 28, that I last saw him alive on Jan 2, 19 28, and that death occurred, on the date stated above, at 7 20 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculous meningitis

(duration) yrs. mos. 11 da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted

If not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) J. L. Lehr, M. D.

Jan 2, 19 28 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lakewood Cemetery — Date of Burial 1/4 19 28

UNDERTAKER William Cook — ADDRESS 5028 North Ave

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 29027

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1001 E 29027

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 South Robinson ST., 1-2 WARD)

2-FULL NAME Ora P. Swanner

(a) RESIDENCE No. 111 South Robinson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) ~~WIFE~~ of: Mary Swanner

6 DATE OF BIRTH (month, day, and year): April 14, 1871

7 AGE — Years: 55 | Months: 8 | Days: 17 | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Iron Founder

(b) General nature of industry, business, or establishment in which employed (or employer): Central Foundry Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): North Carolina

PARENTS

10 NAME OF FATHER: James A Swanner

11 BIRTHPLACE OF FATHER (city or town) (State or country): North Carolina

12 MAIDEN NAME OF MOTHER: Elizabeth Hartsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): North Carolina

14 Informant: Sullivan M. Harding

(Address) 111 South Robinson

15 Filed JAN 3 1928 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 1 - 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1927 to Jan 1, 1928.

that I last saw h~~im~~ alive on Jan. 1 - 1928.

and that death occurred, on the date stated above, at 3 9. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Typical Signs

(Signed) Green C. Beacham, M. D.

1-, 1928 (Address) 314 E. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery

DATE OF BURIAL: 1/4 1928

20 UNDERTAKER: William Cook

ADDRESS: Sore Now

Spec.—1-12-23—M&T—500 Bks.

E 29028

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-09 E 29028

CERTIFICATE OF DEATH.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 706 Crisp St. ST. 13-52 WARD)

2-FULL NAME George W. Hare.

(a) RESIDENCE No. 706 Crisp St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Late Cora Hare

6 DATE OF BIRTH (month, day, and year) March 28 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	9	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Amos Hare

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Isabell Albaugh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Lillie Hare
(Address) Same as.

15 Filed ... 19... HAMILTON JONES, M. D.
JAN 3 - 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 3, 1927, to Jan 1, 1928,

that I last saw h... alive on Jan 1, 1928,

that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis.
Contracted Deformity,
Spin Curvature to Lungs
Pneumonia
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Heart failure
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical sign

(Signed) C. B. Nimmo, M. D.

19... (Address) 3543 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ft. Mayo Hampden — DATE OF BURIAL: Jan 3 1928.

20 UNDERTAKER: Chenoweth Bros — ADDRESS: 3615 Chestnut Ave

Spec.—1-12-23—M&T—500 Bks.

E 29029

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29029

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 109 Arch (ST.) 4-25 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Plater

(a) RESIDENCE NO. 109 Arch ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 27 1920

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
7	10 1	4 2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

10 NAME OF FATHER Henry Plater

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Pauline Cheyenne

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Pauline Plater

(Address) 109 Arch St.

15 Filed JAN 3 - 1928 H. HAMPSON JONES, M. D. Registrar

Per RUK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 27, 1927, to Dec 31, 1927, that I last saw h[illegible] alive on Dec 31, 1927, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Mesentery

(Primary) (duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Nurse

(Signed) R. Carter M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Jan 3, 1928

UNDERTAKER: Mrs R. A. Elliott — ADDRESS: 1745 Ashland Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 29030

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

197 E 29030

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1635 E Pratt St. 3-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Aversa (Lavecca)

(a) RESIDENCE NO. 1635 E Pratt St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Aversa

6 DATE OF BIRTH (month, day, and year): [illegible] 1893

7 AGE: 33 Years Months Days. IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Work

(c) Name of employer

9 BIRTHPLACE (city or town): Philadelphia (State or country)

PARENTS

10 NAME OF FATHER: Vincent Talfizze

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Not known.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Angelina Martucci (Address) 1432 Gough St.

15 Filed JAN 3 - 1928 C. HARRISON KERR, M. D. Registrar

Per [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 31 1927

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Homicide

Gun Shot wound Instantaneous

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Shock

(duration) yrs. mos. ds.

Dec 31/27 (Signed) G. Hamilton Blake M. D.

(Coroner) (Address) 143 N Paca

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the state ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Date of Burial Jan 5 1928

20 UNDERTAKER: Wendell J. Doppel ADDRESS 300 S Eden

Don't should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 29031

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 29031

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 307 N. Exeter ST., 5-8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maria Di oguardia

(a) RESIDENCE No. 307 N. Exeter ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Natale Di oguardia

6 DATE OF BIRTH (month, day, and year): 1/1-1875

7 AGE: 53 Years — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: H. W.

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Francesco Silvestri

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Salvatora Semma

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Natale Di oguardia

(Address) 307 N. Exeter St.

15 Filed JAN 3 1928 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 1st 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1927, to Jan 1st, 1928, that I last saw him alive on Dec 31, 1927, and that death occurred, on the date stated above, at 12.05 A.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical symptoms and physical examination

(Signed) Samuel Silverstein M. D.

, 19 (Address) 22 S. Ponca adway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem

DATE OF BURIAL: 1/4 1928

20 UNDERTAKER: Geo J. Ruth

ADDRESS: 1735 Harford ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 29032 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29032

CERTIFICATE OF DEATH.

11-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 304 N Anne ST. 6-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Robinson

(a) RESIDENCE No. 304 N Anne ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2-24-27

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		6	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Courtney Robinson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Myrtle Lyons

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) North Carolina

14 Informant Myrtle Robinson
(Address) 304 N Anne st

JAN 3 1928

Filed , 19 W. HAMPSON JONES, M. D.
Registrar

For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-1 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 26, 1927, to Jan 1, 1928, that I last saw h alive on Jan 1, 1928 and that death occurred, on the date stated above, at 4-45 p. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Grippe

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W Clyde Burns, M. D.

1-2, 1928 (Address) 2017 E. 32

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL asbury cemetery — DATE OF BURIAL Jan 4 1928

20 UNDERTAKER Edward Bryan — ADDRESS 1631 orleans st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29033

CERTIFICATE OF DEATH

E 29033

88

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1021 N. Streets 16-22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Bryant

(a) RESIDENCE NO. 1021 N. Streets St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1918

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min..
	9			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schoolboy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country)

PARENTS

10 NAME OF FATHER Chas Bryant

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Helen Townsend

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Helen Bryant

(Address) 1021 Streets St

15 Filed ....., 19.. Registrar

For Ruth

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 28, 1927, to Dec 31, 1927, that I last saw him alive on Dec 31, 1927, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

(a) Acute Endocarditis

(duration) yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. H. Hatcher, M. D.

1927 (Address) 1 W Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — Date of Burial Jan 3 1928

20 UNDERTAKER John A. Goodwin — ADDRESS 1027 Hanover

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

E 29034

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

65-001

E 29034

REGISTERED NO. 2622

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hosp. St. 22-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Paul Ballard.

(a) RESIDENCE NO. 438 W. Barre St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1922

7 AGE: Years 5 Months Days

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Chas Ballard

11 BIRTHPLACE OF FATHER (City or town)

(State or country) S.C.

12 MAIDEN NAME OF MOTHER Lottie Richard

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) N C

14 Informant Chas. Ballard

(Address) 438 W Barre St

15 Filed JAN 3 - 1928 19 HAMPSON JONES M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 12/30/27

17 I HEREBY CERTIFY, That I attended deceased from Dec 5, 1927, to Dec 30, 1927,

that I last saw h.was alive on Dec 30, 1927,

and that death occurred, on the date stated above, at 12.30 A m.

The CAUSE OF DEATH* was as follows:

Leucemia

(duration) yrs. 5 mos. 3 ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test, confirmed diagnosis? Laboratory & Physical

(Signed) Ernest C Mellon, M. D.

, 19 (Address) 2011 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — Date of Burial: Jan 3 1928

20 UNDERTAKER: John H. Toadvine — ADDRESS 1027 Hand Ave

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29035

CERTIFICATE OF DEATH.

H E 29035

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3444 Frederick Ave. (or LOCATION) WARD 20

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Elizabeth Schafer

(a) RESIDENCE NO. 3444 Frederick Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George A. Schafer

6 DATE OF BIRTH (month, day, and year) May 25 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	7	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harrisburg Pa

PARENTS

10 NAME OF FATHER Wm Stanell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Mary Bowers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs. Geo. McCreedy

(Address) Overdale Terrace

Filed JAN 3 - 1928

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1926, to Jan. 1, 1928, that I last saw h[illegible] alive on Jan. 1, 1928, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the liver

(duration) 1 yrs. 4 mos 12 ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical & Laboratory

(Signed) R. Abell M. D.

, 19 (Address) 2350 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. DATE OF BURIAL Jan. 3 1928

20 UNDERTAKER Wm Tuckerman Sons ADDRESS North & Pa

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

E 29036

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-901

E 29036

REGISTERED NO.

1-PLACE OF DEATH Md General Hospital

City of BALTIMORE (No.) Madison & Linden St., (E. or W.) 16 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Sevonier

(a) RESIDENCE NO. 1820 Edmondson Ave St. Ward Balt Md

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec. 25-1927

7 AGE: Years — Months — Days 1

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer): Child

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Balt Md

PARENTS

10 NAME OF FATHER: Delaney B Sevonier

11 BIRTHPLACE OF FATHER (City or town) (State or country): Balt Md.

12 MAIDEN NAME OF MOTHER: Margaret Windsor

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balt Md

14 Informant (Address): Hospital Records

15 Filed JAN 3 - 1928

16 H. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-1-28

17 I HEREBY CERTIFY, That I attended deceased from 12-26-27 to 1-1-28 that I last saw h. alive on 1-1-28 and that death occurred, on the date stated above, at 7 40 P m.

The CAUSE OF DEATH* was as follows:

1 Exanition Fever

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Bronco Pneumonia

(duration) yrs. mos. 1 da.

18 Where was disease contracted if not at place of death? Md G. Hospital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Chart

(Signed) [illegible] M. D.

, 19 (Address) Md G Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — Date of Burial: Jan 3 1928

20 UNDERTAKER: Wm J Luckenbaugh — ADDRESS: N. Pa

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 29037 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 29037

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Maryland Gen Hospital (ST.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Harry J. Carrick

(a) RESIDENCE NO. 3709 Edmondson Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 8-12-66

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
61	4	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work... Physician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Geo. W. Carrick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lycretia A. Myers. Md

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Hosp. Records (Address)

15 Filed JAN 3 - 1928 C. HARRISON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1 — 2 1928

17 I HEREBY CERTIFY, That I attended deceased from 12-29-27, 19 , to 1-2- , 1928.

that I last saw living alive on 1-2 , 1928.

and that death occurred, on the date stated above, at 1.25 A. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilation

(duration) hours yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman M. D.

, 19 (Address) 32 E. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL Jan 4 1928

20 UNDERTAKER Wm. Fickner Sons ADDRESS Monument

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29038

CERTIFICATE OF DEATH.

129 E 29038

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Cooks Lane ST. (WARD) 26-66

2-FULL NAME Bessie May Hoffmaster

(a) RESIDENCE NO. Cooks Lane ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of: James Hoffmaster

6 DATE OF BIRTH (month, day, and year): 7-26-1881

7 AGE — Years: 38 Months: 11 Days: 7 If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Charles Hoffmaster

11 BIRTHPLACE OF FATHER (city or town) (State or country): W. Va

12 MAIDEN NAME OF MOTHER: Jennie Armstrong

13 BIRTHPLACE OF MOTHER (city or town) (State or country): W. Va

14 Informant: James Hoffmaster

(Address) Cooks Lane

15 Filed JAN 3 - 1928 C. HAMILTON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-3-1927

17 I HEREBY CERTIFY, That I attended deceased from Aug, 1927, to Dec 3, 1927, that I last saw her alive on Dec 2, 1927, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis - Nephritis - Hypertension (duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Geo. R. Wood, M. D.

, 19 (Address) 4500 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn.

DATE OF BURIAL: 1/3 1928

20 UNDERTAKER: Wm Cook

ADDRESS: 502 E Fayette

TION is very important See instructions on back of certificate. ...OCCUPA-

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29039

CERTIFICATE OF DEATH.

125 E 29039

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto General Hospital (Street) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary Yeatman

(a) RESIDENCE NO. 1613 Stebens ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas H. Yeatman

6 DATE OF BIRTH (month, day, and year): Feb 1858

7 AGE: Years 69 Months 11 Days 10 If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Kent Co. Md

PARENTS

10 NAME OF FATHER: Joseph Carroll

11 BIRTHPLACE OF FATHER (city or town) (State or country): Kent County Md

12 MAIDEN NAME OF MOTHER: Henrietta Hynson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Kent Co. Md.

14 Informant: Mrs. N. E. Slater

(Address)

15 Filed JAN 3 - 1928 H. HAMPTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 2 1928

I HEREBY CERTIFY, That I attended deceased from Dec 27, 1927, to Jan 2 1928

that I last saw her alive on Jan 2 1928

and that death occurred, on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Obstructive Cirrhosis with subacute pancreatitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No autopsy

What test confirmed diagnosis?

(Signed) Louis T. Leary M. D.

1/2 1928 (Address) N. Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Still Pond Kent Co Md

DATE OF BURIAL: Jan 4 1928

20 UNDERTAKER: Chas O. Mitchell

ADDRESS: Jones Mortuary Service

TION is very important See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 29040 — 1-PLACE OF DEATH

E 29040 — REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

City of BALTIMORE: (No.) Colonial Hosp. (St.) 20-69 (Ward)

2-FULL NAME William G. Rosskamp

(a) RESIDENCE NO. 2335 W. Lex- St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Annie Rosskamp

6 DATE OF BIRTH (month, day, and year): July 2 1845

7 AGE — Years: 82 — Months: 5 — Days: 29 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of Industry, business, or establishment in which employed (or employer): Machinist

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Unknown

14 Informant: Eleanor L. Larduskey

(Address) 2335 W. Lexington St

JAN 3 - 1928

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 31 1927

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

Thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF [illegible] was as follows:

Auto Acc

Multiple Fracture

(duration) yrs. mos. Instab ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

D/C (signed) Jos Edwin Spates M. D.

31/27 (Coroner)

(Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — Date of Burial: Jan 3, 1928

20 UNDERTAKER: Mrs. J. W. Teufel & Son — ADDRESS: 801 W. Fayette

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29041

CERTIFICATE OF DEATH

90 E 29041

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 18 Cherry Ave (Belvedere) St. 29-42 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Schreck

(a) RESIDENCE NO. 18 Cherry Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S. if of foreign birth? 79 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Schreck

6 DATE OF BIRTH (month, day, and year) Nov. 6th 1846

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	81	1	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs Amelia Klingelhofer

(Address) 18 Cherry Ave

15 Filed JAN 3 - 1928 19 C. HAMILTON JONES, M. D. Registrar

By R.D.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 19, to Jan 1, 19.

that I last saw h alive on Dec 1, 19.

and that death occurred, on the date stated above, at 6 3/4 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) [illegible] M. D.

Jan 2, 1928 (Address) Wayland, Blandford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western

Date of Burial Jan 4 1928

20 UNDERTAKER Louis Heemann

ADDRESS 3r S Bway

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-16-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29042

CERTIFICATE OF DEATH.

90

E 29042
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 S Carey ST., 4-29 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilhelmina Doering

(a) RESIDENCE NO. 6 S Carey ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 3-1876

7 AGE: Years 51 Months 4 Days 30 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Andrew Doering

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margreta Bonda

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Elizabeth Kuhl

(Address) 6 S. Carey St.

15 Filed JAN 3 1928 H. HANSON JONES, M. D.

Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2- 1928

17 I HEREBY CERTIFY, That I attended deceased from October, 1927 to Jan 2- 1928

that I last saw h alive on Jan 2- 1928

and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

(duration) 2 yrs mos ds.

CONTRIBUTORY (Secondary) Chr. Hypostatic Congestion of Lungs (duration) 4 yrs mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-ray Physical signs

(Signed) Chas A Parker M. D.

1/3, 1928 (Address) 2132 N Bells

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery DATE OF BURIAL: Jan. 4 1928

20 UNDERTAKER: George L. Schwab ADDRESS: 2301 Eutaw Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29043

CERTIFICATE OF DEATH.

E 29043

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 928 N. Carrollton Ave ST. H-23 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Meads.

(a) RESIDENCE NO. 928 N. Carrollton Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Grace E. Meads.

6 DATE OF BIRTH (month, day, and year): Oct - 1888

7 AGE: Years 39 | Months 25 | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John Meads

11 BIRTHPLACE OF FATHER (city or town) (State or country): not known

12 MAIDEN NAME OF MOTHER: not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): not known

14 Informant: Grace E. Meads
(Address) 928 N. Carrollton Ave.

15 Filed JAN 3 1928, 19 C. HAMPTON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 30 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 25th 1927, to Dec 30th 1927, that I last saw him alive on Dec 30th 1927, and that death occurred, on the date stated above, at 11 P. M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary): Auto Bronchitis

(duration) not known yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Harry F. Brown, M. D.

(Address) 1946 Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Lebanon — DATE OF BURIAL: Jan 3 1928

20 UNDERTAKER: Joseph A. Lively — ADDRESS: 409 W. Pratt Street

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29044

CERTIFICATE OF DEATH.

101-001

E 29044

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1419 Mt Royal Ave ST. 14-20 WARD)

2-FULL NAME Frances E Morgan

(a) RESIDENCE NO. 1419 Mt Royal Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward A Morgan

6 DATE OF BIRTH (month, day, and year) Aug 3 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	4	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER George C Whitney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ct

12 MAIDEN NAME OF MOTHER Mary C Pennington

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Mrs Frances E Morgan

(Address) 1419 Mt Royal Ave

15 Filed 19 Per Registrar

C. HARRY JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2 19 28

17

I HEREBY CERTIFY, That I attended deceased from Dec 27 1927 to Jany 2 1928

that I last saw h alive on Jany 2 1928

and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) Reuben F Steeman M. D.

19 (Address) 6 East Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Everett, Mass

DATE OF BURIAL 1/5 1928

20 UNDERTAKER W M Cook

ADDRESS 502 Cathedral St

TION is very important See instructions on back of certificates.

E 29045 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 90 E 29045

1-PLACE OF DEATH

City of BALTIMORE: (No. 921 Granby St. 3-5 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Lawson

(Residence in Baltimore: No. 921 Granby St.; yrs.... mos.... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Widowed

6-DATE OF BIRTH. October (Month) 23 (Day) 1861 (Year)

7-AGE. 66 yrs. 2 mos. 9 ds. If LESS than 1 day, ...hrs. or.... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Ship Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer): Retired 12 yrs.

9-BIRTHPLACE. (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. Henry S. Lawson

11-BIRTHPLACE OF FATHER. (State or Country). Virginia

12-MAIDEN NAME OF MOTHER. Virginia S. Lousman

13-BIRTHPLACE OF MOTHER. (State or Country). Baltimore Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Frances McHee (sister)

(Address) 150 N. Lakewood Ave.

15-

Filed ..... 1928 C. HANSON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan 1 (Month) (Day) 1928 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) 5 yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) 1 mos. 1 ds.

(Signed) Jas E Coates M. D.

Coroner

1928 (Address) 143 N Bway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cemetery	Jan. 4, 1928
20-UNDERTAKER.	ADDRESS
Henry Sander & Sons Inc	1710 Fleet St.

is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

Runska.

E 29046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 29046

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST. 1037 WARD)

2-FULL NAME Ida Runska

(a) RESIDENCE NO. 643 S. 13th ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 6 mos. ds. How long in U. S., if of foreign birth? 14 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mattie Runska

6 DATE OF BIRTH (month, day, and year) 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
37	36			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Finnland

PARENTS

10 NAME OF FATHER Carlo Kaantv

11 BIRTHPLACE OF FATHER (city or town) (State or country) Finnland

12 MAIDEN NAME OF MOTHER Ida Kohola

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Finnland

14 Informant Mattie Runska

(Address) 643 S. 13th St

15 Filed JAN 3 - 1928 19 H. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 28, 1927, to Jan. 2, 1928

that I last saw her alive on Jan 2, 1928

and that death occurred, on the date stated above, at 9.55 P.m.

The CAUSE OF DEATH* was as follows:

Nephritis, Chronic

(duration) ? yrs. ? mos ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Examination

(Signed) George B Reed, M. D.

(Address) Church Home Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — DATE OF BURIAL Jan. 4 1928

20 UNDERTAKER H. Sander Sons. Inc — ADDRESS 1715 Eutaw St.

TION is very important See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29047

CERTIFICATE OF DEATH

REGISTERED NO. E 29047

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 112 W Randall St. 23 Ward)

2-FULL NAME Arthur N. Bayline

(a) RESIDENCE NO. 112 W. Randall St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 18. 1908

7 AGE	Years	Months	Days
	19	1	12

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Henry Lauch.

9 BIRTHPLACE (city or town) Baltimore,

(State or country)

PARENTS

10 NAME OF FATHER Andrew Bayline

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Margaret Rickard

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md

14 Informant Andrew Bayline

(Address) 112 W Randall St

15 Filed 19

Registrar

JAN 3 - 1928 C. HAMPTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30 19 27

17 I HEREBY CERTIFY, That I attended deceased from Dec 30 19 27 to Dec 30 19 27

that I last saw h alive on Dec 30 19 27

and that death occurred, on the date stated above, at 7.20 P m.

The CAUSE OF DEATH* was as follows:

Brain Tumor

(Glioma)

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? yes Date of Oct 1927

Was there an autopsy? Yes

What test confirmed diagnosis? Path diagnosis

(Signed) Sidney L. Streett M. D.

12. 19 28 (Address) 4 W Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — Date of Burial 1/3 19 28

20 UNDERTAKER J. J. Fanning & Son — ADDRESS 1100 Battery Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29048

CERTIFICATE OF DEATH.

57 E 29048

1-PLACE OF DEATH Sinai Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 713 ST. WARD)

2-FULL NAME Mrs. Isaac Zuck

(a) RESIDENCE NO. 1716 Ashland Ave ~~ST.~~ WARD

(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Zuck

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	56	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Confectionary

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER [illegible]

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Albert Block

(Address) 1716 Ashland Ave

15 Filed JAN 3 - 1928 Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 2, 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1928, to Jan. 2, 1928, that I last saw h in alive on Jan 2, 1928 and that death occurred, on the date stated above, at 3.15 P. M.

THE CAUSE OF DEATH* was as follows: Arterio Sclerotic (Cardio-Vascular) Heart Disease

(duration) 3 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? No Date of

Was there an autopsy? No Physical Signs

What test confirmed diagnosis?

(Signed) John Abraham M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale

DATE OF BURIAL 1/3 1928

20 UNDERTAKER Jack Levis

ADDRESS 1439 Eastern

TION is very important See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 29049

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29049

CERTIFICATE OF DEATH.

129

REGISTERED NO. 2226

1-PLACE OF DEATH

City of BALTIMORE: (No. 1552 N Fremont ave. Ward) 15-20

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Thompson

(a) RESIDENCE NO. 1552 Fremont ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. 2 mos. ds. 3 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lee Anna Thompson

6 DATE OF BIRTH (month, day, and year): Aug 29, 1864

7 AGE: Years 60 | Months 4 | Days 4 | If LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Drayman

(b) General nature of industry, business, or establishment in which employed (or employer): hauling

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Mathews County Va.

PARENTS

10 NAME OF FATHER: Peter Thompson

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Mathews County Va

12 MAIDEN NAME OF MOTHER: Fanie Billups

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Mathews County Va

14 Informant: Wife Lee Anna Thompson

(Address): 1552 N Fremont ave

15 Filed ... 19 ... H. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Dec. 31 - 1927

17

I HEREBY CERTIFY, That I attended deceased from Aug 20, 1927, to Dec. 31, 1927, that I last saw h.m alive on Aug 30, 1927, and that death occurred, on the date stated above, at 4-15 A m.

The CAUSE OF DEATH* was as follows:

Nephritis and paralysis

(duration) 2 yrs. 3 mos. 4 ds.

CONTRIBUTORY (Secondary) arterial Sclerosis

Heart work (duration) 20 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Baltimore Md

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical Examination

(Signed) Ernest C. Hutton, M. D.

, 19 (Address) 2001 Ramsay Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

Date of Burial: 1/3/ 1928

20 UNDERTAKER: Mrs Geo. H. Holland

ADDRESS: 1681 Druid Hill Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29050

CERTIFICATE OF DEATH

90

E 29050

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 11-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catharine Philpot

(a) RESIDENCE NO. 508 Park Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 ~~SEX~~ Female

4 Color or Race White

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Uncertain

7 AGE Years 83 Months Days

IF LESS than 1 day ..... hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Unknown

(State or country) Balto Co

PARENTS

10 NAME OF FATHER John Philpot

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Balto Co

12 MAIDEN NAME OF MOTHER Susan Isabella Stewart

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto Co

14 Informant

(Address) Blanchard Randall

Filed JAN 3 - 1928 JAMESON JONES, M. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 2 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 29 . 1927. to Jan. 2 . 1928.

that I last saw h er alive on Jan. 2 . 1928

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration

about 5 yrs. — mos. — ds.

(duration)

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) — yrs. — mos. 7 ds.

18 Where was disease contracted

If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Lewis Olds Taynton, M. D.

(Address) Emergency Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St James Church Date of Burial 1-7 1928

20 UNDERTAKER Henry B. Jenkins Sons Co. ADDRESS 9 Hanover

Richard McCullough

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—I-12-23—M&T—500 Blks.

E 29051 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

118-802 E 29051

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary 14-20 ST. WARD)

2-FULL NAME Samuel R. Eccles

(a) RESIDENCE NO. 1510 Madison Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Nellie R Eccles

6 DATE OF BIRTH (month, day, and year): Jan 5 1867

7 AGE: Years 60 | Months 11 | Days 27 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lumber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Chester Pa

PARENTS

10 NAME OF FATHER: S. Eccles Jr

11 BIRTHPLACE OF FATHER (city or town) (State or country): Manchester England

12 MAIDEN NAME OF MOTHER: M Casset

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant: Nellie R Eccles

(Address): 1510 Madison Ave

15 Filed [illegible] 19 [illegible] Registrar

C. HARRISON JONES, M. D. [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 2 1928

17 I HEREBY CERTIFY, That I attended deceased from 12-27 1927 to 1-2 1928

that I last saw him alive on 1-2 1928

and that death occurred, on the date stated above, at 7.00 p m

The CAUSE OF DEATH was as follows:

Intestinal obstruction

Gangrenous bowel

Peritonitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 12-22-27.

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) W Grayson Etherdale M. D.

1/2, 19 28 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: Jan 4 1928

20 UNDERTAKER: Henry Heskins Son

ADDRESS: Oliver & Mulberry Sts

TION IS very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29052

CERTIFICATE OF DEATH.

E 29052
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 511 N. Rose St. 6-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Alvinda Hasker

(a) RESIDENCE NO. 511 N Rose St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Frank J. Hasker

6 DATE OF BIRTH (month, day, and year): Aug 20 1889

7 AGE — Years: 38 | Months: 4 | Days: 11 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town):
(State or country): Balto

PARENTS

10 NAME OF FATHER: Thos A Stokes

11 BIRTHPLACE OF FATHER (city or town):
(State or country): North Carolina

12 MAIDEN NAME OF MOTHER: Catherine E Burke

13 BIRTHPLACE OF MOTHER (city or town):
(State or country): Canada

14 Informant: Frank J Hasker
(Address): 511 N Rose

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): December 31 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 27, to Dec 31, 1927, that I last saw her alive on Dec 31 1927, and that death occurred, on the date stated above, at 7:30 P. m.

The CAUSE OF DEATH* was as follows: Carcinoma of Liver & Stomach

(duration) 1 yrs. 0 mos. ds.

CONTRIBUTORY (Secondary): Absorption of Toxic Materials

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of 3 yrs ago

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edward J Lenox, M. D.

1928 (Address) 413 E Washington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Date of Burial: June 4 1928

20 UNDERTAKER: Geo M. Smith ADDRESS: 811 N Gay

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29053

CERTIFICATE OF DEATH.

111-001 E 29053

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2924 E Madison ST., 7-11 WARD)

2-FULL NAME Henry Funk

(a) RESIDENCE NO. 2924 E Madison ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year): March 22 1879

7 AGE — Years: 48 | Months: 1 | Days: 8 | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Dist. Foreman

(b) General nature of industry, business, or establishment in which employed (or employer): Balto City

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto.

PARENTS

10 NAME OF FATHER: Henry Funk Sr

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Wolfrom

13 BIRTHPLACE OF MOTHER (city or town) (State or country): " "

14 Informant: Mrs. Funk

(Address): 2924 E. Madison St.

15 Filed 1928 19 C. HARRY [illegible], Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 31 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 16 1927 to Dec 31 1927, that I last saw him alive on Dec 31 1927, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Ruptured Gastric Ulcer. with Ac Peritonitis. Broncho Pneumonia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Lung Abscesses

(duration) yrs. mos 30 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Nov. 11, 1927.

Was there an autopsy? No

What test confirmed diagnosis? X Rays.

(Signed) E. H. Dondella, M. D.

19 (Address) 817 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Jan 4 1928

20 UNDERTAKER: Geo W. Smith & Son — ADDRESS: 811 W Mad

TION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29054

100 E 29054

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1920 Light St., 23-33 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dolores M. Feburger

(a) RESIDENCE NO. 1920 Light St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 23, 1923

7 AGE: Years 4 Months 6 Days 8 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER: Ignatius Jakrzewski

11 BIRTHPLACE OF FATHER (City or town): Balto. Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Mildred Feburger

13 BIRTHPLACE OF MOTHER (city or town): Balto. Md.

(State or country)

14 Informant: Mildred Feburger

(Address) 1920 Light St

15 Filed JAN 3 - 1928 19

C. HENDERSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 27 Dec 31

17 I HEREBY CERTIFY, That I attended deceased from Dec 21, 19 27, to Dec 31, 19 27

that I last saw h alive on Dec 31, 19 27

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

Primary

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Septicemia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. L. Campbell M. D.

(Address) Jan 28 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem

Date of Burial: Jan 3 19 28

20 UNDERTAKER: Margaret S. Flynn

ADDRESS 1417 Light St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29055

CERTIFICATE OF DEATH

11-001

E 29055

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 14 Annapolis Ave. Ward 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Simms

(a) RESIDENCE NO. 14 Annapolis Ave Ward

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Dennis Simms

6 DATE OF BIRTH (month, day, and year): 1881

7 AGE: Years 46 Months Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Washington Co.

(State or country): Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (City or town):

(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (City or town):

(State or country): Unknown

14 Informant: Dennis Simms

(Address) 14 Annapolis Ave.

15 Filed JAN 3 - 1928 19 C. HARRISON JOHNSON Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/31/1927

17 I HEREBY CERTIFY, That I attended deceased from 12-28- 1927 to 12-31- 1927

that I last saw h[illegible] alive on 12-31- 1927

and that death occurred, on the date stated above, at 4 0 m.

The CAUSE OF DEATH* was as follows: Broncho Pneumonia,

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Grippe

(duration) yrs. mos. 3 ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Richard Dreyer M. D.

, 19 (Address) 1227 Madison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

Date of Burial: 1/3 1928

20 UNDERTAKER: Samuel J. Hurley

ADDRESS 678 Eden 25

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 29056

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 29056

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Douglas.

(a) RESIDENCE NO. 904 Monroe ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Alec Ramsey

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Anna ?

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant

(Address) Records

Filed JAN 3 - 1928 C. HAMILTON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1 / 1 / 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1927, to Jan. 1, 1928

that I last saw he alive on Jan 1, 1928,

and that death occurred, on the date stated above, at 3:40 A. m.

The CAUSE OF DEATH* was as follows:

Interstitial nephritis, chronic + acute.

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General + Sub.

(Signed) C. Holmes Boyd, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL 1/4 1928

20 UNDERTAKER Edmund Kennedy ADDRESS 904 Monroe

IMPORTANT—See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29057

CERTIFICATE OF DEATH.

E 29057

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. Gen. Hosp. St., 11-24 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Harris

(a) RESIDENCE NO. 908 Madison Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): about 1917.

7 AGE: Years 8 Months Days IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: student

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER: Frederick Harris

11 BIRTHPLACE OF FATHER (city or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: Cora Lockett

13 BIRTHPLACE OF MOTHER (city or town): Va

(State or country): Amherst Co. Va

14 Informant: Fred Harris

(Address): 908 Madison Ave

15 Filed 1926 H. HANSON JONES, M. D. Registrar

For

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 29 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) automobile accident.

(duration) yrs. mos. ds.

(Signed) D. J. Hennessy M. D. (Coroner)

Dec. 29 1927 (Address) 2572 Emmorsdale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pleasant Rest Cem. Date of Burial 1/3 1928

26 UNDERTAKER: Samuel Hensley ADDRESS: Dallas

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 29058

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 29058

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 621 George ST. 1724 WARD)

2-FULL NAME Rosa Pegues

(a) RESIDENCE NO. 621 George ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Lee Pegues

6 DATE OF BIRTH (month, day, and year): Dec 22 1887

7 AGE: Years 40 | Months — | Days 9 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Charles S. C.

PARENTS

10 NAME OF FATHER: Albert Fiddler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Charles S. C.

12 MAIDEN NAME OF MOTHER: Fibbie —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Charles S. C.

14 Informant: Lee Pegues (Address) 621 George St.

15 Filed JAN 3 - 1928 HAMPSON JONES, M. D. Registrar

PHT

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 31 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 28, 1927, to Dec 31, 1927, that I last saw her alive on Dec 30, 1927, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Dist Nephritis

(duration) yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) General anasarca

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No What test confirmed diagnosis? Clinical & Laboratory

(Signed) Gustav Stolzenau M. D.

, 19 (Address) 1156 W Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 1/3 1928

20 UNDERTAKER: Edward Stansbury

ADDRESS: Balto

Instructions for filling out certificate: See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29059

CERTIFICATE OF DEATH.

1 29059

1-PLACE OF DEATH 1533 LANCASTER ST

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1533 Lancaster ST. 9 WARD)

2-FULL NAME Mrs Elizabeth Nuesslein (NUESSLEIN)

(a) RESIDENCE NO. 1533 Lancaster ST. 3 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. 2 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W hite	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Nuesslein

6 DATE OF BIRTH (month, day, and year) Oct 9-1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	2	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER ? Stryle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mont Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Henry Nuesslein

(Address) 1533 Lancaster St.

15 Filed JAN 3 1928 HAMILTON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/30 1927

17 I HEREBY CERTIFY, That I attended deceased from 12/12, 1927, to 12/29, 1927, that I last saw h[illegible] alive on 12/29, 1927 and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Chron Diffuse Nephritis

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary) Hemi hemiplegia & Contracture

(duration) yrs. mos 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) H B Andrews, M. D.

19 (Address) 1423 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — DATE OF BURIAL Jan 3rd 1927

20 UNDERTAKER Lilly & Zeiler — ADDRESS 403 S Mount St

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 29060 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 E 29060
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2307 Ruskin ave 13-59 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nicholas Mc Comas Lytle

(a) RESIDENCE NO. 2307 Ruskin ave ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred ever yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 1, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52 53	2	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Carpenter 015

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Co. Md

PARENTS

10 NAME OF FATHER Nicholas D. Lytle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co. Md

12 MAIDEN NAME OF MOTHER Sarah A Hughes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Co. Md

14 Informant Miss Annie Lytle
(Address) 415 E 30th St

15 Filed JAN 3 - 1928 C. HAMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2d 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 1927 to Jan 2d 1928.
that I last saw him alive on Dec 23d 1927
and that death occurred, on the date stated above, at 8 0 m.

The CAUSE OF DEATH* was as follows:
Acute Dilatation of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lueic Myocarditis
(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Wassermann

(Signed) W H Pearce M. D.

Jan 2 1928 (Address) 2105 N Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Vernon White Hall Md — DATE OF BURIAL Jan 5 1928

20 UNDERTAKER P. Marbleistone — ADDRESS White Hall Md

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29061

CERTIFICATE OF DEATH.

101-006

E 29061

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 103 - S. Schroeder St 18-29 Ward

2-FULL NAME UGO POMPONI

(a) RESIDENCE NO. 103 S. Schroeder St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. mos. dys. How long in U. S., if of foreign birth? yrs mos. dys.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Ida Pomponi

6 DATE OF BIRTH (month, day, and year) November 6 - 1886

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
41	1	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tiler

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Montorio Al Vomano

(State or country) Italy

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) Italy

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) Italy

(State or country)

14 Informant Ida Pomponi

(Address) 103 S. Schroeder St.

Filed JAN 3 - 1928 S. HAMILTON JONES, M. D. Registrar

By R.O.R.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/31/28

17 I HEREBY CERTIFY, That I attended deceased from 12/28/27 to 1/31/28

that I last saw h... alive on 1/31/28

and that death occurred, on the date stated above, at 1 4 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

1/ , 1928 (Address) 910 W. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer 1/31/28

20 UNDERTAKER Geo. E. Kelly ADDRESS 1731 Harford

Do not fail to answer every question, as the certificate may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

29062

CERTIFICATE OF DEATH.

188-002

E 29062
REGISTERED NO.

1-PLACE OF DEATH Enroute

City of BALTIMORE: (No. ____ St. St. Joseph Hospital 8-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Weidinger

(a) RESIDENCE NO. 1722-N. Bond Street St. ____ Ward ____
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna Weidinger

6 DATE OF BIRTH (month, day, and year) 8/15/1863

7 AGE	Years	Months	Days 16	IF LESS than 1 day ____ hrs. ____ min.
	64	4	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Interior
(b) General nature of industry, business, or establishment in which employed (or employer) Decorator
(c) Name of employer

9 BIRTHPLACE (city or town) ____
(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) ____
(State or country) "
12 MAIDEN NAME OF MOTHER "
13 BIRTHPLACE OF MOTHER (city or town) ____
(State or country) "

14 Informant George F. Quast
(Address) 1722-N. Bond St.

15 Filed JAN 3 - 1928 19 C. Hampson Jones M. D. Registrar
By Ruth

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/31/27 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Shock-Fractured skull at base
Accidentally struck by street car
Belair Rd. nr. Herring Run.

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) ____ (duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. S. McCatton M. D.
(Coroner)
1/3/28 19
(Address) 508-E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ____ yrs., ____ mos., ____ ds. In the state ____ yrs., ____ mos., ____ ds.
Where was disease contracted, if not at place of death? ____
Former or usual residence ____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Date of Burial 1/3/28 19

20 UNDERTAKER Geo J. Ruth ADDRESS 1735-Harford AV.

OF PARENTS in print letters, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 29063 — REGISTERED No. E 29063

1-PLACE OF DEATH: City of BALTIMORE: (No. German Aged Home St. Balto & Payson Sts Ward) 20-27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Marie Nicklein

(a) RESIDENCE NO. German Aged Home St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Nicklein

6 DATE OF BIRTH (month, day, and year): Nov 10 1846

7 AGE: Years 81 | Months 1 | Days 13 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: John A Reese

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Louisa W. Bergman

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant (Address): Records German Aged Home Balto & Payson Sts

15 Filed JAN 3 - 1928 C. HANSON JONES, M. D. Registrar

Per KUK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 7th 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 5 1927 to Jan 2nd 1928, that I last saw h-e alive on Jan 1st 1928, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Organic Heart disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Is Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John Hoult, M. D.

1/3. 1928 (Address) 143 N. Dallas St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem Date of Burial 1/4 1928

20 UNDERTAKER: Joseph B Cook ADDRESS 1002 N. Gilmor St

Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 29064

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16 1-001.

E 29064

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1931 Ridgewood Av ST. 15-21 WARD)

2-FULL NAME Francis Eyring De Bue

(a) RESIDENCE NO. 1931 Ridgewood Av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 1/2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6 DATE OF BIRTH (month, day, and year) Dec 31 1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			2 1/2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer "

9 BIRTHPLACE (city or town) (State or country) 1931 Ridgewood Av Balto. Md

PARENTS

10 NAME OF FATHER Raymond Lee De Bue

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Ida E. Peregoy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Ida E. Peregoy (Address) 1931 Ridgewood Av

15 Filed [illegible] G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 2nd 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 31st, 1927, to Jan. 2nd 1928, that I last saw h[illegible] alive on Jan. 1st 1928, and that death occurred, on the date stated above, at 9:00 A. M.

The CAUSE OF DEATH* was as follows:

Asphyxia Neonatorum

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Premature Birth (7 mo.)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? L

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) Albert C. Reitzel M. D.

1/2, 1928 (Address) 2327 N. Fulton Avenue

*State the Disease Causing Death, or in deaths from Violence, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn DATE OF BURIAL Jan 3rd 1928

20 UNDERTAKER Joseph B Cook ADDRESS 1003 W Balto St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 29065

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29065

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1300 Hanover St ST. 2435 (WARD) 10

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Agnes Undutch

(a) RESIDENCE NO. 1300 Hanover ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year): Oct 28 - 1923

7 AGE — Years: 4 — Months: 2 — Days: 5 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Ed. Undutch.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Mary Clark.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Mrs. Undutch (Mother) (Address): 1300 Hanover St

15 Filed JAN 3 - 1928 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 3 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1927, to Jan 3, 1928, that I last saw h[er] alive on Jan 3, 1928, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 days

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm. F. A. Clemens, M. D.

1-3-, 1928 (Address) 2018 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem

DATE OF BURIAL: Jan 4, 1928

UNDERTAKER: Margaret D. Flynn

ADDRESS: 1422 Light St

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 29066

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100 E 29066

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 26 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katie Rubow (or Helm)

(a) RESIDENCE NO. BALTIMORE CITY HOSPITALS ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE: Years 95(?) Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic Servant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant (Address) BALTIMORE CITY HOSPITALS Records

15 Filed JAN 3 1928 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/30/1927

17 I HEREBY CERTIFY, That I attended deceased from Aug. 26, 1894 to Dec. 30, 1927.

that I last saw her alive on Dec. 30, 1927

and that death occurred, on the date stated above, at 10:00 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Enteritis Chronic

Hypertension ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? general + Death

(Signed) C. Holmes Boyd, M. D.

, 19 (Address)

*State the **Disease Causing Death**, or in deaths from Violent Causes, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL 1/3 1928

20 UNDERTAKER J. J. Fahey Sons

ADDRESS 1218 Light St

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29067

CERTIFICATE OF DEATH

90 E 29067

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 2817 Presbury St. 15-68 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Edith Webb

(a) RESIDENCE NO. 2817 Presbury St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. 5 mos. 27 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word): Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of: Arthur Webb

6 DATE OF BIRTH (month, day, and year): July 4. 1883

7 AGE: Years 44 Months 5 Days 28 IF LESS than 1 day ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER: Wm. R. Smiley

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER: Lena Sangus

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md

14 Informant: Arthur Webb

(Address) 2817 Presbury St

15 Filed ____ 19 ____ Registrar

JAN 3 1928 H. PEARSON JONES, M. D.

Dep

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JAN 2 1928 19

17 I HEREBY CERTIFY, That I attended deceased from December 28 1927 to Jan. 2nd 1928, that I last saw her alive on Jan 1st 1928, and that death occurred, on the date stated above, at 4 45 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Unknown (duration) — yrs. 5 mos. — ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) ____ yrs. ____ mos. 2 ds.

18 Where was disease contracted —

If not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Theodore D. Crum, M. D.

19 (Address) 2817 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Woodlawn — Date of Burial JAN 5 1928 19

20 UNDERTAKER Geo W. Little — ADDRESS

Be certain to print items, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cert.—12-1-26—A Co.—200 Bks.

E 29068

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

E 29068

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. From) Fremont St. (Near Charles) (Ward) 27

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME ~~Robert~~ Ulysses W. Grant.

(a) RESIDENCE NO. 252 N. Fulton St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Md

5a If ~~married~~, widowed, or ~~divorced~~, HUSBAND of (or) ~~WIFE of~~: Virginia E. Grant

6 DATE OF BIRTH (month, day, and year): December 9. 1859

7 AGE: Years 68 Months — Days 21 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cert. Printer

(b) General nature of industry, business, or establishment in which employed (or employer): 63

(c) Name of employer

9 BIRTHPLACE (city or town): Va.

(State or country)

PARENTS

10 NAME OF FATHER: Chas S. Grant

11 BIRTHPLACE OF FATHER (city or town): Va.

(State or country)

12 MAIDEN NAME OF MOTHER: Eliza A. Pine

13 BIRTHPLACE OF MOTHER (city or town): Va.

(State or country)

14 Informant: Charles W. Grant Jr.

(Address) 252 N. Fulton Ave

15 Filed JAN 3 - 1926 HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, and saw them Jan 2 1926 (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Duration (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. J. Peter M. D.

Jan 2 1926 (Address) (Coroner) 1627 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loraine Date of Burial: Jan 6 1926

UNDERTAKER: Geo W Little ADDRESS 2700 Edmondson Ave

Be careful to print clearly, so that it may be photographed. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29069

CERTIFICATE OF DEATH.

E 29069

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home & Infirmary (St.) 69 (WARD)

2-FULL NAME Walter Bush

(a) RESIDENCE NO. Greenville, Texas ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 14 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Nancy Bush.

6 DATE OF BIRTH (month, day, and year) Dec-3-1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	3	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bank Clerk.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Kentucky

PARENTS

10 NAME OF FATHER Wm Bush.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Nancy Elkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Kentucky

14 Informant Nancy Bush. (Address) Greenville Texas

15 Filed ..... 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 2 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1927 to Jan 2, 1928, that I last saw h~~im~~ alive on Jan 2, 1928 and that death occurred, on the date stated above, at 7 00 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Lobar

CONTRIBUTORY (Secondary) Auricular fibrillation (duration) yrs. ..... mos 5 ds.

(duration) yrs 3 mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Examination

(Signed) George B Brick M. D.

Jan 2 1928 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenville, Texas	Jan 3 1928

20 UNDERTAKER Hughes & Jones Inc ADDRESS 412 N. Broadway

Cor.—1-12-23—M&T—100 Bks.

E 29070

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 178

E 29070

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hospital ST. (WARD) 16-37

2-FULL NAME Frances Cecilla Malkowski

(a) RESIDENCE No. Railway ave. Monnet Md. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 6-1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	9	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md.
(State or country)

PARENTS

10 NAME OF FATHER Jozef Malkowski

11 BIRTHPLACE OF FATHER (city or town) Poland.
(State or country)

12 MAIDEN NAME OF MOTHER Koshata Stalenbach

13 BIRTHPLACE OF MOTHER (city or town) Poland.
(State or country)

14 Informant City Hospital Balto
(Address) Eastern ave & Ext

15 Filed Jan 3 1928 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1 1928

17 I HEREBY CERTIFY that I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxia Smoke (Fire)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Shock

(Duration) yrs. mos. ds.

Signed Jan 2 1928 C. C. Yates (Physician) M. D.

(Address) 435 W Pray

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart of Mary	Jan 4 1928
20 UNDERTAKER	ADDRESS
George A Weber	2205 Bank st

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29071

CERTIFICATE OF DEATH.

E 29071

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) City Hospital (Ward) 20 37

2-FULL NAME Alexander Malkowski

(a) RESIDENCE NO. R R an + Monument st (St.) (Ward)

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 7 - 1923

7 AGE: Years 4 | Months 5 | Days 26 | IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore md.

(State or country)

PARENTS

10 NAME OF FATHER Joseph Malkowski

11 BIRTHPLACE OF FATHER (city or town) Poland

(State or country)

12 MAIDEN NAME OF MOTHER Wordula Valembiewska

13 BIRTHPLACE OF MOTHER (city or town) Poland

(State or country)

14 Informant City Hospital Balto

(Address) Eden ave

15 Filed ... 19 ... C. HAMPSON JONES, M. D. Registrar

Per ... Asst.

3 - 1926

very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3 — 1926

17 I HEREBY CERTIFY that I held an Inquest over the remains described above, held on ... (Inquest, autopsy or inquiry.)

Thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows: Acc. Burns 1-2nd Degree. Shock

(Duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) —

(Duration) ... yrs. ... mos. 2 ds.

Jan 25 19 (Signed) ... M. D. (Coroner)

(Address) 1437 N Gay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart & Mary Jan 4 19 28

Date of Burial

20 UNDERTAKER: George A. Weber ADDRESS: 2205 Boston st

Tel 7067

Spec.—1-12-23—M&T—500 Bks.

Cathedral ✓ Richmond

E 29072 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29072

CERTIFICATE OF DEATH.

144

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5263 Parkhurst ST. 27-56 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline E. Tittle

(a) RESIDENCE NO. 5763 Parkhurst ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ezra Tittle

6 DATE OF BIRTH (month, day, and year): Sept 30 1880

7 AGE: Years 44 Months 3 Days 2 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Henry Geiger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary Kornman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Ezra Tittle

(Address) 5763 Parkhurst

15 Filed JAN 3 - 1928 C. HAMPSON JONES, M. D. Registrar.

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 2 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1928, to Jan 2, 1928, that I last saw h[e/r] alive on Jan 2, 1928, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Blind Birth (Confinement)

(duration) yrs. mos. 2 hrs ds.

CONTRIBUTORY (Secondary) Hemorrhage

(duration) yrs. mos. 1 hrs 0 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Confinement

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W. Holt M. D.

, 19 (Address) 5902 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mallwood Cemetery — DATE OF BURIAL: 1/5 1928

20 UNDERTAKER: W. Cook — ADDRESS: 501 E. Wash

E 29073

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29073

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 691 Pierce St. Ward) 17-25

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Nobis Bernard

(Residence in Baltimore: No. 691 Pierce St. St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Black	

6-DATE OF BIRTH.

..... 1..... (Month) (Day) (Year)

7-AGE. 36 yrs. mos. ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country),

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER, (State or Country).

12-MAIDEN NAME OF MOTHER.

13-BIRTHPLACE OF MOTHER, (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- C. HAMPSON JONES, M. D.

Filed 3-1928 192 Per ..... Registrar.

2034 THE MORGUE.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Feb 28 192 7
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Duration) yrs. mos. 7d. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

Filed Mar 30 1928 (Coroner) M. D.

192 (Address) 1436 Bway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. JOHNS HOPKINS HOSPITAL DATE OF BURIAL. ..... 19...

20-UNDERTAKER. ADDRESS

E 29074

HEALTH DEPARTMENT—CITY OF BALTIMORE.

E 29074

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 841 Cloney St. 18-16 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James A. Brooks

(Residence in Baltimore) No. 841 Cloney St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Black	

6-DATE OF BIRTH.

..... 1.....
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
6 weeks	
yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country).

PARENTS.

10-NAME OF FATHER.

11-BIRTHPLACE OF FATHER, (State or Country).

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER, (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed 1928 192.....
2035 By ..... Registrar.

JOHNS HOPKINS HOSPITAL
C. HAMPSON JONES, M. D.
THE MORGUE.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec 27 192 7
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cap Bronchitis

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

Dec 30/27 (Signed) ..... M. D.
(Coroner.)
(Address) 145 W Cloney

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
	..... 19....
20-UNDERTAKER.	ADDRESS

Commissioner of Health JAN 3 - 1928

Spec.—1-12-23—M&T—500 Blks.

E 29075

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

14 E 29075

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 414 S. Stricker ST. 14-28 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gertrude Baumgartner

(a) RESIDENCE No. 414 S. Stricker ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yr mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm Baumgartner

6 DATE OF BIRTH (month, day, and year): September 4, 1902

7 AGE — Years: 25 — Months: 3 — Days: 30 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore (State or country): Maryland

PARENTS

10 NAME OF FATHER: John W. Nash

11 BIRTHPLACE OF FATHER (city or town): Baltimore (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary E. Meeder

13 BIRTHPLACE OF MOTHER (city or town): Baltimore (State or country): Maryland

14 Informant: Mr. Wm. Baumgartner (Address): 414 S. Stricker St.

15 Filed 1-3-1928 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 3 19 28

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1928, to 3, 1928, that I last saw h[illegible] alive on Jan 3, 1928 and that death occurred, on the date stated above, at 12:30 P m.

The CAUSE OF DEATH* was as follows:

Strangulated hernia (Coma)

(duration) yrs. mos 18 hrs ?

CONTRIBUTORY (Secondary): Hurting pain in abdomen

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Examination

(Signed) H. A. Sigrist, M. D.

1/3, 1928 (Address) 704 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: 1/6 28

20 UNDERTAKER: Joseph D. Cook — ADDRESS: 1003 W. Baltimore St

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29076

CERTIFICATE OF DEATH

13 E 29076

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 2636 Lenetta St. 20-69 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Estelle Melinda George

(a) RESIDENCE NO. 2636 Lenetta St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, ~~Married~~, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ira R. George

6 DATE OF BIRTH (month, day, and year): Feb 13 1864

7 AGE — Years: 66 Months: 10 Days: 20

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Belair Harford Co

PARENTS

10 NAME OF FATHER: Amenter Patterson

11 BIRTHPLACE OF FATHER (City or town) (State or country): Pennsylvania

12 MAIDEN NAME OF MOTHER: Hannah E. Hanna

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Harford Co. Md

14 Informant: Mrs William R. Phipps (Address): 2636 Lenetta St

15 Filed: C. HAMPSON JONES, M. D. Registrar

Per RFH

JAN - 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 2 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1927, to Jan 1, 1928,

that I last saw h[er] alive on Jan 1, 1928,

and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar Hypostatic

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardio Sclerosis Chronic

Pneumonia (duration) 1 yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Edward L. Lynch, M. D.

(Address) 1707 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Emmorton Harford Co Jan 4 1928

Date of Burial

20 UNDERTAKER: for Jos. Deen

ADDRESS: 1073 S. Pac

very important. See instructions on back of certificates.

Statement of OCCUPATION is

Spec.—7-17-26—A Co.—200 Bks.

E 29077

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 E 29077

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 2900 Louise Ave 27-49 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Doris. Lewis Winstead

(a) RESIDENCE NO. 2900 Louise Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 4 1907

7 AGE: Years 18 Months 3 Days 28 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Lott Winstead

11 BIRTHPLACE OF FATHER (City or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Eva Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Andrew J. Winstead (Address) 2900 Louise Ave

15 Filed 1-3 1928 C. HAMPSON JONES, M. D. By RKR Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 2 1928

17 I HEREBY CERTIFY, That I attended deceased from March 27 to Jan 2 1928

that I last saw her alive on Jan 1. 1928

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(duration) One yrs. — mos. — da.

CONTRIBUTORY (Secondary)

(duration) — yrs. — mos. — da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum T.B. positive

(Signed) R. L. Hubbard M. D.

1-3 1928 (Address) 3201 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lodge Virginia Date of Burial: Jan 4 1928

20 UNDERTAKER: Jos Jacobs & Son ADDRESS 2172 Pa...

If occupation is given, state whether the person was actively engaged in it at the time of death, and how long he had been employed at it. This is very important. See instructions on back of certificates.

3-1928

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29078

CERTIFICATE OF DEATH.

101 E 29078

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 S Bethel St. 7-4 WARD)

2-FULL NAME William Mietzykowski

(a) RESIDENCE NO. 715 S Bethel ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? 26 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Josephine Mietzykowski

6 DATE OF BIRTH (month, day, and year): Dec 1 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: Joseph Mietzykowski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant (Address): Mary Mietzykowski 715 S Bethel St.

15 Filed 3-1928 By G. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 2nd 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 31st, 1927, to Jan 2nd, 1928, that I last saw h— alive on Dec 31st, 1927 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) A. F Rea, M. D.

Jan 3rd 1928 (Address) 24 E Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross — DATE OF BURIAL: Jan 4 1928

20 UNDERTAKER: Mendell Heppe — ADDRESS: 1317 E Oliver

Spec.—1-12-23—M&T—500 Blks.

E 29079

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 29079

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) Balto Md (St.) 945 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Quirino Morello

(a) RESIDENCE NO. 1616 Clifview Ave (St.) (Ward)

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Concetta Morello

6 DATE OF BIRTH (month, day, and year) April 14 1863

7 AGE 64 Years 8 Months 19 Days If LESS than 1 day, hrs. or min.

65

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Frasson Morello

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Marie Saverese

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant (Address) Balto City Hosps Baltimd

Filed 5-1926. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-3-1928

17

I HEREBY CERTIFY, That I attended deceased from 12-30-1927 to 1-3-1928

that I last saw him alive on 1-3-1928

and that death occurred, on the date stated above, at 12.15 P. m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

24 hours (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Cerebral (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical history

(Signed) Harry G. Schmidt M. D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from violent causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross cem.	Jan 7 1928

20 UNDERTAKER Wendell Apfel & Son ADDRESS 378 Mo

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

29080

CERTIFICATE OF DEATH.

135 E 29080

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital St. 9-11 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. George A. King

(a) RESIDENCE NO. 3000 McElderry ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dora King

6 DATE OF BIRTH (month, day, and year) March 1869

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
57	10	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York City

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York City

12 MAIDEN NAME OF MOTHER Bridget Barrett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Dora King
(Address) 3000 McElderry

15. Filed 1928 C. HAMPSON JONES, M. D., Registrar
Par

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/2/1928

17 I HEREBY CERTIFY, That I attended deceased from 12/29/1927 to 1/2/1928

that I last saw him alive on 1/2/1928

and that death occurred, on the date stated above, at 5.30 P.M.

The CAUSE OF DEATH* was as follows:

Senile hypertrophy prostate

(duration) yrs. 2? mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 4? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No M. P. N.

What test confirmed diagnosis? Laboratory Findings

(Signed) J. Mc Cartagena, M. D.

, 19 (Address) St. Joseph's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL June 6 1928

20 UNDERTAKER Merrill-Dyer-Eldridge

ADDRESS 818 Cathedral St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29081

CERTIFICATE OF DEATH.

129 E 29081

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 216 Edward ST. 5-8 WARD)

2-FULL NAME Mary Boone

(a) RESIDENCE No. 146 Edward ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Boone

6 DATE OF BIRTH (month, day, and year): 1874

7 AGE: Years 53; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Preston Watson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Sarah Stanbury

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Henry Boone (Address) 216 Edward St

JAN 4- 1928 C. HAMPSON JONES, M. D. Registrar

Filed Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 3 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 20, 1927, to Jan 3, 1928, that I last saw her alive on Jan 3 1928, and that death occurred, on the date stated above, at 7:00 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Chronic Interstitial Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. Ellis M. D.

1/3, 1928 (Address) 508 Lemmon St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery — DATE OF BURIAL: Jan 6 1928

UNDERTAKER: Chas. H. Johnson — ADDRESS: 1 W. Saratoga St

TION IS very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29082

CERTIFICATE OF DEATH.

90

E 29082

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1708 McCulloh St - 20 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary LaPard

(a) RESIDENCE NO. Same St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1886

7 AGE: Years 42 | Months — | Days — | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of Industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER James La Parde

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Ella Johnson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Edna Gillens

(Address) 1708 McCulloh St

15 Filed JAN 4 - 1926 C. HANSON RILEY, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry, find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) no other cause

(duration) yrs. mos. ds.

(Signed) J. J. Freeman M. D.

(Coroner)

19 25 (Address) 2872 Sandis

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the state yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem Date of Burial Jan 7 1926

20 UNDERTAKER: Wendt Carton & Co ADDRESS 516

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 29083

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

128 E 29083

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 535 Fremont ST., 17-24 WARD)

2-FULL NAME Nellie Richardson

(a) RESIDENCE NO. 535 Fremont ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Chas Brightenford

(Address) 529 Gilmor St

15 Filed Jan 4 1928, H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 1 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 20, 1927, to Jan 1, 1928, that I last saw her alive on Dec 31, 1927 and that death occurred, on the date stated above, at m

The CAUSE OF DEATH* was as follows:

Acc. Asphyxia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin Exam

(Signed) Dan'l E Wagner, M. D.

, 19 (Address) 706 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL Jan 7 1928

20 UNDERTAKER Arnold Carton — ADDRESS 94 Cars

Cor.—12-9-25—A Co.—200 Bks. Emma V Price

HEALTH DEPARTMENT—CITY OF BALTIMORE

E.29084

CERTIFICATE OF DEATH.

90 E 29084

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1925 St Paul St 12-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma V. Price

(a) RESIDENCE NO. 1925 St Paul St. 12 Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov 19-1845

7 AGE: Years 84 Months 2 Days 13 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md

PARENTS

10 NAME OF FATHER: E. Price

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER: Mary A. Parsons

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant: E. Price

(Address) 2439 E. Baltimore St

15 Filed 1928 HARRY JONES M. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/1 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Valvular disease of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) John Morrison M. D. (Coroner)

1/3 1928 (Address) 3672 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Date of Burial Jan 17 1928

20 UNDERTAKER: Wilson Cook ADDRESS 502 Park Ave

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29085

CERTIFICATE OF DEATH.

1855 E 29085

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Mercy Hospital. St. 4-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Fite.

(a) RESIDENCE NO. 126 Summit St. Harisburg, Pa. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5: Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, XXXXXXXXXXXX HUSBAND of XXXXXXXX Sarah M. Fite.

6 DATE OF BIRTH (month, day, and year) April 8, 1878

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	49	8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Steel Worker.

(b) General nature of industry, business, or establishment in which employed (or employer) Bethlehem Steel

(c) Name of employer Bridge Corporation

9 BIRTHPLACE (city or town)

(State or country) Pennsylvania.

PARENTS

10 NAME OF FATHER Thomas Fite

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Pennsylvania.

12 MAIDEN NAME OF MOTHER Laura Geety.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Pennsylvania.

14 Informant Charles C. Baker.

(Address) Hadrisburg, Pa.

JAN 4 - 1928 C. HAMPTON JONES, M. D. Registrar

By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 8, 1928.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured legs, arms and skull.
Accidental breaking of scaffold and fall to concreat floor.
Broncho-pneumania.

(Duration) yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Otto H. Reinhardt M. D. (Coroner)

1/4 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Bethlehem Steel Bridge Corporation Sparrows Point December 1, 1927.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harrisburg Pa Date of Burial Jan 4 1928

20 UNDERTAKER Wm Cook ADDRESS 502 E North

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29086

CERTIFICATE OF DEATH.

90

E 29086
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2934 Ridgewood Ave St., 15 Ward 67

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dora Dickman

(a) RESIDENCE NO. 2934 Ridgewood Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 15 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Hyman Dickman

6 DATE OF BIRTH (month, day, and year)
[illegible]

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	68	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Russia

PARENTS

10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Russia
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Russia

14 Informant Jack Lewis
(Address) 1439 Eastern Ave

15 Filed 1-4-1928 Per C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) 192 7
Jan 3

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

*Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 6 mos. ds.

(Signed) [illegible] M. D.
(Coroner)

Jan 4 1928 (Address) 257 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel
Date of Burial 1/4 1928

20 UNDERTAKER Jack Lewis
ADDRESS 1439 Eastern Ave

very important. See instructions on back of certificate.

Spec.—I-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29087

CERTIFICATE OF DEATH.

E 29087

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1513 N. Franklin (St.) (Ward) 75-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosa A. Smith

(a) RESIDENCE NO. 1513 N. Franklin ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Married

6 DATE OF BIRTH (month, day, and year): 1871

7 AGE: 56 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework.

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Peter Baylop

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Susie Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Malachi Smith

(Address) 1513 N. Franklin St

15 Filed JAN 4 1928, 19

C. HARRISON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-1-1928

17

I HEREBY CERTIFY, That I attended deceased from 1-1-, 1928, to 1-1-, 1928

that I last saw her alive on 1-1-, 1928

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Paralysis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Not known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no What test confirmed diagnosis? Medical

(Signed) L. H. Walter, M. D.

, 19 (Address) 1635 McElderry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: Jan 4th 1928

UNDERTAKER: C. Jones

ADDRESS: W. Lexington St

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 29088 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITA ST. 7-4 WARD)

REGISTERED NO. 165 E 29088

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Hartan

(a) RESIDENCE NO. 505 N. Bond ST. Ally WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fizetta Hartan

6 DATE OF BIRTH (month, day, and year) 6-28-54

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
73	6	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clothing Cutter

(b) General nature of Industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer Una -

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Nicholas Hartan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records - (Address) JOHNS HOPKINS HOSPITAL

15 Filed JAN 4 - 1928 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 24, 1927, to Jan 1, 1928, that I last saw h[illegible]live on Jan 1, 1928 and that death occurred, on the date stated above, at 8 50 A m

The CAUSE OF DEATH* was as follows:

Lobar pneumonia.

10 days (duration) yrs mos ds.

CONTRIBUTORY (Secondary) fracture of femur, 10 days

Pedgett's disease (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 505 N. Bond St.

Did an operation precede death? no Date of

Was there an autopsy? no (refused)

What test confirmed diagnosis? Physical findings.

(Signed) Harold R. Bohlman M. D.

Jan. 1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem

DATE OF BURIAL 1/4 1928

20 UNDERTAKER Philip Henrig

ADDRESS 206 Orleans

Cor.—12-8-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29089

CERTIFICATE OF DEATH.

90 E 29089

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1121 D Hill Av St. 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lula Hickman

(a) RESIDENCE NO. 1121 D. Hill St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elia Hickman

6 DATE OF BIRTH (month, day, and year): 5/1872

7 AGE: Years 55 Months Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Va.

(State or country)

PARENTS

10 NAME OF FATHER: Rufus Lucas

11 BIRTHPLACE OF FATHER (city or town): Va.

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Unknown

14 Informant: Hattie M. Cook

(Address): 1133 N. Mount St.

15 Filed 4-1928 G. HAMILTON JONES, M. D. Registrar Per RCG

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 31 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) yrs. mos. 1 ds.

Signed: G. C. Yoder M. D.

(Coroner)

Address: 143 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

Date of Burial: 1/4/1928

20 UNDERTAKER: Mrs. Geo. H. Holland ADDRESS 1631 Druid Hill

Very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 29090

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

E 29090

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital Ward) 42-31

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Fauntleroy.(C)

(a) RESIDENCE NO. 1122 Olive St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. -------- How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	Colored	Married.

5a If married, ~~XXXXXXXXXX~~ ~~XXXXXXXX~~ (or) WIFE of John Fauntleroy.(C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day ___ hrs. or ___ min.
	39	--------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia.

PARENTS

10 NAME OF FATHER Horace Thomas.(C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia.

12 MAIDEN NAME OF MOTHER Susan Blackman.(C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia.

14 Informant Ella Nelson.(C) sister.

(Address) 1118 Olive St.

Filed JAN 2 - 1928 C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) December 30, 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Otto M Feinhardt M. D.

(Coroner)

1/2 '28 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the state yrs., mos., ds.

Where was disease contracted, if not at place of death? 1122 Olive St. Dec. 30, 1927

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Ch Jan 4 28 Date of Burial

20 UNDERTAKER A. Bruno & Son ADDRESS 1124 W. Pratt St

Very Important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

Pindle.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 29091 OF DEATH

CERTIFICATE OF DEATH

E 29091 REGISTERED NO.

City of BALTIMORE (No. 1109 Argyle Ave. 17-24 (Ward)

2-FULL NAME Martha Pindle.

(a) RESIDENCE NO. 1109 Argyle Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 Color or Race Colored

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1856

7 AGE Years 65 Months Days

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED None

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) U. S. A. Md

PARENTS

10 NAME OF FATHER Samuel Boston

11 BIRTHPLACE OF FATHER (City or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Priscilla Smothers

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Md

14 Informant Catherine Cotton (Address) 1109 Argyle Ave.

15 Filed JAN 6 1928

19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1 1928

17 I HEREBY CERTIFY, That I attended deceased from 12-28, 1927, to 1-1-, 1928, that I last saw h[illegible] alive on 12-31, 1927, and that death occurred, on the date stated above, at 0 m.

The CAUSE OF DEATH* was as follows:

Senile Gangrene

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Age

(duration) yrs. mos ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. Clinchett

1-4-28 (Address) 197 N. Smallwood M. D.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem Date of Burial 1/4 1928

20 UNDERTAKER Samuel H. Kemsley ADDRESS 2 Baltimore

very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 29092 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29092

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Registered No.

City of BALTIMORE: (No. 200 Forrester Ave St. Gardenville Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carrie May Schultz

(a) Residence No. 200 Forrester ave St. Gardenville Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Charles H. Schultz

6-DATE OF BIRTH (month, day and year) Feb. 18th 1870

7-AGE. 57 yrs. 10 mos. 11 ds. If LESS than 1 day, [illegible] hrs. or 13 min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9-BIRTHPLACE (city or town) Harrisburg (State or Country) Pennsylvania

PARENTS.

10-NAME OF FATHER. William Gosnell

11-BIRTHPLACE OF FATHER (city or town) Balto. (State or Country) Maryland

12-MAIDEN NAME OF MOTHER. Elizabeth Brown

13-BIRTHPLACE OF MOTHER (city or town) Unknown (State or Country) Unknown

14- (Informant) Charles H. Schultz

(Address) 200 Forrester Ave Gardenville

15- Filed JAN 4 1928 [illegible] Registrar.

Date [illegible]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan. 2nd 1928

17- I HEREBY CERTIFY, That I attended deceased from Jan 2nd 1928 to Jan 2nd 1928.

that I last saw h. alive on Jan 2nd 1928.

and that death occurred, on the date stated above at 2:30 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
(Apoplexy)

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Gustave A Hof M. D.

1/3 1928 (Address) Overlea.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Parkwood Cemetery

DATE OF BURIAL. Jan. 5th 1928

20-UNDERTAKER. Frederick Lassahn & Sons

ADDRESS Fulton Ave.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29093

CERTIFICATE OF DEATH.

36-003

E 29093

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 641 W. Lafayette Ave. Ward 24)

(If death occurred in a hospital or institution, give its NAME instead of street and

2-FULL NAME Mrs Augusta Alexander Laughlin

(a) RESIDENCE NO. 641 W. Lafayette Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: Wht

5 Single, Married, Widowed, or Divorced, (write the word): Married

3a If married, widowed, or divorced (or) WIFE of Rev. David Laughlin D.D.

6 DATE OF BIRTH (month, day, and year): June 26/1859

7 AGE: Years 68 | Months 6 | Days 8 | IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country): Md.

PARENTS

10 NAME OF FATHER: Daniel E. Harrison

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Josephine S. Wells

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country): Md.

14 Informant: Rev. David Laughlin

(Address): 641 W. Lafayette Ave

Rec'd JAN 4 - 1928 HAMPSON JONES, M. D. Registrar

Par

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 3rd 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 20 1927, to January 3 1928,

that I last saw her alive on January 2 1928,

and that death occurred, on the date stated above, at 2.20 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Secondary) Chronic Myocarditis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Gradual Weakening & inability to take nourishment

(duration) yrs. One mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Visible

(Signed) A. L. Smith, M. D.

Jan 4. 1928 (Address) 1615 Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — Date of Burial: Jan 5th 1928

UNDERTAKER: H. Carson Kennard — ADDRESS: 729 W. Lafayette Ave

Very Important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29094

CERTIFICATE OF DEATH.

90E 29094

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 4402 Kathland ave 28-65

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Elizabeth Hines

(a) RESIDENCE NO. 4402 Kathland ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rudolphus J. Hines

6 DATE OF BIRTH (month, day, and year): Jan 3, 1859

7 AGE: Years 69 | Months — | Days — | If LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Delhi

(State or country): Ohio

PARENTS

10 NAME OF FATHER: Richard Owens

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Wales

12 MAIDEN NAME OF MOTHER: Mary Hughes

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Wales

14 Informant: Dorcey F. Hynes

(Address) 4402 Kathland ave.

Filed JAN 4 - 1928 HARRISON JONES, M. D. Registrar

By RLH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 3 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 3, 1928, to Jan 3, 1928, that I last saw h— alive on Jan 3, 1928, and that death occurred, on the date stated above, at 1-30 a m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

Acute Oedema of Lungs

(duration) yrs. mos. hrs.

CONTRIBUTORY (Secondary) Arteriosclerosis, Mitral Regurgitation

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? examination

(Signed) A. C. Smith, M. D.

Jan 3, 1928 (Address) 4309 Liberty Hgts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery Date of Burial: Jan 6 1928

20 UNDERTAKER: Chas. S. Black ADDRESS: 742 W Lafayette ave

Fee Important.—See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

Minnie K Seegar

HEALTH DEPARTMENT—CITY OF BALTIMORE. E 29095

CERTIFICATE OF DEATH.

E 29095

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1345 Hull St St. 74-35 WARD)

REGISTERED NO. 44

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miner. K. Seager

(a) RESIDENCE NO. 1345 Hull St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. (mos. (ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Paul. Seager.

6 DATE OF BIRTH (month, day, and year) May 5. 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
67	68	6	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Markbrock

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr Paul Seager

(Address) 1345 Hull St.

15 Filed JAN 4 - 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 12 1927 to Jany 2 1928.

that I last saw her alive on Dec 30 1927.

and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 3 yrs. — mos — ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Pelletreau M. D.

, 19 (Address) 817 Hamilton Ter

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem.

DATE OF BURIAL Jan 5 1928

20 UNDERTAKER Chas L. Storms

ADDRESS 1501 E Fort Ave

Cor.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29096

CERTIFICATE OF DEATH.

90 ✓ E 29096

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 2005 Belair Road St. 8-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John A Neus

(a) RESIDENCE NO. 2005 Belair Road St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Winefred Neus

6 DATE OF BIRTH (month, day, and year) July 12/1875

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	52	5	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bookkeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Adam Neus Jr

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Louisa E. Wolf

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Germany

14 Informant Paul T. Neus

(Address) 3115 Clifton Ave

15 Filed_____ 19____ Registrar.

Per_____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Insufficiency

(Probably Chr)

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. H. Pilson M. D.

(Coroner)

1/3/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — Date of Burial: Jan 6th 1928

20 UNDERTAKER: D. George Schilling & Sons — ADDRESS: 1126 E. Monument St

Very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 29097 HEALTH DEPARTMENT—CITY OF BALTIMORE 90

CERTIFICATE OF DEATH.

REGISTERED NO. E 29097

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3111 Juneau Place (St.) 27-41 (WARD)

2-FULL NAME Luther E Brune

(a) RESIDENCE NO. 3111 Juneau Place ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. 4 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 20th 1897

7 AGE: Years 30 Months 9 Days 13 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: William F Brune

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Annie M Rummelmon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Annie M. Brune

(Address): 3111 Juneau Place

15 Filed JAN 4 - 1928 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 3rd 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 1 1927 to Jan 3 1928

that I last saw him alive on Jan 1 1928

and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Chronic encephalitis

Chronic myocarditis

(duration) yrs. 2 mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Dont Know

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Fritz J Kinzey, M. D.

1/3 1928 (Address) 2700 Harford Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Jan 6th 1928

20 UNDERTAKER: George E Schilling & Son

ADDRESS: 1126 E Monument

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29098

CERTIFICATE OF DEATH

90 E 29098

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 5105 Gwynn Oak Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma E Thomas

(a) RESIDENCE NO. 5105 Gwynn Oak Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John H Thomas

6 DATE OF BIRTH (month, day, and year): Jan 6, 1858

7 AGE: Years 69 Months 11 Days 27 (26)

IF LESS than 1 day ....hrs. or ....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Pennsylvania (State or country)

PARENTS

10 NAME OF FATHER Revd F Deininger

11 BIRTHPLACE OF FATHER (City or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Elizabeth Riesmayer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant William H Thomas

(Address) 5105 Gwynn Oak Ave

15 Filed ....., 19.... Registrar

JAN 4 1928 C. HARRY ROSE, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan, 1924, to Jan 2, 1928, that I last saw h alive on Jan 2, 1928, and that death occurred, on the date stated above, at 3.20 p.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis & Acute suffusion of Urine

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Intestinal stenosis

(duration) 4 yrs. mos. ds.

18 Where was disease contracted —

if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Arteriosclerosis

(Signed) A. C. Lemmel, M. D.

1927 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: York Pa — Date of Burial: Jan 6 1928

20 UNDERTAKER: George J Smith — ADDRESS 1532 Hollins

Very Important. See instructions on back of certificates.

Spec. 6[illegible] 19[illegible] Blks.

E 29099

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29099

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2515 Christian St. 20-69 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna C Romans

(a) RESIDENCE. No. 2515 Christian ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 24 1854

7 AGE: Years 73; Months 7; Days 8; If LESS than 1 day, hrs. or min. 9

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John J Bentley

11 BIRTHPLACE OF FATHER (city or town) (State or country): New York

12 MAIDEN NAME OF MOTHER: Catherine Mills

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Rev Koontz

(Address) 408 S. Monroe St

Filed JAN 4 - 1928 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 2 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 16 1927 to Jan 2 1928

that I last saw her alive on Jan 2 1928

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 4 mos. 17 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Clinical findings

(Signed) James A Kirkpatrick M. D.

1/3 1928 (Address) 1729 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Jan 5 1928

20 UNDERTAKER: George J Smith

ADDRESS 1532 Hollins

Cor.—12-9-25—A Co.—200 Bks.

E 29100

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 29100

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Mpr Hospital St. H-30 (Ward)

2-FULL NAME Charles H. Zirkle

(a) RESIDENCE NO. 602 W Redwood St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 28, 1859

7 AGE: Years 68 Months 7 Days 3 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Bookkeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Charles Zirkle

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary E Cunningham

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md

14 Informant W. E. Zirkle

(Address) 1729 Eleaton Ave Brooklyn NY

15 Filed JAN 4 1928 HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) DEC 31 1927

17 I HEREBY CERTIFY, That I viewed the body of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest, aforesaid (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

Pneumonia

(duration) yrs. mos. 1 ds.

(Signed) C. C. Hales M. D.

(Coroner)

1/3/28 19 (Address) 1430 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

(Where disease contracted, if not at place of death)

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem Date of Burial: Jan 4 1928

20 UNDERTAKER: George J Smith ADDRESS: 1532 Hollins

Very important. See instructions on back of certificate.

Spec.-7-17-26—A Co. 200 Bks.

E 29101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-E 29101

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 929 Brooks Lane St. 13-54 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ralph S. Sinsheimer

(a) RESIDENCE NO. 929 Brooks Lane St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 25 1870

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	57	5	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Haas-Tail

(b) General nature of industry, business, or establishment in which employed (or employer) oring Co.

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER Simon Sinsheimer

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Matilda Neuberger

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mr. Louis Sinsheimer

(Address) 929 Brooks Lane

15 Filed 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany. 3 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 23, 1927, to Jan 3, 1928, that I last saw h[illegible] alive on Jan 3, 1928, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Coronary sclerosis

(duration) yrs. 1 mos. da.

CONTRIBUTORY (Secondary) Uremia [illegible]

Heart (duration) yrs. mos. 1 da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) I. Frederick Metz, M. D.

1-3-28 (Address) Temple Harden Clinic

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Date of Burial 1/5/ 1928

20 UNDERTAKER Harid Sondheim ADDRESS 115 20 W. Mt Royal Ave

Very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 29102

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 29102

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. West Balto. Gen. 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edmund J. Oppelt

(a) RESIDENCE NO. Marlborough Apart. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mary R. Oppelt.

6 DATE OF BIRTH (month, day, and year): Dec 2nd 1867

7 AGE — Years: 60 Months: 1 Days: — IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cigar Manufacturer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER: Edmund J. Oppelt

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country)

12 MAIDEN NAME OF MOTHER: Jeanette Houck

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country)

14 Informant: Mrs Mary R. Oppelt

(Address) Eutaw Place & Laurel St.

15 Filed ... 19... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) no other disease

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.

(Coroner)

Jan 13, 1928 (Address) 2572 Edmondson ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. Date of Burial 1/5 1928

20 UNDERTAKER: Chas R. Kraus & Son ADDRESS 118 West Royal ave

1928 HAMPSON JONES

Urban

Spec.–7-17-26–200 Bks.

E 29103

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 29103

1-PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE: (No. 2912 Oak Hill ave St.) (Ward) 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susie Neilson Urban

(a) RESIDENCE NO. 2912 Oak Hill Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 17, 1889

7 AGE — Years: 38 — Months: 7 — Days: 15 — IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Charles S. Urban

11 BIRTHPLACE OF FATHER (City or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unk

14 Informant: Eleanor Urban

(Address) 2912 Oak Hill Ave

15 Filed 1928 H. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Jan 2 1928

17 I HEREBY CERTIFY, That I attended deceased from June, 19 27, to Jan 2, 19 28,

that I last saw her alive on Jan 2, 19 28,

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Cachexia

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Carcinomata

(duration) yrs. mos. da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Otto K. Schwenger M. D.

1/4, 1928 (Address) 2806 Fairmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bodkin Cem — Date of Burial: 1/5/28

20 UNDERTAKER: George J. Smith — ADDRESS: 1532 Hollins

Very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

E 29104

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

145-0 E 29104

1-PLACE OF DEATH Colonial Hospital

City of BALTIMORE: (No. 26-27 St. Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Anna Cruse

(a) RESIDENCE NO. 223 South 1-11 St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr Francis Cruse

6 DATE OF BIRTH (month, day, and year) June 19 - 1885

7 AGE Years: 42 Months: Days: 14

IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) Baltimore - Md

(State or country)

PARENTS

10 NAME OF FATHER John D. Spann

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Elizabeth Kane

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md

14 Informant Mr. Francis Cruse

(Address) 223 S. Fifth St

15 Filed ..... 19 ..... Registrar

1928 NKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

17 January 3 - 1928

I HEREBY CERTIFY, That I attended deceased from 12-6, 1927, to 1-3, 1928, that I last saw h.er alive on 1-3-28, 19.., and that death occurred, on the date stated above, at 9:20 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute dilatation - sudden

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of 12-6-27

Was there an autopsy? no

What test confirmed diagnosis? Auscultation & Pulse

(Signed) Julius Bulmer M. D.

19 (Address) Colonial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oaklawn Cemetery — Date of Burial: Jan 7 1928

20 UNDERTAKER George N Zinkler — ADDRESS 1737 E Eager st

Very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

29105

HEALTH DEPARTMENT—CITY OF BALTIMORE

41-002

CERTIFICATE OF DEATH.

E 29105

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1001 S. Second ST. 1-1 WARD)

2-FULL NAME Anna Christina Prieber

(a) RESIDENCE No. 1001 S. Second ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? 57 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of J. Louis Prieber

6 DATE OF BIRTH (month, day, and year) March 7-1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	9	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Frederick Busse

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Mrs. Minnie Cramblit (Address) 1001 S. Second St.

15 Filed JAN 4 1928, 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 27, 1927, to Jan 3, 1928, that I last saw her alive on Jan 3, 1928, and that death occurred, on the date stated above, at 6.50 P. m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) Unascertained yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace B. Tellar, M. D.

Jan 4, 1928 (Address) 315 S. Highlandtown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Schwartz's Cemetery — DATE OF BURIAL Jan 6 1928

20 UNDERTAKER George W. Zirkin — ADDRESS 1737 E. Eager St.

Spec.—1-12-23—M&T—500 Blks.

E 29106

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

43 E 29106

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hospital (Ward) 14-20

2-FULL NAME Wilson Cook

(a) RESIDENCE NO. 509 Wilson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Fanny Cook

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Fanny

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Car.

14 Informant
(Address) JOHNS HOPKINS HOSPITAL

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

Ref. 2015 RKM

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 30 1927

17 I HEREBY CERTIFY, That I attended deceased from
12-26, 1927, to 12-30, 1927
that I last saw h[illegible]live on 12-30, 1927
and that death occurred, on the date stated above, at 3:50 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of upper Jaw

Contributory Bronchopneumonia mos ... ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) W. Blundell M. D.

, 19 (Address) Balto City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL JAN 4 1928

20 UNDERTAKER Undertaker for Health Dept. Wm. E. WOODALL

ADDRESS

Spec.—1-12-23—M&T—500 Blks.

E 29107

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29107

CERTIFICATE OF DEATH.

51

1-PLACE OF DEATH U. S Marine Hospital No 6 — REGISTERED NO.

CITY OF BALTIMORE: (No. Baltimore Md ST. 1-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry W. Lucas.

(a) RESIDENCE NO. 2313 Eastern Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. 1 ds. How long in U. S., if of foreign birth? — yrs. mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary B Lucas

6 DATE OF BIRTH (month, day, and year) Jan. 1 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	0	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer) Master

(c) Name of employer S/S Pan Britain

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER W. C. Lucas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER M Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant self.

(Address)

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/3/ 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 12, 1927, to Jan 3 1928

that I last saw him alive on Jan 3, 1928

and that death occurred, on the date stated above, at 8:40 A m.

The CAUSE OF DEATH* was as follows:

(a) Diabetes mellitus

(b) Chronic Nephritis,

(c) Chronic Myocarditis

Arterio Sclerosis (duration) Several yrs. mos ds.

CONTRIBUTORY (Secondary) Diabetic Gangrene of R Foot (duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory & Clinical

(Signed) Ralph Horton M. D.

1/3/ 1928 (Address) 408 S. Marine Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. — DATE OF BURIAL: Jan. 7 1928

20 UNDERTAKER: Wm. C. Black — ADDRESS: 927 N. Broadway

Spec.—1-10-21—M&T—1500 Bks.

E 29108

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29108

CERTIFICATE OF DEATH

1-PLACE OF DEATH Md General Hospital

CITY OF BALTIMORE: (No.) Madison & Linden St., (Ward) 24

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Hyde Duvall

(a) RESIDENCE No. St Timothy's Road, Catonsville Md

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. Baltimore ds. How long in U. S., if of foreign birth? yrs. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 28, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	3	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer): Teaching

(c) Name of firm: St Timothy's School

9 BIRTHPLACE (City or town) (State or country) Bute Co Md

PARENTS

10 NAME OF FATHER Caleb Paul Duvall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Hyde

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Eng Md

14 Informant Hospital Records

(Address)

15 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 2, 1927, to Jan 3, 1928, that I last saw h alive on Jan 3, 1928, and that death occurred, on the date stated above, at 7 00 P m.

The CAUSE OF DEATH* was as follows:

Bronco Pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Cardiac Dilation

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Course

(Signed) Wm A Thompkins M. D.

, 19 (Address) 1000 Cathedral St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Church Cem. Emmerton, Md.

DATE OF BURIAL 1/5 1928

20 UNDERTAKER Henry W. Mears & Son

ADDRESS 505 N. Calvert

Catonsville

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29109

CERTIFICATE OF DEATH

101-001

E 29109

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1108 Readenhall St. 93-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis D. Lingner Sr.

(a) RESIDENCE NO. 1108 Readenhall St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Lingner

6 DATE OF BIRTH (month, day, and year): February 7 1874

7 AGE: Years 53 Months 10 Days 25 27

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Bottle Blower

(b) General nature of industry, business, or establishment in which employed (or employer): 080

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Matthew Lingner

11 BIRTHPLACE OF FATHER (City or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Mary Anna Franz.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Anna Lingner

(Address) 1108 Readenhall St

15 Filed 1928 Per ACH Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 2nd 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 20 1927 to Jan 2 1928

that I last saw h[illegible] alive on Jan 2 1928

and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows: Labar Pneumonia

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edgar C. Towers M. D.

. 19 (Address) 1500 Hollins St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial 1-5 1928

20 UNDERTAKER: C. H. Harlan — ADDRESS 115 E. Madison

Key numbers. See instructions on back of certificate.

Spec.—1-12-23—MAT—500 Blks.

29110

HEALTH DEPARTMENT—CITY OF BALTIMORE

29110

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 S. Paca ST. 27-30 WARD)

2-FULL NAME Rosaria Maranto

(a) RESIDENCE NO. 411 S. Paca ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? 34 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Nunzio Maranto

6 DATE OF BIRTH (month, day, and year): Dec 6-1848

7 AGE: Years 79 Months Days 26 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: DeFrandisco Salvatore

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Maviano Bartaglia

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant (Address): Joseph Maranto 411 S. Paca

15 Filed 1-3-1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-3 1928

17 I HEREBY CERTIFY, That I attended deceased from 1-2 1928 to 1-3 1928

that I last saw h[illegible] alive on 1-3 1928

and that death occurred, on the date stated above, at 11.30 A m.

The CAUSE OF DEATH* was as follows:

cerebral hemorrhage

Hemoplegia -

arteriosclerosis with

Hypertension (duration) yrs. mos 0 Ds

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

I (Signed) S. A. Grazer M. D.

(Address) 1604 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery DATE OF BURIAL: Jan 5th 1928

20 UNDERTAKER: Fred. A. Wagner & Son ADDRESS: 703 S. Howard St.

Cor.—12-9-25—A Co.—200 Bks.

E 29111

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29111

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital St. 7-4 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jos. A Hallamayer

(a) RESIDENCE NO. 2021 E Lombard St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Hallamayer.

6 DATE OF BIRTH (month, day, and year): July 27-1861

7 AGE: Years 66 Months 5 Days 4. IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman

(b) General nature of industry, business, or establishment in which employed (or employer): in Fotory

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country) Md.

PARENTS

10 NAME OF FATHER: Andrew Hallamayer

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER: Mary Hallamayer

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany.

14 Informant: Margaret Hallamayer

(Address) 2021 E Lombard St.

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1- 1928

17 I HEREBY CERTIFY that I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Age Fall (Duration) yrs. mos. 1 ds.

Fracture of Skull (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Shock. (Duration) yrs. mos. ds.

(Signed) G C Shadis M. D.

(Corner)

1/2/28 (Address) 1437 Gay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. Date of Burial Jan 5 1928

20 UNDERTAKER: Tully Beiler ADDRESS 1032 N. Wolfe

Spec.—1-10-21—M&T—1500 Bks.

E 29112

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

65 E 29112

1-PLACE OF DEATH Franklin Square Hosp

CITY OF BALTIMORE: (No. Cathcart & Fayette ST. 2069 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Gary

(a) RESIDENCE NO. 140 Landsdowne Lane ST. 20th WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. 6 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced. (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 28, 1921

7 AGE: Years 6 Months 6 Days 4 — If LESS than 1 day... hrs. or min. 3

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Jacob S. Gary

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Christina Rissler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md

14 Informant: Jacob Gary

(Address) 140 Landsdowne Lane

15 Filed 1928 .19 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 1 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 28 .1927. to Jan 1 .1928

that I last saw her alive on Jan 1 .1928.

and that death occurred, on the date stated above, at 1.05 P m.

The CAUSE OF DEATH* was as follows:

Acute lymphoid leukaemia

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Elizabeth F. Thomas, M. D.

.19 (Address) Franklin Sq Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Westview Cemetery — DATE OF BURIAL: Jan 5th 1928

20 UNDERTAKER: F. A. Weyant — ADDRESS: 850 N. Balto St

Spec.—1-12-23—M&T—500 Blks.

E 29113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 29113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals ST. 70-10 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarence Green

(a) RESIDENCE NO. 3240 Frederick ave. ST. 9oz WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. 9 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) March 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	39	9	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cement worker

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Charles Green

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Ella Koontz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records (Address)

15 Filed 1928, 19 Per C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 2, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 22, 19 27, to Jan. 2, 19 28, that I last saw him alive on Jan. 2, 19 28 and that death occurred, on the date stated above, at 2.30 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Lab & clinical

(Signed) Henry C Smith M. D.

1-3-28, 19 (Address) Baltimore City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery DATE OF BURIAL Jan 5th 19 28

UNDERTAKER F. S. Wiseheart ADDRESS 850 W Lees Lo

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29114

CERTIFICATE OF DEATH.

E 29114

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3906 Parkside Drive St. 2745 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William D. Barr

(a) RESIDENCE NO. 3906 Parkside Drive St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Barr

6 DATE OF BIRTH (month, day, and year) July 13/1893

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	34	5	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance Agent

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Buffalo, N.Y.

PARENTS

10 NAME OF FATHER Wm. D. Barr

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Buffalo, N.Y.

12 MAIDEN NAME OF MOTHER Ellen -----

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Buffalo, N.Y.

14 Informant Wife

(Address)

15 Filed 1928 C. HAMPSON JONES, M. D.

By Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bullet wound of brain-left temple

(Suicide?

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Callan M. D.

(Coroner)

1/4/28 (Address) 508 E. North Avve

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Buffalo. N. Y. Jan 4 1928

20 UNDERTAKER ADDRESS

George L. Ruth 1735 Maryland Ave

Spec.—1-12-23—M&T—500 Bks.

E 29115

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100 E 29115

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2217 East North Ave ST., 8-16 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carl A Stutt

(a) RESIDENCE NO. 2217 East North Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Harry A Stutt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Barbara Eschmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs Anna Stutt

(Address) 2217 E North Ave

15 Filed 1928 C. HAMPSON JONES, M. D., Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4 1928

17

I HEREBY CERTIFY, That I attended deceased from January 3, 1928, to January 4, 1928,

that I last saw h[illegible] alive on January 4, 1928,

and that death occurred, on the date stated above, at 1.10 A m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Albert Dawkins, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL Jan 5 19 28

20 UNDERTAKER

ADDRESS

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29116

CERTIFICATE OF DEATH.

E 29116

REGISTERED NO. 26-66

1-PLACE OF DEATH

City of BALTIMORE: (No. 701 Hunting Ridge St. [illegible] Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. A. Mac Williams

(a) RESIDENCE NO. 701 Hunting Ridge St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 25 1907

7 AGE: Years 20 Months 11 Days 9 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Student

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) Balto, Md

(State or country)

PARENTS

10 NAME OF FATHER Wallace Mac Williams

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto Md

12 MAIDEN NAME OF MOTHER Emma L. Goldein

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto, Md

14 Informant Mr Wallace Mac Williams

(Address) 701 Hunting Place (Hunting Ridge)

15 Filed [illegible] 19 [illegible] C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 4 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pul. Tuberculosis

(duration) 11 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. T. Hennessy M. D. (Coroner)

1928 (Address) 2572 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery Date of Burial: Jan 6 1928

20 UNDERTAKER: Jos Jourdenais + Son ADDRESS: 27 S Paca st

Spec.—1-10-21—M&T—1500 Bks.

E 29117

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 E 29117

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Franklin Square Hosp

CITY OF BALTIMORE: (No. Calhoun & Fayette ST. 19-27 WARD)

2-FULL NAME Mrs Elizabeth Albaugh

(a) RESIDENCE NO. 1413 W Fayette ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced. (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: late George W. Albaugh

6 DATE OF BIRTH (month, day, and year): not known

7 AGE: Years: about 75 yr; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED: Housewife

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: Elizabeth Square Hospital
(Address)

15 Filed 1928 19 Per AKH Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 2 1928.

17 I HEREBY CERTIFY, That I attended deceased from Dec. 31 1927 to Jan 2 1928.
that I last saw her alive on Jan 2 1928
and that death occurred, on the date stated above, at 12 50 P. m.
The CAUSE OF DEATH* was as follows:
Lobar pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary): Cerebro-sclerosis (general)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Elizabeth B Sherman M. D.

19 (Address) Franklin Sq. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Jan 5 1928

UNDERTAKER: Jos Jacobs & Son — ADDRESS: 217 S. Paca St

Spec.–7-17-26–A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29118

CERTIFICATE OF DEATH

1929 E 29118

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 320 S. Ann St., St., 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Baranowski

(a) RESIDENCE NO. 320 S. Ann St., St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

* PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Mary Baranowski

6 DATE OF BIRTH (month, day, and year) November 20, 1886

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	41	1	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Street car Conductor

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.

(State or country)

PARENTS

10 NAME OF FATHER Joseph Baranowski

11 BIRTHPLACE OF FATHER (City or town) Poland

(State or country)

12 MAIDEN NAME OF MOTHER Catherine Laskowski

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Mrs. Mary Baranowski

(Address) 320 S. Ann St.,

15 Filed C. HAMILTON JONES, M. D.

JAN 1928 Per AKH Registrar

MEDICAL CERTIFICATE OF DEATH Jan. 2, 1928

16 DATE OF DEATH (month, day, and year) 19

January 2, 1928

17 I HEREBY CERTIFY, That I attended deceased from about 4 years ago Jan 2 1928 to 19

that I last saw him alive on about Dec 28 1927

and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

(a) Nephritis

more than 4 mos.

Acute dilatation (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. J. Riley, M. D.

Jan. 19 28 (Address) 639 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem

Date of Burial Jan 5 1928

20 UNDERTAKER John W. Weber

ADDRESS 1803 Eastern Ave

Spec.–7-17-26—A Co.—200 Bks.

Kiper

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29119

CERTIFICATE OF DEATH

129 E 29119

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. 240 S Castel St. 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Kiper

(a) RESIDENCE NO. 240 S Castel St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 1870

7 AGE Years Months 3 Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town) Poland

(State or country)

PARENTS

10 NAME OF FATHER George Kepner

11 BIRTHPLACE OF FATHER (City or town) Poland

(State or country)

12 MAIDEN NAME OF MOTHER Wichaline Baranowski

13 BIRTHPLACE OF MOTHER (city or town) Poland

(State or country)

14 Informant Tomas Kiper

(Address) 240 S Castel St.

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

Par AKP

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2 1928 19

17 I HEREBY CERTIFY, That I attended deceased from Apr. 1st, 1927, to Jan 2nd, 1928, that I last saw h[er] alive on Dec 31st, 1927, and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH* was as follows:

Aortic + mitral Regurg.

Cardiac Hypertrophy

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis,

(duration) yrs. 10 mos. ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Clinical Exam + Laboratory No

What test confirmed diagnosis? Clinical Exam + Laboratory

(Signed) A. F. Rass M. D.

1928 (Address) 24 E Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Jan 6 1928

Date of Burial

20 UNDERTAKER John McVeigh ADDRESS 1803 Bank St

Key important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

(Cora Bear)

E 29120

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29120

CERTIFICATE OF DEATH.

X 86-007

1-PLACE OF DEATH Sinai Hospital

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No._____ St. 7-13 Ward)

2-FULL NAME Mrs. Cora Bear

(a) RESIDENCE NO. Pensacola, Fla. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Morris Bear

6 DATE OF BIRTH (month, day, and year): Dec. 23, 1874

7 AGE: Years 53 | Months — | Days 10 | IF LESS than 1 day ..... hrs. or ..... min. 11

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Pulaski

(State or country): Tenn.

PARENTS

10 NAME OF FATHER: Lee Rosman

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Amelia Scott

13 BIRTHPLACE OF MOTHER (city or town):

(State or country):

14 Informant: Mrs L Bear

(Address): Pensacola Fla.

15 Filed 1928 C. HAMPSON JONES, M. D. City Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

January 4, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 24, 19 27, to Jan 4, 19 28,

that I last saw h[er] alive on Jan 4, 19 28,

and that death occurred, on the date stated above, at 7 45 9 m.

The CAUSE OF DEATH* was as follows:

Mastoiditis

(duration) 0 yrs. 0 mos. 15 ds.

CONTRIBUTORY (Secondary) Septicaemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Dec 26 & Dec 31

Was there an autopsy? Partial

What test confirmed diagnosis? operation & blood culture

(Signed) Meyer Miller, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pensacola, Fla. Date of Burial: 1/5 1928

20 UNDERTAKER: David Sondheim ADDRESS 115-20 W. Royal Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29121 E 29121

CERTIFICATE OF DEATH.

129

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1513 E Fort ave ST. 24-35 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward James Schafer.

(a) RESIDENCE NO. 1513 E Fort ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Schafer

6 DATE OF BIRTH (month, day, and year) August 7, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	4	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedor

(b) General nature of industry, business, or establishment in which employed (or employer) ON

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Sebastian Schafer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Theresa Zimmermann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John Schafer (Son) (Address) 1513 E Fort ave

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 2 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 29 1927 to Jan 2 1928, that I last saw him alive on Jan 1 1928, and that death occurred, on the date stated above, at 3:15 P. m.

The CAUSE OF DEATH* was as follows:

Uraemic Coma

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Uric acid in fragments

(Signed) Chas. J. A. Stevens, M. D.

1/3, 1928 (Address) 2918 Hereford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem. aa DATE OF BURIAL Jan 5 1928

20 UNDERTAKER Margt. G. Flynn ADDRESS 432 Light

Spec.–7-17-26—A Co.—200 Bks.

E 29122

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 29122

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 727 S. Hanover St. 27-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Henry Barney

(a) RESIDENCE NO. 727 S. Hanover St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. – mos. – ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Laura Barney

6 DATE OF BIRTH (month, day, and year): May - 25 - 1861

7 AGE: Years 66 Months 7 Days 8

IF LESS than 1 day.....hrs. or.....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: no work for 2 yrs

(b) General nature of industry, business, or establishment in which employed (or employer): Grocery Laborer

(c) Name of employer: in bed Cougar

9 BIRTHPLACE (city or town): Calvert Co

(State or country): Maryland

PARENTS

10 NAME OF FATHER: John Barney

11 BIRTHPLACE OF FATHER (City or town): Calvert Co

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Diana Skinner

13 BIRTHPLACE OF MOTHER (city or town): Calvert Co

(State or country): Maryland

14 Informant: Minnie Barney

(Address): 727 S. Hanover St

15 Filed 5 - 1928

C. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan - 2 - 1928

17 I HEREBY CERTIFY, That I attended deceased from 5/7, 1927 to 1/7, 1928, that I last saw h[illegible] alive on 1/1, 1928, and that death occurred, on the date stated above, at 8:40 P. m.

The CAUSE OF DEATH* was as follows:

Trauma

(duration) yrs. – mos. 5 ds.

CONTRIBUTORY (Secondary) Chr Nephritis + Chr Endocarditis Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Trauma + + +

(Signed) D. W. Trautman, M. D.

1/3, 1928 (Address) 111 N Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — Date of Burial: Jan 6, 28

UNDERTAKER: Jno. A. Tradin — ADDRESS: 1027 Hanover

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29123

CERTIFICATE OF DEATH.

15 E 29123

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 30 Main St. Hillsdale ST. 28-65 WARD)

2-FULL NAME Kate Gurry

(a) RESIDENCE NO. 30 Main St. Hillsdale ST. ..... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Aug. 10, 1923

8 AGE — Years: 4 — Months: 4 — Days: 24 — If LESS than 1 day, hrs or min.

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER John Gurry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Irene Carroll

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Mrs Irene Miller
(Address) 30 Main St. Hillsdale

FILED JAN 5 - 1928 HARRY J. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 3. 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 26 . 1927. to Jan 3rd . 1928.
that I last saw h alive on Jan 3rd . 1928
and that death occurred, on the date stated above, at 4 P. m.
The CAUSE OF DEATH* was as follows:
Valvular Heart Trouble

(duration) 1 yrs. — mos. — ds.
CONTRIBUTORY (Secondary) Mitral Valve Disease (duration) 1 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Geo Leuchart M. D.
1/4, 1928 (Address) Woodlawn P.O. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Jan 6 1928

20 UNDERTAKER: John H Denny — ADDRESS: 715 Eighth

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29124 + 117 E 29124

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH St Agnes Hospital 25-72 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST.,

2-FULL NAME Mrs. Evelyn V. Smith

(a) RESIDENCE NO. Court Circle Annapolis Md

(Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced, (write the word) Divorced

5a If married, widowed, or divorced ~~HUSBAND of~~ ~~(or) WIFE of~~ Jos J. Smith

6 DATE OF BIRTH (month, day, and year) April 10 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	24	8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waitress 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md

PARENTS

10 NAME OF FATHER John Philburn

11 BIRTHPLACE OF FATHER (city or town) (State or country) City

12 MAIDEN NAME OF MOTHER Mgt. Commers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) City

14 Informant Mrs. Evelyn Smith

(Address) Court Circle Annapolis

Filed 1-5- 1928 HARRISON JONES M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-4 1928

17 I HEREBY CERTIFY, That I attended deceased from 12-30, 1927, to 1-4, 1928,

that I last saw h~~er~~ alive on 1-4, 1928,

and that death occurred, on the date stated above, at 7 40 m

The CAUSE OF DEATH* was as follows:

Perforated appendix

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Generalized peritonitis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 12/31/27

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Augustine P. Vonschrilz, M. D.

, 19 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem DATE OF BURIAL Jan 7 1928

20 UNDERTAKER John F. Deeny ADDRESS 716 Light St

Spec.—1-12-23—M&T—500 Bks.

E 29125

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

-002

116 E 29125

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital ST. 11-15 WARD)

2-FULL NAME (Nanny) A. Parker

(a) RESIDENCE No. Labor Apt, Charles Read ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 22, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min
	79	5	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER John Parker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Elizabeth Floyd

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mrs W. H. DeC. Wright (Address) 300 Cathedral St

15 Filed JAN 5 1928 HARRY JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 11 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1927, to Jan 11, 1928, that I last saw h[illegible] alive on Jan. 3, 1928 and that death occurred, on the date stated above, at 1 23 A.M.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Uraemic Coma

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Jan 2, 1928

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) R. Wright M. D.

1-4, 1928 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL Jan 9 1928

20 UNDERTAKER Henry H. Jenkins Sons ADDRESS McCulloh & Richard

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29126

CERTIFICATE OF DEATH.

101-001

E 29126

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1413 Mulliken 5-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Monroe

(a) RESIDENCE NO. 1413 Mulliken Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
M.	C.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.

(State or country)

10 NAME OF FATHER John Monroe

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

PARENTS

14 Informant Lizzie Gantt.

(Address) 1413 Mulliken Ave

15 Filed JAN 5 - 1928 Registrar

16 Received by Registrar Jan 5 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Jan 2/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Lobar Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. F. Weller M. D.

(Coroner)

1/5/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cemetery Date of Burial Jan 9 1928

20 UNDERTAKER Thos R A Elliott ADDRESS 1225 Eastlound Ave

Spec.–7-17-26–A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29127

CERTIFICATE OF DEATH

44

E 29127 REGISTERED NO.

1-PLACE OF DEATH University Hospital

City of BALTIMORE: (No. Lombard & Greene Sts. 6-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pietro Meli

(a) RESIDENCE NO. 1605 N. Rutland Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Meli

6 DATE OF BIRTH (month, day, and year): 1882

7 AGE: Years 45 Months Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Nozio Meli

11 BIRTHPLACE OF FATHER (City or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Marian Corsino

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Sarah Meli

(Address) 1605 N Rutland Avenue

Filed JAN 5 1928 E. HARRISON JONES, M. D. Registrar

Ref. 2102

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-3 1928

17 I HEREBY CERTIFY, That I attended deceased from 1-2 1928 to 1-3 1928

that I last saw him alive on 1-3 1928

and that death occurred, on the date stated above, at 1:15 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pharynx naso-pharynx and nose c obstruction of nose passages.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? yes Date of 1-3-28.

Was there an autopsy? No

What test confirmed diagnosis? Clinical Microscopical Autopsy

(Signed) Henry Vincent Hare M. D.

1/3 1928 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery Date of Burial 1-6 1928

20 UNDERTAKER: George J Ruth ADDRESS 1735 Harford Av

Spec.—1-10-21—M&T—1500 Bks.

E 29128

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001
101 E 29128

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2621 E Madison ST. 7-12 WARD)

2-FULL NAME Mercede Appuglieso.

(a) RESIDENCE NO. 2621 E Madison. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: W

5 Single, ~~Married, Widowed,~~ or Divorced (~~write the word~~): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE: Years 44; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Mason

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): ateleta - Italy -

PARENTS

10 NAME OF FATHER Domenico Appuglieso

11 BIRTHPLACE OF FATHER (city or town) (State or country): ateleta Italy -

12 MAIDEN NAME OF MOTHER Colorinda Mannelli

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ateleta Italy -

14 Informant: antonio dedominicis - (Address) 2621 E madison St -

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1 — 2 — 1928

17 I HEREBY CERTIFY, That I attended deceased from 12-27-1927 to 1-2-1928.

that I last saw h[illegible] alive on 1-2-1928.

and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute lobar pneumonia -

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Acute myocarditis.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical.

(Signed) J. Demarco M. D.

1-2, 1928 (Address) 1607 Linden av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: 1 6 1928

20 UNDERTAKER: George J Ruth — ADDRESS: 1735 Harford av

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29129

CERTIFICATE OF DEATH

74-001 E 29129

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2201 N. Charles St. 12-50 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charlotte Raborg Gilbert

(a) RESIDENCE NO. 2201 N Charles St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 74 mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 ~~Single~~, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or ~~divorced~~ (or) WIFE of ~~HUSBAND of~~ Pete J. Erwin Gilbert

6 DATE OF BIRTH (month, day, and year) Feb 20 1863

7 AGE: Years 64 Months 10 Days 14 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Dr Christopher H Raborg

11 BIRTHPLACE OF FATHER (City or town) Baltimore

(State or country) Md

12 MAIDEN NAME OF MOTHER Virginia Turner

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Md

14 Informant Florence Raborg

(Address) 2201 N Charles St

15 Filed JAN 5 - 1928 C. HAWSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 4th 1928

17 I HEREBY CERTIFY, That I attended deceased from 1/2, 1927, to 1/4, 1928, that I last saw h~~er~~ alive on 1/4, 1928, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

cerebral Apoplexia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) [illegible] M. D.

1/5, 1928 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

Date of Burial: Jan 7 1928

20 UNDERTAKER: Henry Hankins & Son

ADDRESS: Cleveland

Spec.-7-17-26—A Co.—200 Bks.

E 29130

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001 E 29130

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 205 N. Streeper St. 6-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rudolph J. Goette

(a) RESIDENCE NO. 205 N. Streeper St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 1896

7 AGE: Years 31 Months 3 Days 11

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General natore of indostry, business, or establishment in which employed (or employer)

(c) Name of employer S. Kirk

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Carol Goette

11 BIRTHPLACE OF FATHER (City or town) Germany

(State or country)

12 MAIDEN NAME OF MOTHER Anna Newburn

13 BIRTHPLACE OF MOTHER (City or town) Germany

(State or country)

14 Informant Mrs. Anna Goette

(Address) 205 N. Streeper

15 Filed JAN 5 - 1928 G. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3/ 28

17 I HEREBY CERTIFY, That I attended deceased from Dec 24, 19 27, to Jan 3, 19 28.

that I last saw h[illegible] alive on Jan 3, 19 28

and that death occurred, on the date stated above, at 12 20 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Pneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. H. Mayer M. D.

1/4, 19 28 (Address) 1520 E 33rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cem.

Date of Burial Jan 6 19 28

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29131

CERTIFICATE OF DEATH.

90 E 29131

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 135 Park Ave St., 6-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry F. Schuttle

(a) RESIDENCE NO. 135 W Park Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Widower

6 DATE OF BIRTH (month, day, and year): Feb 17/58

7 AGE: Years 69 Months 10 Days 15 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: machinist

(b) General nature of industry, business, or establishment in which employed (or employer): retired

(c) Name of employer

9 BIRTHPLACE (city or town): Balt.

(State or country)

PARENTS

10 NAME OF FATHER: Gustav Schuttle

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Lange

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: Frank E. Schuttle

(Address) 135 W Park Ave

15 Filed ..... 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 2 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 1925, to Jan 2nd 1928, that I last saw him alive on Jan 2nd 1928, and that death occurred, on the date stated above, at 3 30P m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(duration) yrs. mos. ds.

CONTRIBUTORY (secondary) High Blood Pressure

(duration) 4 yrs. mos. ds.

Hardening of Arteries

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A C Bacon, M. D.

1/7 1928 (Address) 1707 Garrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Trinity Cem. Date of Burial 1/5 1928

20 UNDERTAKER: Philip Herring ADDRESS 2016 Orleans St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29132

CERTIFICATE OF DEATH.

113 E 29132

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 313 N. Carrollton Ave. 18-2 WARD)

2-FULL NAME Earl Dennis

(a) RESIDENCE NO. 313 N. Carrollton Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6/6 yrs mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 14-1926

7 AGE: Years 1 Months 9 Days 20 If LESS than 1 day, hrs min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: no

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto City

PARENTS

10 NAME OF FATHER: Clifford Dennis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Lillian Butler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Lillian Butler

(Address) 313 N Carrollton ave

15 Filed 1-5-1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/4/28 19

17 I HEREBY CERTIFY, That I attended deceased from 12/29/27 19 to 1/4/28 19, that I last saw h alive on 1/4/28 19 and that death occurred, on the date stated above, at 1:45 P m.

The CAUSE OF DEATH* was as follows:

Enteritis 2

Bronchopneumonia

Acting 1 wk 5 da

(duration) yrs mos ds

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. Dennis Jones, M. D.

1/5/1928 (Address) 910 Eutaw Court

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem Balto

DATE OF BURIAL: 1928

20 UNDERTAKER: C. Jones

ADDRESS: 1121 Gilmor

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29133

E 29133

CERTIFICATE OF DEATH.

REGISTERED NO. 25772

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Arbutus Ave ST. East WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances E Creamer

(a) RESIDENCE NO. Arbutus Ave ST.. Lakeland WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 2nd 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Wm E Creamer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Ida Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Mrs E Creamer Lakeland Md

15 Filed 1928 H. HAMILTON JONES, M. D., Per RLH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/4/ 1928

17 I HEREBY CERTIFY, That I attended deceased from 1-2- , 1928, to 1-4- , 1928.

that I last saw h e alive on 1-4-28 , 19 ,

and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Prematurity birth

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Stephen A Davis M. D.

, 19 (Address) 1127 Mulberry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Linden Park Cem

DATE OF BURIAL 1-5- 1928

20 UNDERTAKER Edmund C Hardy

ADDRESS 1000 E Fayette St

Cor.—12-9-25—A Co.—200 Bks.

E 29134

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 188-09 3 E 29134

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Mun. Hosp. St. 4-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No.)

2-FULL NAME Basil Owens

(a) RESIDENCE NO. Glen Burnie Md St. Ward Glen Burnie Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, Widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE: Years 43 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): C. A. Co. Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Grafton Owens

(Address) 2130 N. Arlington Ave

15 Filed 5 1928 C. HAMPSON JONES, M. D.

By Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH was as follows:

Auto Acc

Fracture of Skull

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 2 ds.

Jan 5/28 (Signed) C. C. Jones M. D.

(Address) 1431 E. 31 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., 6 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cem Date of Burial Jan 5 1928

20 UNDERTAKER: Edward Stansbury ADDRESS 1708 Bolton St

Spec.—1-10-21—M&T—1500 Bks.

E 29135

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12 E 29135

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2718 N. North Ave ST. 15-68 WARD)

2-FULL NAME Lewis A. Muncks

(a) RESIDENCE NO. 2718 N. North Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. 10 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White.

5 Single, Married, Widowed, or Divorced. (Write the word): Single,

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: X

6 DATE OF BIRTH (month, day, and year): Mar. 4 1856

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
71	10	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sign Painter.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Lewis A. Muncks

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Margaret Stegmeyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant (Address): Mrs Brooks 2718 N. North Ave

15 Filed JAN 5 - 1928 Register

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 4th 1928

17 I HEREBY CERTIFY, That I attended deceased from 1925 to Jan 4th 1928.

that I last saw him alive on Jan 3rd 1928

and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of death.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) F. C. Linck, M. D.

(Address) 2718 North Ave 1st Division St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem. DATE OF BURIAL: Jan 6 1928

20 UNDERTAKER: Wm Tickner & Sons ADDRESS: Mt Royal Ave

H. A. HARRISON, M. D.
SUPT. VITAL STATISTICS

Spec.–7-17-26—A Co.—200 Bks.

E 29136

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 E 29136

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 917 N. Dallas St. 713 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James R. L. Ringrose

(a) RESIDENCE NO. 917 N. Dallas St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. Life ds. (If non-resident give city or town and State)

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Ringrose

6 DATE OF BIRTH (month, day, and year) Oct. 15 1871

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	56	2	1920	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffer

(b) General nature of industry, business, or establishment in which employed (or employer) Commission

(c) Name of employer Snyder + Blumsford & Co

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Charles Ringrose

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Charlotta Croft

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore

14 Informant Mary E. Ringrose

(Address) 917 N. Dallas

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 4th 1928 19

17 I HEREBY CERTIFY, That I attended deceased from January 23, 1927 to Jany 4th, 1928, that I last saw h[illegible] alive on January 2nd, 1928, and that death occurred, on the date stated above, at 10.30 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonalis

about (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Caleb R. Athey, M. D.

Jany 5 1928 (Address) 1003 S. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cem. Date of Burial Jan 7 1928

20 UNDERTAKER Paul Brockbank ADDRESS 1900 Eutaw Pl

Spec.—1-12-23—M&T—500 Blks.

E 29137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 29137

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 20-21 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Teresa Fuchs

(a) RESIDENCE NO. 3830 Old Frederick Rd ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Walter Fuchs

6 DATE OF BIRTH (month, day, and year) May 7-1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	7	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Michael Barbet

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Cney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Jane Fuchs

(Address) 3830 Old Fred Rd

15 Filed 1928 C. HAMPSON Balto. Md. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928, to Jan 4, 1928, that I last saw h alive on Jan 3, 1928 and that death occurred, on the date stated above, at 12 45 A m.

The CAUSE OF DEATH* was as follows: Carcinoma of Peritoneum

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 12/21/27

Was there an autopsy? No

What test confirmed diagnosis? Microscopic Exam

(Signed) Augustine J. Von Ecker M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Catholic Cemetery DATE OF BURIAL Jan. 7 1928

20 UNDERTAKER George L. Schwab ADDRESS 401 Park Ave.

Cor.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29138

CERTIFICATE OF DEATH.

113 E 29138

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 1517 Kavanaugh St 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alfred D. Vessell

(a) RESIDENCE NO. 1517 Kavanaugh St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male | 4 Color or Race: colored | 5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Child

6 DATE OF BIRTH (month, day, and year): Sept 2 - 1927

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	—	4.	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland
(State or country)

PARENTS

10 NAME OF FATHER Lorenzo Vessell

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Freeme Vessell

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Calvert Co Md.

14 Informant Lorenzo Vessell
(Address) 1517 Kavanaugh St

15 Filed 1928 C. HAMPSON JONES, M. D.
By _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ileo-Colitis

(duration) ____ yrs. 2 mos. ____ ds.

CONTRIBUTORY (Secondary) No other History

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. H. Kennedy M. D.
(Coroner)

(Address) 257 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs., ____ mos., ____ ds. In the State ____ yrs., ____ mos., ____ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Date of Burial: Jan 6 1928

20 UNDERTAKER: Virginia G Brooks ADDRESS: 1463 N. Carey

Spec.—1-10-21—M&T—1500 Rls.

E 29139 · HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

97 B 29139

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital ST. 70-67 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Gertrude Wilson

(a) RESIDENCE NO. 3022 West Lanvale ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Horace O. Wilson

6 DATE OF BIRTH (month, day, and year): 1883

7 AGE: Years 45; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Medford New Jersey

PARENTS

10 NAME OF FATHER: Thomas S Bozarth

11 BIRTHPLACE OF FATHER (city or town) (State or country): Anna Prickett

12 MAIDEN NAME OF MOTHER: Gertrude Bozarth

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Medford N.J.

14 Informant: Horace O Wilson

(Address) 3022 West Lanvale St

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-3-28

17

I HEREBY CERTIFY, That I attended deceased from 12-30-27, 19, to 1-3-28, 19, that I last saw her alive on 1-3-28, 19, and that death occurred, on the date stated above, at 2 30 P. m.

The CAUSE OF DEATH* was as follows:

Pneumococcal Meningitis

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Pan-Sinusitis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 12-31-27

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Cecil M. Hall M. D.

1-3-1928 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Medford N J

DATE OF BURIAL: 1-6 1928

20 UNDERTAKER: Robert Brooks & Son

ADDRESS: Calhoun Hollins

Spec.—1-12-23—M&T—500 Bks.

E 29140

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29140

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 20 ST. 27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Karl Miersch

(a) RESIDENCE NO. 1953 Mulberry St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

7 DATE OF BIRTH (month, day, and year) 9 1907

8 AGE: Years 21 | Months — | Days — | If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Virginia Tabitha Va

11 NAME OF FATHER Chas W. Miersch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Lizzie Weid

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Leona Miersch

(Address) 1953 W Mulberry St

Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 26 1927 to Jan 4 1928, that I last saw h[illegible] alive on Jan 4 1928, and that death occurred, on the date stated above, at 1 am m.

The CAUSE OF DEATH* was as follows:

Typhoid fever

(duration) yrs. mos 16 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Blood & Laboratory

(Signed) Lewis McK Taylor, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem — DATE OF BURIAL: Jan 2 1928

20 UNDERTAKER: Robert Brookerson — ADDRESS: Calhoun Hollins

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29141

CERTIFICATE OF DEATH.

E 29141

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) Druid Hill Ave and Hilton St. (Ward)

2-FULL NAME Waverly Woodson

(a) RESIDENCE NO. 1129 Park Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 11th 1901

7 AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	26	2	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Mutual Chemical

(c) Name of employer Co.

9 BIRTHPLACE (city or town)

(State or country) Blackson Va.

PARENTS

10 NAME OF FATHER Jacob Woodson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Nanie Jones.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant Irene Woodson.

(Address) 1129 Park Ave.

15 Jan 5 1928 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 2, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

acute Dil. of Heart

(duration) few minutes yrs. mos. ds.

CONTRIBUTORY (Secondary) ac. gastro enteritis

(duration) yrs. mos. 1 ds.

(Signed) D. T. Hennessy M. D.

(Coroner)

Jan 5 1928 (Address) 257 Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the state yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Blackstone Va. Jan 5 1928

20 UNDERTAKER ADDRESS

Mrs E A Elliott 1121 Washington

Spec.—12-9-25—A Co.—200 Bks.

E 29142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

E 29142

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Heidler

(a) RESIDENCE NO. Preston & Valley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Singl

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day..... hrs. or.....min.
	abt 80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Little Sisters of the Poor

(Address) Preston & Valley St

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

Dec

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1928

Jan 5th

17

I HEREBY CERTIFY, That I attended deceased from Nov 25 1927, 19..... to Jan 5, 1928, 19.....

that I last saw h... alive on Jan 5, 1928, 19.....

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A. Warner, M. D.

Jany 5, 1928 (Address) 193 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Date of Burial Jan 6 1928

20 UNDERTAKER Rita Wiedefeld ADDRESS 914 Fremont Ave

Spec.—1-12-23—M&T—500 Bks.

29143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-901

E 29143

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2928 St. Paul ST. 17-50 WARD)

2-FULL NAME William R. Brawner

(a) RESIDENCE NO. 2928 St. Paul ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 63 yrs. 11 mos. 3 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie J. Rauh

6 DATE OF BIRTH (month, day, and year) Jan. 30, 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	11	3 4	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Sheetes Mfg. Co.

8 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

10 NAME OF FATHER William M. Brawner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Margaret M. Wilhelm

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

Informant Mrs. Margaret M. Brawner

(Address) 2928 St. Paul Street

1928 C. HAMPSON JONES, M. D.

Per ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4th 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 28, 1927 to Jan 4, 1928 that I last saw h[illegible] alive on Jan 3rd, 1928 and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows: Acute Lobar Pneumonia

(duration) — yrs. — mos 7 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) [illegible] yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jefferis Bruce M. D.

19 (Address) 405 S. Club Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount Cemetery	1/6 1928
20 UNDERTAKER Henry H. Mears & Son	ADDRESS 801 N. Calvert

Spec.—1-12-23—M&T—500 Blks.

29144

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 29144

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 431 N. Exeter St. (WARD) 5 6

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vincenzo Papa

(a) RESIDENCE NO. 431 N. Exeter ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, ~~Divorced~~ (write the word): Married

6 If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of: Rose Papa

DATE OF BIRTH (month, day, and year): Nov. 15. 1857

AGE: Years 70. Months Days (If LESS than 1 day, hrs or min.)

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Fruit Merchant

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

BIRTHPLACE (city or town) (State or country): Ufuli Italy

10 NAME OF FATHER: Vincenzo Papa

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ufuli Italy

12 MAIDEN NAME OF MOTHER: Rose D'amico

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ufuli Italy

Informant (Address): Grace Paparella 433 N. Exeter St

Filed 1928 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 3 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928, to Jan 3, 1928, that I last saw him alive on Jan 3, 1928 and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

CONTRIBUTORY (Secondary) (duration) Chronic Interstitial nephritis yrs. mos. ds.

18 Where was disease contracted if not at place of death? (duration) yrs. mos. ds.

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Luigi D. Stefano M. D.

Jan 5, 1928 (Address) 407 N. Exeter St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery. DATE OF BURIAL: Jan. 6 1928

20 UNDERTAKER: George F. Ruth ADDRESS: 1735 Hanford Ave.

Spec.—1-12-23—M&T—500 Blks.

E 29145

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 29145

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2004 Presbury ST. 15-21 WARD)

2-FULL NAME Anna Gerhardt

(a) RESIDENCE No. 2004 Presbury ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: William Gerhardt

6 DATE OF BIRTH (month, day, and year): Dec. 1854

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
73	—	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant (Address): Margaret N. Maykrantz 2004 Presbury St.

C. HAMPSON JONES, M. D.

Registrar

1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jany 7 1928

17 I HEREBY CERTIFY, That I attended deceased from [illegible] 19 [illegible] to 19 [illegible]

that I last saw h[illegible] alive on [illegible] 19 [illegible]

and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

a. Chronic myocarditis

b. [illegible] (duration) yrs. [illegible] mos [illegible] ds.

CONTRIBUTORY (Secondary)

c. [illegible] (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. A. Hauck, M. D.

[illegible], 19[illegible] (Address) 1924 Mountain

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery DATE OF BURIAL: Jan 7 1928

20 UNDERTAKER: Harry W. Ellen ADDRESS 1900 W North ave

Spec—12-23-21—E.B.R.S.—400 Bks.

E 29146

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29146

CERTIFICATE OF DEATH.

11-001

Registered No. 16-67

1-PLACE OF DEATH

City of BALTIMORE: (No. 603 Granby St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Minton

(a) Residence No. 603 Granby St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 10 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Minton

6-DATE OF BIRTH (month, day and year) May 23 1862

7-AGE. 65 yrs. 10 mos. 3 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Captain

(b) General nature of Industry, business, or establishment in which employed (or employer). Fire Department

(c) Name of employer. Salvage Corps

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Wm. Minton

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER. Catherine Sapp

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Baltimore

14- (Informant) Sister Catherine Minton

(Address) Rock Hall Co. Md. City Hospital

15- Filed 1928 C. HAMPSON JONES, M. D.

By AKH Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 3 28

17- I HEREBY CERTIFY, That I attended deceased from Dec 10 1927 to Jan 3 1928

that I last saw him alive on Jan 3 1928

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) yrs. mos. 24 ds.

18-Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Physical Examination

(Signed) J. A. Lacey, M. D.

, 19 (Address) 351 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Herbert Hebron Md DATE OF BURIAL, 1/6 19 28

20-UNDERTAKER J. A. Moran ADDRESS 3000 E. Baltimore

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29147

CERTIFICATE OF DEATH.

90 E 29147

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 871 Greenmount Ave St. 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie A. Byrnes

(a) RESIDENCE NO. 871 Greenmount Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bernard Byrnes

6 DATE OF BIRTH (month, day, and year) Oct 10/1859

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or....min.
	68	2	24	

8 OCCUPATION OF DECEASED none

(a) Trade, profession or particular kind of work /Ireland

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Ireland

PARENTS

10 NAME OF FATHER Bernard McDermott

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Elizabeth Gilen Gilen

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Peter Byrnes

(Address) 871 Greenmount Ave

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. S. H. Cullen M. D. (Coroner)

1/5/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Mt Cathedral Cem 1/6 1928

20 UNDERTAKER J. A. Moran & Bro ADDRESS 3000

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29148

CERTIFICATE OF DEATH.

90

E 29148

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Boat Lake Pat Pk. St. (Ward) 7-4

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles F. Hart

(a) RESIDENCE NO. 232 S-Chester St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. dys. How long in U. S., if of foreign birth? yrs. mos. dys.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 Color or Race White | 5 Single, Married, Widowed, or Divorced. (write the word) Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Hart

6 DATE OF BIRTH (month, day, and year) 4-3-1853

7 AGE Years 72 | Months 11 | Days 1 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER James T. Hart

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Katherine White

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Howard Hart

(Address) 232 South Chester

15 Dec. 1926 C. HAMPSON JONES, M. D.

Per ROH Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3- 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. 6 mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. 1 ds.

Jan 6 1926 (Signed) V. C. Hodes M. D.

(Address) 1431 W. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cemetery Date of Burial 1/6 1926

20 UNDERTAKER Williams & Co ADDRESS 507 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

29149

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-E 29149

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 128 N. Conway St.) (22-30 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elmer E. Pettingall

(a) RESIDENCE NO. 128 N. Conway ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine Pettingall

6 DATE OF BIRTH (month, day, and year): April 19 - 1863

7 AGE: Years 64 Months 8 Days 16 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Electrical Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Pittsburg Plate Glass Co.

9 BIRTHPLACE (city or town) (State or country): Frederick Co. Md.

PARENTS

10 NAME OF FATHER: Benjamine Pettingall

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Elizabeth Castle

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs E. E. Pettingall.

(Address): Frederick Md.

15 F - 1928

C. HAMPSON JONES, M. D., Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1 - 4 1928

17 I HEREBY CERTIFY, That I attended deceased from 12-29, 1927, to 1-4, 1928, that I last saw him alive on 1-4, 1928 and that death occurred, on the date stated above, at 9.45 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

CONTRIBUTORY (Secondary) Chronic Myocarditis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Physical

(Signed) James Brown Jones, M. D.

, 19 (Address) 808 Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Frederick Md

DATE OF BURIAL: 1/6 1928

20 UNDERTAKER: J. M. Cook

ADDRESS: 502 E Patrick

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29150

CERTIFICATE OF DEATH.

179 E 29150

1-PLACE OF DEATH

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. 2504 W. Franklin St. 10-69 Ward)

2-FULL NAME Mary Boniface Riley

(a) RESIDENCE NO. 2504 W. Franklin St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

5a If married, widowed, or divorced (or) WIFE of John H. Riley

6 DATE OF BIRTH (month, day, and year) June 5-1875

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	52	7	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work house-wife

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Joseph Robinson Emery

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary C. Horgan

13 BIRTHPLACE OF MOTHER (city or town) Tyrone

(State or country) Ireland.

14 Informant Agnes H. Emery

(Address) 2504 W. Franklin St.

15 1928 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 5 1928

17

I HEREBY CERTIFY, That I attended deceased from August 30 - 1927, to January 5 - 1928, that I last saw her alive on January 4 - 1928, and that death occurred, on the date stated above, at 4:00 a. m.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs & Sy

(Signed) Chester Riland, M. D.

1-5-1928 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery Date of Burial Jan 7 1928

20 UNDERTAKER Chas. G. Black ADDRESS 742 W. North Ave

Spec.—1-12-23—M&T—500 Bks.

Mc Cait

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29151

CERTIFICATE OF DEATH.

100-001

E 29151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 16 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Mc Cait.

(a) RESIDENCE No. ..... St., ... Ward

(Usual place of abode) (If non-residents give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 2 mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

6a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE: Years 60; Months; Days; If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

10 NAME OF FATHER James H. McCart

11 BIRTHPLACE OF FATHER (city or town) Balto. Md.
(State or country) ?

12 MAIDEN NAME OF MOTHER Mary A. Clark

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md.
(State or country) ?

Informant
(Address) Records

Filed 1928 HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1, 4, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1927 to Jan. 4, 1928 that I last saw him alive on Jan. 4, 1928, and that death occurred, on the date stated above, at 4 10 A.M.

The CAUSE OF DEATH* was as follows: Cerebral hemorrhage

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, chronic

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Gerund + Baby

(Signed) C. Emmons Bought M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cemetery Stayton Md

DATE OF BURIAL: June 7 1928

UNDERTAKER: Harry Storch Son

ADDRESS: 1301 Eager St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29152

CERTIFICATE OF DEATH.

45

E 29152

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2210 Callow Ave ST., 43-54 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William D. Rude

(a) RESIDENCE NO. 2210 Callow Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 2 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary C. Rude

6 DATE OF BIRTH (month, day, and year): Oct. 28, 1878

7 AGE — Years: 49 — Months: 2 — Days: 6 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Wholesale Oyster Packer

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer: Baltimore Md

9 BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: Wm A. D. Rude

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Amelia Nedinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant (Address): Mrs Mary C. Rude 2210 Callow Ave.

15 Filed 6 1929 By: HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 3 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb-1, 1927, to Jan-3, 1928.

that I last saw him alive on Jan-3-, 1928.

and that death occurred, on the date stated above, at 5.15 P m.

The CAUSE OF DEATH* was as follows:

Exhaustion

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary): Carcinoma of Rectum

(duration) yrs. 1½ mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Aug-26,

Was there an autopsy? No

What test confirmed diagnosis? Pathologique

(Signed) Mich Shook, M. D.

(Address) 806 W Fayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem. DATE OF BURIAL: Jan. 6 1928

20 UNDERTAKER: Wm Fickert Sons ADDRESS: North & Pa

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29153

CERTIFICATE OF DEATH.

26-37 171

E 29153 REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles F. Buck

(a) RESIDENCE NO. 223 Colgate Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hazel A Campbell

6 DATE OF BIRTH (month, day, and year) Nov 23 — 1899

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	28	1	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tin Roller

(b) General nature of industry, business, or establishment in which employed (or employer) Bethlehem Steel

(c) Name of employer

9 BIRTHPLACE (city or town) Claremont (State or country) Pa

PARENTS

10 NAME OF FATHER James H Buck

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Sarah E Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant James H Buck (Address) 223 Colgate

15 Filed 1926 19 H. LEE JONES, M. D. Registrar

For

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3 - 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death in the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide

Cut throat

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY Stock

(Secondary)

(Duration) yrs. mos. 1 ds.

Jaw

Signed G C Gladis M. D.

(Corroner)

4/27 (Address) 143 N Paca way

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Lawn Cem Date of Burial Jan 6 1926

20 UNDERTAKER John Merrick ADDRESS 200 E Preston

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29154

CERTIFICATE OF DEATH.

E· 29154

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 439 N Luzerne ST., 6-10 WARD)

2-FULL NAME Julia L Staudle

(a) RESIDENCE NO. 439 N Luzerne ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: G. Frederick Staudle

DATE OF BIRTH (month, day, and year): June 20 1847

AGE: Years 80 Months 5 Days 11 If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER: Don't know

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Don't know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Geo Staudle

(Address): 439 N Luzerne Ave

Filed 1928 H. HANSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 5 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 1 1927 to Jan 5 1928

that I last saw h alive on Jan 5 1928

and that death occurred on the date stated above, at 8:08 a m.

The CAUSE OF DEATH* was as follows: Coronary Thrombosis

Mitral Regurgitation

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary): Senile Arteriosclerosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Edward Kingsley M. D.

, 19 (Address) 800 N Mt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: Jan 9 1928

20 UNDERTAKER: John Ulrich

ADDRESS: 2008 Orleans

pec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29155

CERTIFICATE OF DEATH.

1001

E 29155

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 15 N 11 th ST. W 39 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Hankinson.

(a) RESIDENCE NO. 15 N 11th ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas Hankinson Sr.

DATE OF BIRTH (month, day, and year): Apr 7 - 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	8	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): England

10 NAME OF FATHER: Saml Walters

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

Informant: Thomas Hankinson Sr

(Address) 15 N 11th St.

Filed JAN 5 - 1928 H. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 4th 1928.

17

I HEREBY CERTIFY, That I attended deceased from Dec 2, 1927, to Jan 4, 1928,

that I last saw h[illegible] alive on Jan 4, 1928,

and that death occurred, on the date stated above, at 7:00 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary): Arterio Sclerosis

(duration) 1 yrs. [illegible] mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Caleb M. Athey, M. D.

Jan 5, 1928 (Address) 103 S. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn

DATE OF BURIAL: Jan 7 1928

20 UNDERTAKER: John Ullmt

ADDRESS: 1008 Orleans

Spec.—1-12-23—M&T—500 Bks.

E 29156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 ✓

E 29156

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. BALTIMORE CITY HOSPITALS ST. | 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Somers

(a) RESIDENCE NO. 719 S. Elwood Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married Widowed

6 If married, widowed, or divorced HUSBAND of or) WIFE of: Emilia Somers

DATE OF BIRTH (month, day, and year): March 10, 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	9	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Maryland.

10 NAME OF FATHER: John Summers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

Informant (Address): Records.

Filed JAN 6 1928 By C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/4/1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 2, 1928, to Jan 4, 1928

that I last saw him alive on Jan 4, 1928

and that death occurred, on the date stated above, at 1:00 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? General + Lab.

(Signed) C. Howard Boyd, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cemetery — DATE OF BURIAL: Jan 7, 1928

20 UNDERTAKER: Henry Sander & Sons Inc — ADDRESS: 1710 Fleet St.

Spec.—1-12-23—M&T—500 Blks.

E 29157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 29157

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) ST. 2-4 WARD) 100-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Matahen.

(a) RESIDENCE NO. 1627 Thames St ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed, or Divorced~~ (write the word): Baby

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) July 20. 1927

AGE: Years 0 Months 5 Days 15 If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Geo. Matahen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Spain

12 MAIDEN NAME OF MOTHER Dompepa Sofala

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Spain

Informant Ricardo

(Address) JOHNS HOPKINS HOSPITAL

Filed 1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 5 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan - 3 1928, to Jan - 5 1928, that I last saw him alive on Jan - 5 1928 and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia, broncho. bilateral

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Empyema, right

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hosp

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) J. L. Bennett, M. D.

Jan. 5 1928 (Address) John Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cem. DATE OF BURIAL: Jan 7. 1928

20 UNDERTAKER: H. Sander Sons ADDRESS: 1710 Pleasant St

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 29158

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 E 29158

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 611 Washington Blvd 2230 WARD)

2-FULL NAME S. Jane Konze

(a) RESIDENCE. No. 611 Washington Blvd. ST. WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 79 yrs. 3 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept. 7th 1848

7 AGE: Years 79 Months 3 Days 28 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

10 NAME OF FATHER: Louis Konze

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Reason

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Dorchester Co. Md

14 Informant: Mr. F. K. Fogle

(Address): Finksburg Md

JAN 6 - 1928

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 5th 1928

17 I HEREBY CERTIFY, That I attended deceased from April 8th, 1927, to Jan 5th, 1928.

that I last saw her alive on Jan. 5th, 1928.

and that death occurred, on the date stated above, at 10 30 A. m.

The CAUSE OF DEATH* was as follows:

Epithelioma of the vulva

abt 4
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): General exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Jennie F Browne M. D.

Jan 5, 1928 (Address) The Rochambeau Apts. 1 West Franklin St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Jan 7 1928

20 UNDERTAKER: Geo W Little — ADDRESS: 2700 Edmondson Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29159

CERTIFICATE OF DEATH.

13

E 29159

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1609 McCulloh St., 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill in No. 18.)

2-FULL NAME Roger Williams

(a) RESIDENCE NO. 1609 McCulloh St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 21 1926

7 AGE: Years 1 Months 7 Days 14 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.

(State or country)

PARENTS

10 NAME OF FATHER Robert Williams

11 BIRTHPLACE OF FATHER (city or town)

(State or country) N. C.

12 MAIDEN NAME OF MOTHER Annie Hicks

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) N. C.

14 Informant Annie Williams 1609 McCulloch St.

15 Filed 1928 C. P. JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 5, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ileo-Colitis

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(duration) yrs. mos. 3 ds.

(Signed) D. T. Hennessy M. D. (Coroner)

January 5, 1928 (Address) 2572 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — Date of Burial 1/6/ 1927

20 UNDERTAKER: Mrs. George H. Collard — ADDRESS 160 Druid Hill Ave

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29160

CERTIFICATE OF DEATH

38 E 29160

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 204 N. Ann St., 6-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Bowley

(a) RESIDENCE NO. 204 N. Ann St. 6 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: Cd

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Adeline Bowley

6 DATE OF BIRTH (month, day, and year): 1874

7 AGE: Years 53 Months — Days — IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Stevedore

(c) Name of employer: Longshoreman

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Richard Bowley

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Sarah Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Adeline Bowley 704 N. Ann St.

JAN 6 - 1928 C. HAMPSON JONES, M. D. Registrar

Per R.M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/4/ 1928

17 I HEREBY CERTIFY, That I attended deceased from 12/31/27 to 1/4/ 1928 that I last saw h alive on 1/4/ 1928 and that death occurred, on the date stated above, at 1.40a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (duration) 2d yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis (duration) yrs. 6 mos. ds.

(Heart hypertrophy)

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Edward Bowley M. D.

1/4/ 1928 (Address) 908 Shartz D.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: asbury cemetery — Date of Burial: Jan 7 1928

20 UNDERTAKER: Edward Borgan — ADDRESS 1631 orleans st

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29161

CERTIFICATE OF DEATH

129 E 29161

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 15 Hemlock Rd St. 27-43 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Mg. Grotzky

(a) RESIDENCE NO. 15 Hemlock Rd St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julius J Grotzky

6 DATE OF BIRTH (month, day, and year) Aug 13, 1864

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	63	4	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Gottlieb Kechner

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline Kumm

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant J. J. Grotzky

(Address) 15 Hemlock Rd Baltimore

15 Filed 6 1926 C. HAMILTON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5th 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 1st 1927 to Jan 5th 1928

that I last saw her alive on Jan 4th 1928

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic myocarditis and Chronic Parenchymatous nephritis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory & Clinical

(Signed) L. L. Gordy, M. D.

1-5, 1928 (Address) 428 Walford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge — Date of Burial Jan 7 1928

20 UNDERTAKER George J Smith — ADDRESS 531 Hollins

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29162

CERTIFICATE OF DEATH.

129 E 29162

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 700 N. Fulton Ave Ward 20-27)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME David Taylor.

(a) RESIDENCE NO. Home for the Aged of the M E Church Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓ ✓

6 DATE OF BIRTH (month, day, and year) Febry 2 - 1853

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	74	11	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Daird Taylor

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Martha Jamison

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Co. Md.

14 Informant Miss Etta Cuddy

(Address) Home for the Aged of the M E Church

FILED JAN 6 - 1928 C. HAMPSON JONES, M. D., Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Jany 5 - 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 30 1927 to Jany 5 1928, that I last saw him alive on Jany 4 1928, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis Chronic

(duration) 2 yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (Secondary) Gastro Enteritis

(duration) ✓ yrs. 2 mos. ✓ ds.

18 Where was disease contracted ✓

If not at place of death?

Did an operation precede death? No Date of ✓

Was there an autopsy? No.

What test confirmed diagnosis? Clinical methods

(Signed) George C. Shannon, M. D.

1/5 19 28 Address 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet Date of Burial Ja. 7 1928

20 UNDERTAKER George J. Smith ADDRESS 1532 Hollins St

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29163

CERTIFICATE OF DEATH

129 E 29163

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1521 Mt. Royal Ave. St. 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Brannan

(a) RESIDENCE NO. 1521 Mt. Royal Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. 0 mos. 22 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alva V. Brannan

6 DATE OF BIRTH (month, day, and year) Dec. 13, 1860

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	67	0	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Marine Engineer

(c) Name of employer B. C. & A.

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Thomas Brannan

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Eliza Kennedy

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Mrs. Alva Brannan

(Address) 1521 Mt. Royal Ave.

15 Filed JAN 6 - 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 4, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 2/27, 19 , to Jan 4/28, 19 , that I last saw him alive on Jan 3/28, 19 , and that death occurred, on the date stated above, at 9.35 P. m.

The CAUSE OF DEATH* was as follows:

Nephritis

(duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis + Postural Pneumonia

(duration) 1 yrs. 3 mos. ds.

18 Where was disease contracted —

If not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Henry B. Holt, M. D.

Jan 5 '28 (Address) 1703 Eight

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Green Mount Cemetery	Jan 7 1928

20 UNDERTAKER John F. Denny ADDRESS 715 Eight

Spec.—1-12-23—M&T—500 Bks.

E 29164 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29164

CERTIFICATE OF DEATH.

REGISTERED NO. 17-24 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1134 Dr. N. St. 17 WARD)

2-FULL NAME Chas Carroll

(a) RESIDENCE NO. 1134 Dr N. St WARD

(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Carroll

DATE OF BIRTH (month, day, and year) 7/21/80

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	5	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Paper Carrier

(b) General nature of industry, business, or establishment in which employed (or employer) News paper

(c) Name of employer Herald

BIRTHPLACE (city or town) (State or country) Howard Co. Md

10 NAME OF FATHER Chas H. Carroll

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Amanda Bowers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant (Address) Florence Snowden 1134 Dr N. Ave

Filed 1928 C. HALLETT JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/4/ 1928

17 I HEREBY CERTIFY That I attended deceased from Dec. 19 27 to Jan 3d 1928 that I last saw h alive on Jan 3d 1928 and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Heavy work

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Lee Ellis, M. D.

1928 (Address) 924 Mad. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 1-8 1928

20 UNDERTAKER Mrs George Holland

ADDRESS 1737 Druid Hill Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29165

CERTIFICATE OF DEATH.

129 E 29165

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital. 24-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arza J. Ward.

(a) RESIDENCE NO. 1718 Byrd St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, XXXXXXXXXXXX (HUSBAND of XXXXXXX) Susie E. Ward.

6 DATE OF BIRTH (month, day, and year) March 16, 1897.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	80	9	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Disabled Soldier.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Crisfield, Md.

(State or country)

PARENTS

10 NAME OF FATHER John A. Ward.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Lilly A. Lawson.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Susie E. Ward. (wife)
(Address) 1718 Byrd St.

15 Filed [illegible] G. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 8, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Nephritis, Uraemia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner)

1/5 1928 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 1718 Byrd St. Jany. 8, 1928.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Crisfield Md Date of Burial 1/6 1928

20 UNDERTAKER Margaret C. Flynn ADDRESS 142 22nd St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29166

CERTIFICATE OF DEATH.

17 E 29166

1-PLACE OF DEATH Colonial Hospital 15-S

REGISTERED NO.

City of BALTIMORE: (No. S. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elina Grampaoli

(a) RESIDENCE NO. 2803 Violet Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 30 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Grampoali

6 DATE OF BIRTH (month, day, and year): Sept 15th 1847

7 AGE — Years: 30 — Months: 3 — Days: 20 — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: —

9 BIRTHPLACE (city or town): Balto

(State or country)

PARENTS

10 NAME OF FATHER: Anthony Billi

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Italy

12 MAIDEN NAME OF MOTHER: Jenny Porta

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Italy

14 Informant: Joseph Grampaoli

(Address): 2803 Violet Ave

15 Filed 16-1928 By: Ralph C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 5, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to Her death on the date stated above.

The CAUSE OF DEATH* was as follows:

Suicide by multiple lacerations of body

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) (razor)

(duration) yrs. mos. ds.

(Signed) J. J. Hennessy M. D.

(Coroner)

Jan 6, 1928 (Address) 2572 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — Date of Burial: Jan 7th 1928

20 UNDERTAKER: Frank V. Lipsitz — ADDRESS: 2518 E Balto

Spec.—1-12-23—M&T—500 Bks.

E 29167

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101 E 29167

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital ST. 26-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nicholas Krepner

(a) RESIDENCE NO. 627 S. 18th ST., 26 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) July 1904

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	5		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Geo. Krepner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Margt. Sellmayer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

Informant Carrie Krepner sister in law

(Address) 627 S. 18th St.

1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/5/28 19

17

I HEREBY CERTIFY, That I attended deceased from 12/21/27, 19, to 1/5/28, 19,

that I last saw h[illegible] alive on 1/5/28, 19,

and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) cardiac dilation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) I. P. Thompson M. D.

19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cemetery	Jan 8th 1928
20 UNDERTAKER Kelly & Zeiler	ADDRESS 1008 W. Lafayette

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29168

CERTIFICATE OF DEATH.

E 29168

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 608 Annapolis Ave. ST. 25-32 WARD)

2-FULL NAME Mamie A. Lister

(a) RESIDENCE NO. 608 Annapolis Ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

6 If married, widowed, or divorced (Husband of) or) WIFE of Millard D. Lister

DATE OF BIRTH (month, day, and year) Sept 1 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	3	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Md.

10 NAME OF FATHER: John G. Upperman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Lettie A. Tracy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant: Millard D. Lister

(Address) 608 Annapolis Ave.

Filed 1928 C. HAMPSON JONES, M. D., Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 6, 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1928 to Jan 6, 1928

that I last saw h alive on Jan 6, 1928

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

CONTRIBUTORY (Secondary) Exhaustion (duration) yrs. mos 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. K. Campbell, M.D.

1/6, 1928 (Address) 1644 Harlem

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Marys Hampden — DATE OF BURIAL: Jan 7 1928

20 UNDERTAKER: Thanouth Son — ADDRESS: 3615 Edmondson Ave.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29169

CERTIFICATE OF DEATH.

1248 E 29169

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bally City Hospital St. 5-8 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Baidley or Boydley

(a) RESIDENCE NO. 1141 Mc Elderry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word)

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: married

DATE OF BIRTH (month, day, and year)

AGE: 50-?

Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Ohio

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant

(Address)

FILED 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1927, to Jan 4, 1928.

that I last saw him alive on Jan 4, 1928

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Acute Cholecystitis

(duration) Subacute mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) J. Blizzard M. D.

, 19 (Address) Bally City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: JAN 6 - 1928, 19

20 UNDERTAKER: Com'r Health.

ADDRESS

PER WM. F. WOODALL

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29170

CERTIFICATE OF DEATH.

38 E 29170

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 821 Vine St. 18-16 Ward)

2-FULL NAME Ethel Washington

(a) RESIDENCE NO. 821 Vine St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 10 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Negro

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Washington

6 DATE OF BIRTH (month, day, and year): Dec. 5, 1882

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	45	1	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va

PARENTS

10 NAME OF FATHER Dont know

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Ophelia Adams

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant (Address): Joseph Washington 821 Vine St

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-5 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 2 1928, to Jan 5, 1928, that I last saw her alive on Jan 4, 1928, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Aneurysm of Aorta

(duration) yrs. 6 mos. ? ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. McAfee M. D.

1-6, 1928 (Address) 1126 Druid Hill

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — Date of Burial: Jan 8 1928

20 UNDERTAKER: Jno. N. Johnson — ADDRESS 1234 Etting St.

Spec.—1-12-23—M&T—500 Bks.

29171

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

#9 E 29171

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2109 S. Clinton St. 46-36 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Herman Mack

(a) RESIDENCE NO. 2109 S Clinton ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4/+ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta W. Mack

DATE OF BIRTH (month, day, and year) April 22-/68

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	59	8	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Blacksmith (Gen'l)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Nicholas Mack

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Elliott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Augusta W. Mack

(Address) 2109 S. Clinton St.

1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 4 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 15, 1927, to 1/4, 1928

that I last saw h alive on 1/4, 1928

and that death occurred, on the date stated above, at 4.50 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate with Metastasis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

1/6, 1928 (Address) 2939 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cemetery — DATE OF BURIAL Jan 7 1928

20 UNDERTAKER George W. Zurhorst — ADDRESS 1737 E. Eager St

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29172 E 29172

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3955 CLOVERHILL RD. (Ward) 12-44

2-FULL NAME Wm CHARLES ~~CLEMM~~ POE JR

(a) RESIDENCE No. 3955 CLOVERHILL RD. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
MALE	WHITE	MARRIED

5a If married, widowed, or divorced HUSBAND of (or) WIFE of MARY RIDGELY POE

6 DATE OF BIRTH (month, day, and year) SEPT. 6 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	55	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work INSURANCE

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer ROYAL INS. CO.

9 BIRTHPLACE (city or town) (State or country) ARKANSAS

PARENTS

10 NAME OF FATHER Wm. CLEMM POE

11 BIRTHPLACE OF FATHER (city or town) FREDERICK (State or country) MD.

12 MAIDEN NAME OF MOTHER ELEANORA ROBERTSON

13 BIRTHPLACE OF MOTHER (city or town) (State or country) MISSISSIPPI

14 Informant CHASE RIDGELY (Address) W. SAR. 34 & ST. BALTIMORE

15 1928 Registrar C. HAMPSON JONES, M. D.

Par RFH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5th 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 4th, 1928, to Jan 5th 1928, that I last saw h[illegible] alive on Jan 4th 1928, and that death occurred, on the date stated above, at 8 00 a m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris.

(duration) yrs mos 2 ds.

CONTRIBUTORY (Secondary) Aortic Insufficiency & Sclerosis

(duration) many yrs mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Sign & Symptoms

(Signed) H. C. Chatard M. D.

Jan 5th 1928 (Address) 301 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem

DATE OF BURIAL 1-7-1928

20 UNDERTAKER Henry W. Jenkins & Sons Co.

ADDRESS Orchard & McCulloh

Spec—12-23-21—E.B.R.S.—400 Bks.

E 29173

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29173

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 843 Linden Ave St. 11-24 Ward)

Registered No. 61-0

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Joseph Bryant

(a) Residence No. 843 Linden Ave St., Ward.
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec. 22-1927

7-AGE. 13

..... yrs. — mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) Baltimore Md
(State or Country),

PARENTS.

10-NAME OF FATHER. Joseph Bryant

11-BIRTHPLACE OF FATHER (city or town). N. C.
(State or Country),

12-MAIDEN NAME OF MOTHER. Annie Wear

13-BIRTHPLACE OF MOTHER (city or town). Va.
(State or Country),

14-

(Informant) Joseph Bryant

(Address) 843 Linden Ave

15-

Filed 1928 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jany 5-1928

17- I HEREBY CERTIFY, That I attended deceased from Jany 5, 1928 to Jany 5, 1928 that I last saw him alive on Jany 5 1928 and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) — yrs. — mos. 14 ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. K. Pettelaion M. D.

, 19 (Address) 517 Hamilton Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Auburn Cem

DATE OF BURIAL. Jan 6th 1928

20-UNDERTAKER. Hunt Easton

ADDRESS 516 Dolphin

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29174

CERTIFICATE OF DEATH.

114 E 29174

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 606 Vincent St. 16-27 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Myers

(a) RESIDENCE NO. 606 Vincent St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male | 4 Color or Race: colored | 5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice Myers

6 DATE OF BIRTH (month, day, and year): About 1885

7 AGE: Years 43 | Months | Days | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: General

9 BIRTHPLACE (city or town): Md.

(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant: Alice Myers

(Address) 501 Bruce St.

15 Filed 1928 G. HAMPSON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 5, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

acute gastro - enteritis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) senile dilatation of heart

(duration) yrs. mos. ds.

(Signed) J. H. Hennessy M. D.

(Coroner)

Jan. 5, 1928 (Address) 2572 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem. Date of Burial Jan 6 - 1928

20 UNDERTAKER: Daniel Easters. ADDRESS 916 Ea ave

Spec.—1-12-23—M&T—500 Bks.

E 29175

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29175

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 1554 WARD)

REGISTERED NO. 117

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Chester Woodburn.

(a) RESIDENCE NO. 1800 Clifton Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 15 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Single

6 If married, widowed, or divorced HUSBAND of or) WIFE of —

DATE OF BIRTH (month, day, and year) July 11 - 1890.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
37		5	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Motorman

(b) General nature of industry, business, or establishment in which employed (or employer) United Railways.

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland.

10 NAME OF FATHER Benjamin Woodburn

11 BIRTHPLACE OF FATHER (city or town) (State or country) St Mary's Co Md

12 MAIDEN NAME OF MOTHER Agnes Evans.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Deale Md.

Informant Rita Woodburn

(Address) Solomons Island Md.

Filed 1928 G. HAMPSON JONES, M. D., Registrar

By —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6th 1928

17 I HEREBY CERTIFY, That I attended deceased from 1/2 , 1928 , to 1/6 , 1928

that I last saw h[illegible] alive on 1/6 , 1928

and that death occurred, on the date stated above, at 6 40 a.m. m.

The CAUSE OF DEATH* was as follows:

Appendicitis with Peritonitis.

~~Chronic Nephritis, Hypertension & Uremia.~~

1 2 days (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis - Hypertension

Unknown - (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 1/2/28

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H W Elson, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL/CREMATION OR REMOVAL Solomons M. E. County — DATE OF BURIAL Jan 8 1928.

20 UNDERTAKER Wm C. Miller & Son — ADDRESS 2329 Jeffer[illegible]

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

29176 ✓ E 29176

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4900 Edna ave (St.) 27-44 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Curtis G. Cotton

(a) RESIDENCE NO. 4900 Edna ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year) June 21-1927

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): City

10 NAME OF FATHER Curtis Cotton

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. C.

12 MAIDEN NAME OF MOTHER Anna E. Nugent

13 BIRTHPLACE OF MOTHER (city or town) (State or country): City

Informant (Address) Annie Nugent 4900 Edna St.

1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/4 1928

17 I HEREBY CERTIFY, That I attended deceased from 1/4, 1928, to 1/5, 1928.

that I last saw her alive on 1/4/28, 19

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(duration) yrs. 0 mos 1 ds.

CONTRIBUTORY (Secondary) Abnormality of Intestines

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) DS Gray, M. D.

19 (Address) 6777 Dunmore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Burn

DATE OF BURIAL: 1/7 1928

20 UNDERTAKER: J. J. Moran

ADDRESS 300 E Baltimore

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

E 29177

CERTIFICATE OF DEATH.

90 E 29177

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 401 Lyman Av St. 27-48 Ward)

2-FULL NAME John Seitz

(a) RESIDENCE NO. 401 Lyman Av St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov 3- 1891

7 AGE: Years 36 | Months 2 | Days 2 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer Self

9 BIRTHPLACE (city or town): Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER: Jacob M. Seitz

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Germany

12 MAIDEN NAME OF MOTHER: Wilhelmina Festag

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Germany

14 Informant: Sula Farley

(Address) 401 Lyman Ave

Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Jan 5. 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 28. 1927, to Jan 5 4 1928, that I last saw him alive on Jan 4 1928, and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Influenza & Cardiac dilation

(duration) ✓ yrs. ✓ mos. 8 ds.

CONTRIBUTORY (Secondary) Bronchiectasis & myocarditis

(duration) over 2 yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No What test confirmed diagnosis? Clinical Test

(Signed) Henry C. Olds, M. D.

Jan 5. 1928 (Address) 1203 N. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Presbyterian Grans

Date of Burial 1/7 1928

20 UNDERTAKER: Anderson Cook

ADDRESS 502 E Mon

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

29178

CERTIFICATE OF DEATH

179 E 29178

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No.) 1911 Wilhelm St. 20-28 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eduard A Cole

(a) RESIDENCE NO. 1911 Wilhelm St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 ~~Single, Married~~, Widowed, or ~~Divorced, (write the word)~~: Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ruth O Cole

6 DATE OF BIRTH (month, day, and year): Nov 25 1869

7 AGE: Years 58 Months 1 Days 10 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Grocerman

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): A. A. Co Md

PARENTS

10 NAME OF FATHER: William Cole

11 BIRTHPLACE OF FATHER (City or town) (State or country): A. A. Co Md

12 MAIDEN NAME OF MOTHER: Lucinda Warfield

13 BIRTHPLACE OF MOTHER (City or town) (State or country): A. A. Co Md

14 Informant: Edna M Russell (Address) 1911 Wilhelm

15 Filed 19 1928 C. HAMPSON JONES, M. D. Registrar

Mar RPB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 5 1928

17 I HEREBY CERTIFY, That I attended deceased from Jany 3, 1928, to Jany 5, 1928, that I last saw h. alive on Jany 4, 1928 and that death occurred, on the date stated above, at 4:30 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis 9 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency Mitral Stenosis (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Bartmkieffer, M. D.

1928 (Address) 2320 Mash. Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Date of Burial Jan 9 1928

20 UNDERTAKER: William Cole & Son ADDRESS Baltimore

Dec.—1-12-23—M&T—500 Bks.

29632
29179

HEALTH DEPARTMENT—CITY OF BALTIMORE 29179

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPT. ST. 1-9 WARD)

2-FULL NAME Dr. Harold J. Byron

(a) RESIDENCE NO. 1 2d Nat-Bank Bldg ST. WARD Connellsville Pa.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary L. Byron

DATE OF BIRTH (month, day, and year) May 5-1897

AGE Years	Months	Days	If LESS than 1 day, hrs or min.
30	7	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Mass-

10 NAME OF FATHER John Byron

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mass-

12 MAIDEN NAME OF MOTHER Mary Mc Mullin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant (Address) Friends - JOHNS HOPKINS HOSPT.

Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 28 1927 to Jan 6 1928

that I last saw him alive on Jan 6 1928

and that death occurred, on the date stated above, at 9 15 a m.

The CAUSE OF DEATH* was as follows:

Rheumatic Endocarditis & Myocarditis
13 yr. duration

Myocardial failure (duration) yrs. 2 mos 9 ds.

CONTRIBUTORY (Secondary) Rupture duodenal ulcer
(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? clinical

(Signed) C. Lindsay Kelly M. D.

1/6/ 1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Connellsville Pa — DATE OF BURIAL Jan 6 1928

20 UNDERTAKER Wm J Tuckner & Son — ADDRESS N. Pa

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

29180

CERTIFICATE OF DEATH.

101-001

E 29180

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1510 Carter St. 12-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucy C. Brown

(a) RESIDENCE NO. 1510 Carter St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: C

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William Brown

6 DATE OF BIRTH (month, day, and year): June 1848

7 AGE: Years 79 Months 7 Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Gloucester

(State or country): Virginia

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): unknown

14 Informant: Mrs Anna B Burke

(Address): 1721 Maryland Ave

1928 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 5 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 2 1928, to Jan 5 1928,

that I last saw her alive on Jan 5 1928,

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Bacteriol. Exam

(Signed) R. Gastell Thomsen M. D.

Jan 6. 1928 (Address) 1134 Dent Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery

Date of Burial: 1-7-1928

20 UNDERTAKER: Mrs Chas G. Bailey

ADDRESS: 1421 Jefferson St

Spec.-7-17-26—A Co.—200 Bks.

E 29181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 29181

1-PLACE OF DEATH Hopkins Apartments.

REGISTERED NO.

City of BALTIMORE: (No. St. Paul & 31st. Sts. St. 12-5D Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Katherine Shilling.

(a) RESIDENCE NO. St. Paul & 31st. Sts. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of David C. Shilling.

6 DATE OF BIRTH (month, day, and year) May 4th. 1867

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	60	8	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Hagerstown Md.

PARENTS

10 NAME OF FATHER William Schlotterbeck

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany.

14 Informant Mr. David C. Shilling,

(Address) St. Paul & 31st. Streets.

15 Filed - 1928 C. HAMPSON JONES, M. D. Registrar Per CRA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 January 6th. 1928.

17 I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1927, to Jan. 6, 1928, that I last saw h[illegible] alive on Jan 6, 1928, and that death occurred, on the date stated above, at 10:20 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage.

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Broncheal Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Obs. & Ex.

(Signed) Joseph D. Thomas, M. D.

, 19 28 (Address) 904 Cathedral St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — Date of Burial 1/9 19 28

20 UNDERTAKER Chas. R. Traud & Son — ADDRESS 1180 W. Mt. Royal Ave

Spec.–7-17-26—A Co.—200 Bks.

E 29182

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66 E 29182

1-PLACE OF DEATH

City of BALTIMORE: (No. 1140 Battery Ave St. 24-33 Ward)

REGISTERED NO.

2-FULL NAME James. E Shugars

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE NO. 1140 Battery Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): June 23 1892

7 AGE: Years 35 Months 6 Days 14

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Wm. D Shugars

11 BIRTHPLACE OF FATHER (City or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Margt Hawkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Mrs. E. Shugars

(Address): 1140 Battery Ave

15 Filed 1928

16 C. HAMPSON JONES, M. D. Registrar

By RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 6 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 5 1928 to Jan 6 1928 that I last saw h[illegible] alive on Jan 6 1928 and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

CONTRIBUTORY (Secondary) (duration) Acute Gastritis yrs. mos. 1 dy. ds.

(duration) yrs. mos. 2 wks. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C Mitchell M.D. M. D.

1/6 1928 (Address) 1279 Nelson N

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Adc Date of Burial 1-10 1928

20 UNDERTAKER: Hall & Hale ADDRESS 1158 West

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29183

CERTIFICATE OF DEATH.

188-003

E 29183

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Agnes Hosp 6-27 St. 25th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Doll

(a) RESIDENCE NO. 1009 Forest Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. 6 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 15/1920

7 AGE: Years 7 Months 9 Days 20 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Ch - School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Germany

(State or country)

PARENTS

10 NAME OF FATHER Hubert Doll

11 BIRTHPLACE OF FATHER (city or town) Germany

(State or country)

12 MAIDEN NAME OF MOTHER Katherine Rotarilos

13 BIRTHPLACE OF MOTHER (city or town) Germany

(State or country)

14 Informant (Address) Hubert Doll 1009 Forest Ave

15 Jan 6 1928 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5 1928

17 I HEREBY CERTIFY that I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Struck by Coal

(Duration) yrs. mos. ds.

(Signed) Jan 6 1928 Thos. Dr. Horton M. D.

(Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (Use other side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross A A Co Date of Burial: 1-7 1928

20 UNDERTAKER: E & B Hale ADDRESS: 115 E West St

Spec.—1-12-23—M&T—500 Bks.

29184 HEALTH DEPARTMENT—CITY OF BALTIMORE 29184

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2759 W. Fairmount Ave. Ward) 20-69

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert W. Krausch

(a) RESIDENCE NO. 2759 W. Fairmount Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Annie E. Krausch

DATE OF BIRTH (month, day, and year) Jan 6, 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Fireman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Wm. F. Krausch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Louise Spitzbarth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Annie E. Krausch

(Address) 2759 W. Fairmount Ave.

1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 1928

17 I HEREBY CERTIFY, That I attended deceased from October 1927 to Jan 6 1928

that I last saw him alive on Jan 5 1928

and that death occurred, on the date stated above, at 2.15 A m.

The CAUSE OF DEATH* was as follows: Endocarditis Mitral manifesting Chr Rheumatism

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis Phys Exam & Murmur

(Signed) Chas A Reaser M. D.

1/6 1928 (Address) 2105 N Bolton St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery — DATE OF BURIAL Jan 9 1928

20 UNDERTAKER J. A. Krausch Son — ADDRESS 203 Hanover

Spec.--1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29185

CERTIFICATE OF DEATH.

161 E 29185

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 701 Washington Blvd. WARD 21-29

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Lillian McGuire

(a) RESIDENCE NO. 701 Washington Blvd. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year): January 6th, 1928.

AGE: Years — Months — Days 1 — If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: David McGuire,

11 BIRTHPLACE OF FATHER (city or town) (State or country): Capetown Md.

12 MAIDEN NAME OF MOTHER: Linda Parsons

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant: Mr Louis McGuire

(Address) 701 Washington Blvd

1928 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 6th, 1928

17

I HEREBY CERTIFY, That I attended deceased from 12/, 1928, to 1/6/, 1928,

that I last saw her alive on 1/6, 1928

and that death occurred, on the date stated above, at 7.30 A. m.,

The CAUSE OF DEATH* was as follows:

Prematurity & Cong. atelectasis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Bernard J. Levy, M. D.

1/7, 1928 (Address) 910 W. Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem.

DATE OF BURIAL: 1/26/1928

UNDERTAKER: John J. Cowan & Son.

ADDRESS: 908 Holland St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29186

CERTIFICATE OF DEATH

E 29186

REGISTERED NO. 1179

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital ST. 24-35 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Minnie Elton.

(a) RESIDENCE NO. 1434 E. Fort Ave. Balt Md ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single.

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) July 14-1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	5	16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Chas. W. Elton

11 BIRTHPLACE OF FATHER (city or town) (State or country) City

12 MAIDEN NAME OF MOTHER [illegible] Ludwig

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa Pittsburgh.

Informant Minnie Elton

(Address) 1434 E. Fort Ave. City

Filed 1928 C. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-5 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 31, 1927, to Jan 5, 1928,

that I last saw her alive on Jan 5, 1928

and that death occurred, on the date stated above, at 12 30 A m.

The CAUSE OF DEATH* was as follows:

Perforated Appendix

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Acute dilatation of Heart (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1/4/28

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Augustine J. Von Schrick, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: Jan 9 1928

20 UNDERTAKER: Philip Herwig

ADDRESS 2016 Orleans st

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29187

CERTIFICATE OF DEATH.

90 E 29187

1-PLACE OF DEATH

City of BALTIMORE: (No. 5323 Hamilton Ave 27-55 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H. Lauber

(a) RESIDENCE NO. 5323 Hamilton Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 9/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lena Lauber

6 DATE OF BIRTH (month, day, and year): Nov 10 1847

7 AGE: Years 45 Months 9 Days 26 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Gardener

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER: John F. Lauber

11 BIRTHPLACE OF FATHER (city or town): Germany

(State or country)

12 MAIDEN NAME OF MOTHER: Mary Grebe

13 BIRTHPLACE OF MOTHER (city or town): Balto Md.

(State or country)

14 Informant: Mrs Lena Lauber

(Address) 5323 Hamilton Ave

Filed 1926 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/7/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry, and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Delerium Tremens

Heart

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) John H. Kennedy M. D.

(Coroner)

1/6, 1926 (Address) 7632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem Date of Burial 1/7/1926

20 UNDERTAKER: Phillips Henry ADDRESS 2206 Eutaw St

ec.—1-12-23—M&T—500 Blks.

29188

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 29188

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2612 Fleet ST., 1-3 WARD)

2-FULL NAME George F Bachmann

(a) RESIDENCE NO. 2612 Fleet ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Ena Weber

DATE OF BIRTH (month, day, and year) 1/17/1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	11	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker

(b) General nature of industry, business, or establishment in which employed (or employer) 005

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Don't know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Don't know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mrs Ena Bachmann

(Address) 2612 Fleet St

1928 C. HAMPSON JONES, M. D. Registrar

Per AHH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/5/1928

17 I HEREBY CERTIFY That I attended deceased from December 30th, 1927, to January 5th, 1928,

that I last saw h im alive on January 5th, 1928,

and that death occurred, on the date stated above, at 11 1/2 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wyn D. Perkins, M. D.

, 19 (Address) 1 West Franklin Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL Jan 9 1928

20 UNDERTAKER John Merrick

ADDRESS 2008 Aliceanna

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29189

CERTIFICATE OF DEATH.

90 E 29189

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2811 Eastern St., 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alonzo S. Kimble

(a) RESIDENCE NO. 2811 Eastern St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie G. Fitch.

6 DATE OF BIRTH (month, day, and year) July 2 1885

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	42	6	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country) James B Kimble

12 MAIDEN NAME OF MOTHER Baltimore

13 BIRTHPLACE OF MOTHER (City or town) Emma Wroten

(State or country) Baltimore

14 Informant Mrs Sadie G Kimble

(Address) 2811 Eastern Ave

Filed C. HAMPSON JONES, M. D.

1928 Jan 9 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5 1928

17 I HEREBY CERTIFY that I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

Chronic (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

Jaundice (duration) yrs. mos. ds.

1/31/28 (Signed) G E Yates M. D.

(Coroner)

(Address) 143 W Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem Date of Burial Jan 8 1928

20 UNDERTAKER John Ulrich ADDRESS 2008 Bleam

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29190

CERTIFICATE OF DEATH.

E 29190

REGISTERED NO. 185

1-PLACE OF DEATH

City of BALTIMORE: (No.) City Hospitals (St.) 6-10 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jos Hart

(a) RESIDENCE NO. 2619 Fairmount St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: Gertrude Sutton

6 DATE OF BIRTH (month, day, and year): March 9th 1868

7 AGE: Years 59 Months 9 Days 22 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Metal Worker

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Joseph Hart

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Carroll

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Chas Overbeck

(Address) 2336 E Fayette

15 Filed ..... 19 ..... C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6, 1928

17 I HEREBY CERTIFY that I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry find that said deceased came to his death (autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH was as follows:

Acc Fall down Stairway

Fracture of Skull

Bruises Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Jan 6 1928 (Signed) J C Slades M. D.

(Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem Date of Burial Jan 7 1928

20 UNDERTAKER John Ulrich ADDRESS 2008 Orleans

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

29191

99-901 E 29191

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1625 Barnes St., 7-13 Ward)

2-FULL NAME Frank Kucera

(a) RESIDENCE NO. 1625 Barnes St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? 46 yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Barbara Kucera

6 DATE OF BIRTH (month, day, and year): Not Known

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer): _____

(c) Name of employer _____

9 BIRTHPLACE (city or town) _____

(State or country) Bohemia

PARENTS

10 NAME OF FATHER John Kucera

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Bohemia

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Bohemia

14 Informant Next Kin

(Address) 705 N. Rutland Ave

Filed 1926 C. HAMPSON JONES, M. D.

Registrar

By _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 3 1926, to Jan 5 1926, that I last saw h.. alive on Jan 5 1926, and that death occurred, on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) _____ yrs. _____ mos. 2 ds.

CONTRIBUTORY (Secondary) _____

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Chas B. Reale, M. D.

Jan 7, 1926 (Address) 830 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial Jan 9 1926

20 UNDERTAKER: Funeral Director — ADDRESS 1900 Eastern Ave

Spec.—12-9-25—A Co.—200 Bks.

(Knice)

HEALTH DEPARTMENT—CITY OF BALTIMORE

29192

CERTIFICATE OF DEATH.

129 E 29192

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 536 Wellesley St. 20-70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barbia Knies

(a) RESIDENCE NO. 536 Wellesley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Widowed

6 DATE OF BIRTH (month, day, and year): Jan 14, 1842

7 AGE: Years 85 | Months 11 | Days 24 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town)

(State or country): Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Mrs. Theresa Pfeifer

(Address) 601 Edgewood St.

15 Filed ..... 19 .....

C. HAMPSON JONES, M. D.

Registrar

1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5 19 28

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 19 28 to Jan 5 19 28

that I last saw her alive on Jan 4 19 28

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Chr Interstitial Nephritis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Symptoms

(Signed) W. A Knies, M. D.

1/6, 1928 (Address) 4207 Frederick Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. Date of Burial: Jan 9 1928

20 UNDERTAKER: Chas. W. Dill. ADDRESS 3109 Frederick Ave

Spec.—12-9-25—A Co.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29193

CERTIFICATE OF DEATH.

90 E 29193

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No.) Sinai Hospital St. 13-54 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Lazarus

(a) RESIDENCE NO. 941 Brooks Lane St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jennie Lazarus

6 DATE OF BIRTH (month, day, and year): April 12, 1857

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	70	8	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired. 45

(b) General nature of industry, business, or establishment in which employed (or employer): Liquor Dealer

(c) Name of employer

9 BIRTHPLACE (city or town): Syracuse

(State or country) N. Y.

PARENTS

10 NAME OF FATHER: Max Lazarus

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Germany

12 MAIDEN NAME OF MOTHER: Cider Adler

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Germany

14 Informant: Mrs Moton Lazarus

(Address) 941 Brooks Ln

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 5 19 28

17 I HEREBY CERTIFY, That I attended deceased from Nov 7, 1927, to Jan 5, 1928, that I last saw him alive on Jan 5, 1928, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows: Chr. Nephritis

(duration) yrs. mos. 18 ds.

CONTRIBUTORY (Secondary): Cardiac failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 11/7/27.

Was there an autopsy? Prostatectomy

What test confirmed diagnosis? Clinical Signs.

(Signed) Philip Jacobson, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Charlottesville, Va. Date of Burial 1/8/1928

20 UNDERTAKER: Ward Sondheim ADDRESS 118-20 W. Mont Royal Ave

Spec.—1-12-23—M&T—500 Bks.

29194

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 29194

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 Greenmount Ave WARD) 10-15

2-FULL NAME George Ayers

(a) RESIDENCE NO. 912 Greenmount ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
m	c	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Sophie Ayers

7 DATE OF BIRTH (month, day, and year) —1864

8 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
64	63			

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer O+C

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Norfolk Va.

10 NAME OF FATHER George Ayers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

Informant Sophie Ayers

(Address) 912 Greenmount

Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 5 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1927, to Jan 5, 1928, that I last saw h— alive on Jan 5, 1928, and that death occurred, on the date stated above, at 10:15 m.

The CAUSE OF DEATH* was as follows:

Apoplexy - Hypostatic pneumonia

(duration) yrs. mos 16 ds.

CONTRIBUTORY (Secondary) Acute myocarditis & nephritis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exa

(Signed) W. A. Berry, M. D.

, 19 (Address) 1520 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rit calvary cem

20 UNDERTAKER Byrom & Knight

DATE OF BURIAL 1/7 1928

ADDRESS 1218 Mc Elderry St

Spec.—1-10-21—M&T—1500 Bks.

E 29195 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29195

CERTIFICATE OF DEATH

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1355 Under St. 24-35 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME August Klemmick

(a) RESIDENCE NO. 1355 Under St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred / yrs. / mos. / ds. How long in U. S., if of foreign birth? / yrs. / mos. / ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Pauline Renis.

6 DATE OF BIRTH (month, day, and year): Aug. 1, 1883.

7 AGE: Years 44; Months 5; Days 3; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shoeder

(b) General nature of Industry, business, or establishment in which employed (or employer): Shipwork

(c) Name of employer: Bath Steam Ship Co.

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

10 NAME OF FATHER: Fredrick Klemmick

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Henrietta Sauer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Pauline Klemmick

(Address) 1355 Under St

Filed JAN 7 1928 G. HAMILTON JONES, Registrar

By H. M. Bell

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 4 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1927, to Jan 4th 1928

that I last saw h[illegible] alive on Jan 4th, 1928

and that death occurred, on the date stated above, at 7.50 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) / yrs. mos ds.

CONTRIBUTORY (Secondary): Oedema of Lung

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

1928 (Address) 2202 N North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill.

DATE OF BURIAL: Jan 8 1928

20 UNDERTAKER: Chas. L. Stevens.

ADDRESS: 150 E Fort Ave

Cor.—12-9-25—A Co.—200 Bks.

E 29196

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 29196

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) City Hospital St. 5-8 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William McSutherland

(a) RESIDENCE NO. Lovering House St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of:

6 DATE OF BIRTH (month, day, and year): June 30 1856

7 AGE — Years: 71 Months: 6 Days: 6 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Market 86

(b) General nature of industry, business, or establishment in which employed (or employer): Helper

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto Md.

(State or country):

PARENTS

10 NAME OF FATHER: John Sutherland

11 BIRTHPLACE OF FATHER (city or town): Md.

(State or country):

12 MAIDEN NAME OF MOTHER: Mt Known

13 BIRTHPLACE OF MOTHER (city or town): Mt Known

(State or country):

14 Informant: Mrs B. Merriken

(Address):

Filed JAN 7 1928 HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 6 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest, autopsy or inquiry, find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:*

Mitral Stenosis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

(Signed) G. C. Hales M. D.

(Coroner)

(Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto cemetery — Date of Burial: Jan 7 1928

20 UNDERTAKER: W M Routson — ADDRESS: 230 N Green

ress.—1-12-23—M&T—500 Blks.

E 29197 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29197

90

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 S. Robinson ST., 1-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie E. Rafferty

(a) RESIDENCE No. 511 S. Robinson ST., 1 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 9 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of or) WIFE of James B. Rafferty

DATE OF BIRTH (month, day, and year) March 31st 1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	9	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework at home

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Anton Gotte.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Augusta Long

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant James B. Rafferty

(Address) 511 S. Robinson St.

Filed 1-7 1928 By R. Hall

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5th 1928

17

I HEREBY CERTIFY, That I attended deceased from Feb 1, 1927, to Jan 5, 1928,

that I last saw h alive on Jan 3, 1928

and that death occurred, on the date stated above, at 5 — a. m.

The CAUSE OF DEATH* was as follows:

Valvular Heart disease

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jacob Frohn M. D.

1/6, 1928 (Address) 1828 N. Broadway.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Balto. Cemetery

DATE OF BURIAL Jan. 9th 1928

20 UNDERTAKER Lilly & Zeller

ADDRESS 403 S. Wolfe St

Spec.-7-17-26—A Co.—200 Bks.

E 29198

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 E 29198

1-PLACE OF DEATH

REGISTERED NO. 1637

City of BALTIMORE: (No. 800 S. Fourth St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles C. Batchelor.

(a) RESIDENCE NO. 800 S. Fourth St. Ward 26

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. 2 mos. 15 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth K. Batchelor

6 DATE OF BIRTH (month, day, and year) Oct. 21st 1873

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	54	2	15	

8 OCCUPATION OF DECEASED retired Store Keeper 34

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer self

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER Wm N. Batchelor

11 BIRTHPLACE OF FATHER (City or town) Wilmington

(State or country) Del.

12 MAIDEN NAME OF MOTHER Sarah J. McCready

13 BIRTHPLACE OF MOTHER (city or town) Balto Md

(State or country)

14 Informant Elizabeth K. Batchelor

(Address) 800 S. Fourth St

15 Filed JAN 7 1928 C. HAMPSON JONES, M.D. Registrar

By H. Wood

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 6th 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 16 1927 to Jan 6 1928

that I last saw h[illegible] alive on Jan 6 1928

and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia - asphyxia & exhaustion

(duration) yrs. mos. 14 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] M. D.

1928 (Address) 1014 S. Allendale Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem. Date of Burial Jan 9th 1928

20 UNDERTAKER Lilly & Sons ADDRESS 1030 W. Lexington

Spec.—8-24-14—M. & T.—2000 Bks.

E 29199 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29199

CERTIFICATE OF DEATH. × 37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Children's Hosp School St. 13-57 Ward.)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dolores Johanna Gregor

(Residence in Baltimore: No. 103 Linhigh Ave. St.; 1 yrs., 6 mos. 21 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.) Single

6-DATE OF BIRTH, June (Month) 24 (Day), 1926 (Year)

7-AGE, 1 yrs. 6 mos. 14 da. 12

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland.

10-NAME OF FATHER, John Gregor.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Barnickel

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret C. Gregor

(Address) 103 Linhigh Ave.

15- JAN 7 - 1928

C. HAMPSON JONES, M.D.

(Signature) Attended.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 6 (Day), 1928 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 14 1927, to Jan 6, 1928, that I saw h[illegible] alive on Jan. 6, 1928, and that death occurred, on the date stated above, at 1:35 P.m.

The CAUSE OF DEATH* was as follows:

Tuberculous meningitis

(Duration) — yrs. — mos. 5 da.

CONTRIBUTORY (Secondary) Tuberculosis Left Knee

(Duration) — yrs. 6 mos. — da.

(Signed) [illegible] M. D.

Jan. 6, 1928 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 21 da. In the State — 1 yrs. 6 mos. 14 da.

Where was disease contracted, if not at place of death? Home.

Former or usual residence 103 Linhigh Ave.,

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart Cemetery DATE OF BURIAL, Jan. 1928

20-UNDERTAKER Lilly & Zeiler ADDRESS 4038 Moffat

Cor.—12-9-25—A Co—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

29200

CERTIFICATE OF DEATH.

188-081 E 29200

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: No. City Hospital St. 26-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Kaminski Or Romanski

(a) RESIDENCE NO. 1028 S Clinton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1894

7 AGE	Years	Months	Days	IF LESS than 1 day....hrs. or....min.
34	33			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 13 07

(b) General nature of industry, business, or establishment in which employed (or employer) Track Walker

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Cecilia Kaminski Or Romanski

(Address) 1028 S Clinton St

No. 1926 C. HAMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

R.R. Acc. (Steam)

Multiple Fractures

(Duration) yrs. Instant

CONTRIBUTORY (Secondary) Shock "

(Duration) yrs. ds.

(Signed) M. D.

(Corner) Jan 7/28 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem Date of Burial Jan 7 1928

20 UNDERTAKER John M Weber ADDRESS 1803 Bank

spec.—1-12-23—M&T—500 Bks.

E 29201

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29201

CERTIFICATE OF DEATH.

16

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 N. Belnord ST., 710 WARD)

2-FULL NAME Inf of John & Katherine Guthrie

(a) RESIDENCE NO. 605 N Belnord ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yr. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Jan 7 1928

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				7 hrs

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto
(State or country) Md

10 NAME OF FATHER John A Guthrie

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER Cooper

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

Informant John A Guthrie
(Address) 605 N Belnord

1928 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 6, 1928, to Jan 7, 1928,

that I last saw h alive on Jan 7, 1928

and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Subdural Hemorrhage
asphyxia Neonatorum

(duration) yrs. mos 7 hrs ds.

CONTRIBUTORY (Secondary) Malformed Dysteria

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm B Lemmon M. D.

1/7, 1928 (Address) 718 N Patterson Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL WM Loving

DATE OF BURIAL 1/7 1928

20 UNDERTAKER Phillips & Harris

ADDRESS Orleans

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29202

CERTIFICATE OF DEATH.

90 E 29202

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 Argyle Ave St. 17-24 WARD)

2-FULL NAME Sarah Bevans

(a) RESIDENCE NO. 918 Argyle Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Bevans

DATE OF BIRTH (month, day, and year) 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Ellen Smothers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Isaac C Bevans

(Address) 918 Argyle

Filed 1928 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1927, to Jan. 5, 1928, that I last saw her alive on Jan. 5, 1928 and that death occurred, on the date stated above, at 10.45 a.m.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) B M Rhett, M. D.

, 19 (Address) 2137 Druid Hill Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery — DATE OF BURIAL Jan 8, 1928

20 UNDERTAKER Mrs. Kate R. Williams — ADDRESS 322 N. Schroeder St

ec.—1-12-23—M&T—500 Bks.

E 29203 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29203

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 9-4 WARD)

2-FULL NAME John Rickenors

(a) RESIDENCE NO. Bayside, Long Island ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 weeks How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) March 12 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	68	9	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Publisher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Ohio

10 NAME OF FATHER David Rickenors

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ind —

12 MAIDEN NAME OF MOTHER Maria Jacks

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ohio

Informant Records

(Address)

Filed 1928 C. HAMPSON JONES, M. D., Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan - 6 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec - 19, 1927, to Jan - 6, 1928, that I last saw h. alive on Jan 6, 1928 and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of the liver

(duration) 1 (History) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & lab.

(Signed) W Lindsay Wilder, M. D.

1/6/1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Urbanna, Ohio	1/7 1928
20 UNDERTAKER Henry H. Mears & Sons	ADDRESS Mt. Calvert

Via Penn - Parkland - Escort - Wm. H. Johnson

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

29204

CERTIFICATE OF DEATH.

101-001 E 29204

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St. 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Harrell

(a) RESIDENCE NO. 842 Hampson ~t St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	col	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1901

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
27	26			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) N.C.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) "

12 MAIDEN NAME OF MOTHER Dollie ----

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) N.C.

14 Informant Hospital Records

(Address)

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia- Streptococcus Septicemia- Necrosis of Liver.

(Autopsy at "opkins Hospital)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Collins M. D.

(Coroner)

(Address) 508 E. North Ave

1/7/28

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harrellsville N.C. Date of Burial Jan 7 1928

UNDERTAKER Wm. J. Pickrell Son ADDRESS N. C. Pa.

Spec.—1-12-23—M&T—500 Blks.

29205

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E 29205

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2114 McCulloh (St.) 13-59 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jane L Ward.

(a) RESIDENCE NO. 2114 McCulloh ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	Col	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Dec 2 1927

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Richard T. Ward

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Pearl E Miles

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Pearl L Ward

(Address) 2114 McCulloh

1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/7 1928

17 I HEREBY CERTIFY, That I attended deceased from 1/7 1928 to 1/7 1928

that I last saw h alive on 1/7 1928

and that death occurred, on the date stated above, at 10 A m

The CAUSE OF DEATH* was as follows:

A. Enteritis

& Malnutrition

Rickets.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Bruce Cutter, M. D.

1/9 1928 (Address) 2732 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem. DATE OF BURIAL Jan 8 1928

20 UNDERTAKER Thomas E Chase & Son ADDRESS Woodlawn

Spec.—1-10-21—M&T—1500 Bks.

29206

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-001 E 29206

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1437 Hanover ST. 73-31 (WARD)

2-FULL NAME Fraud L. Middleman

(a) RESIDENCE NO. 1437 Hanover ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Minnie Medina

6 DATE OF BIRTH (month, day, and year): Aug 25 1861

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
66	4	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Conductor

(b) General nature of industry, business, or establishment in which employed (or employer): B & O R R

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Minnie Medina

(Address) 1437 Hanover St

15 Filed 8 1928 Registrar

C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/7" 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1928, to Jan 7" 1928.

that I last saw h[illegible] alive on 1/7 1928.

and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs mos 3 ds.

CONTRIBUTORY (Secondary) Nephritis (duration) yrs 7 mos 7 ds.

18 Where was disease contracted if not at place of death? Res Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Abel Bayliss, M. D.

, 19 (Address) 1340 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem — DATE OF BURIAL: Jan 10 1928

20 UNDERTAKER: C. Schumacher & Son — ADDRESS: 1039 Hanover

Spec.–7-17-26—A Co.—200 Bks.

E 29207 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29207

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Albion's Hotel St. 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Bannister Hall Jr

(a) RESIDENCE NO. Cathedral & Read St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, ~~widowed~~, or ~~divorced~~ HUSBAND of (or) ~~WIFE of~~ Annie Lawley Hall

6 DATE OF BIRTH (month, day, and year) March 14th 1865

7 AGE: Years 62 Months 10 Days 23 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer) 042

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John B. Hall

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Louisa L. Parke

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) U S A born

14 Informant Mrs S. McKim

(Address) Albion Hotel

15 Filed - 1928 C. HAMILTON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7th 1928

17 I, HEREBY CERTIFY, That I attended deceased from April 1927 to Jan 7th 1928, that I last saw h~~e~~ alive on Jan 7th 1928 and that death occurred, on the date stated above, at 5-12 a.m.

The CAUSE OF DEATH* was as follows:

Dilatation of the heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Pulmonary Edema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

(Address) 2 W Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery — Date of Burial Jan 9th 1928

20 UNDERTAKER Henry Hopkins & Son Co — ADDRESS [illegible]

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29208 E 29208

100-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1511 N. Pulaski St. 15-21 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leonard Hack

(a) RESIDENCE NO. 1511 N. Pulaski St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day and year) Sept. 12 th-1927

7 AGE Years 3 Months Days 26 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER Balto., Md.

11 BIRTHPLACE OF FATHER (city or town) Herman Hack

(State or country) Phila. Pa.

12 MAIDEN NAME OF MOTHER Frances Wise

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Phila. Pa.

14 Informant Herman Hack

(Address) 1511 N. Pulaski

Filed 1-8-1928 G. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 7 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) no other history

(duration) yrs. mos. ds.

(Signed) J. J. Hennessy M. D.

(Coroner)

1928 (Address) 2572 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the state ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mt. Carmel Date of Burial 1-8-1928

20 UNDERTAKER Jack Lewis ADDRESS 1439 E. Balto. St.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29209

CERTIFICATE OF DEATH.

94-001

E 29209

94-34

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1404 Williams ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Ellen Gray

(a) RESIDENCE No. 1404 Williams ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. H. Gray

7 DATE OF BIRTH (month, day, and year) Sept. 24, 1842

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	4 3	12 19	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Howard County

(State or country) Maryland

10 NAME OF FATHER James M. Harman

11 BIRTHPLACE OF FATHER (city or town) Howard Co.

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Catherine Fisher

13 BIRTHPLACE OF MOTHER (city or town) Howard Co.

(State or country) Maryland

Informant Mary S. Thompson

(Address) 1404 William St.

Filed 1928 C. HAMILTON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/6 19 28

17 I HEREBY CERTIFY, That I attended deceased from 12.28.27, 19 , to 1.6.28, 19 ,

that I last saw her alive on 1.6.28, 19

and that death occurred, on the date stated above, at 1.30 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) — yrs. — mos. 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical only

(Signed) Philip B. Fowler, M. D.

1.6.28 (Address) 1432 William St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 1/9 19 28

20 UNDERTAKER Joseph Cook

ADDRESS 1003 W. Baltimore st

Spec.—1-12-23—M&T—500 Bks.

E 29210

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 E 29210

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2209 N Calvert St 12-50 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary L Stritehoff

(a) RESIDENCE No. 2209 N Calvert ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of William A Stritehoff

DATE OF BIRTH (month, day, and year) Aug 13, 1837

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	11	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER John B Hoard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Peggy McConnehue

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant J. Russell Stritehoff (Address) 2209 N Calvert St

Filed , 19 THOMSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1921, to Jan 6, 1925, that I last saw h[er] alive on Jan 6, 1925, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Schirrhous Carcinoma of Vigina

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical symptoms

(Signed) Wm Pearce, M. D.

(Address) 8 W Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet DATE OF BURIAL Jan 9 1925

20 UNDERTAKER W. Cook ADDRESS 502 N Howard St

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29211

CERTIFICATE OF DEATH.

G° E 29211

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 2319 N. Calvert St. 17-50 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martin Luther Yeager

(a) RESIDENCE. No. 2319 N. Calvert St. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced — HUSBAND of — (or) WIFE of: Laura Virginia Yeager nee Buffington

6 DATE OF BIRTH (month, day, and year): Dec 2 1851

7 AGE: Years 76 | Months 1 | Days 5 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired 1 year

(b) General nature of industry, business, or establishment in which employed (or employer): Newspaper

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Bethlehem Pa

10 NAME OF FATHER: Nathan Yeager

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pennsylvania

12 MAIDEN NAME OF MOTHER: Mary Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

Informant (Address): Wife – Mrs L.V. Yeager 2319 N. Calvert St.

Filed 1-8 1928 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 7 1928

17 I HEREBY CERTIFY, That I attended deceased from — 1919 to Jan 7th 1928, that I last saw h[e] alive on Jan 6th 1928, and that death occurred, on the date stated above, at 2.10 p m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

(duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary): Myocardial Insufficiency

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Horace W. Byers M. D.

1/7 1928 (Address) Medical Arts Building

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: 1/9 1928

20 UNDERTAKER: William Cook — ADDRESS: 501 E North Ave

pec.—1-12-23—M&T—500 Blks.

29212

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 29212

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 916 N 10th St (St.) Aranguille (Ward) 26-37

2-FULL NAME Catherine Bandel

(a) RESIDENCE NO. 916 N 10th St (ST.) Aranguille (WARD)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6 If married, widowed, or divorced HUSBAND of or) WIFE of: George W Bandel

7 DATE OF BIRTH (month, day, and year): Oct 14 1853

8 AGE: Years 75 | Months 1 | Days 25 | If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Md

11 NAME OF FATHER: (Unk) Co

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Ann Lashbough

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant (Address): Mrs M C Bruegle 916 N 10th St

Filed 1-9-1928 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 6 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 18 1927 to Jan 6 1928.

that I last saw h[er] alive on Jan 6 1928.

and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Acute bronchitis acute

Dilatation of Heart (duration) yrs. 1 1/2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Lon Nichols, M. D.

Jan 7. 1928 (Address) 101 N Stricker

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount View, Howard Co — DATE OF BURIAL: Jan 9 1928

20 UNDERTAKER: J M Cole — ADDRESS: 502 E Madison

pec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29213

CERTIFICATE OF DEATH.

101-001 E 29213

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ST. 6-9 WARD)

2-FULL NAME William Dewall (Devall)

(a) RESIDENCE No. 1739 Gilmore St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Single

6 If married, widowed, or divorced HUSBAND of or) WIFE of Single

7 DATE OF BIRTH (month, day, and year) ?

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35			

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sawmill Worker

(b) General nature of industry, business, or establishment in which employed (or employer) O H 6

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Parkersburg W. Va.

10 NAME OF FATHER Stephen Dewall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Sauer ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. Va.

Informant (Address) Records.

Filed 1928, 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/7/ 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 3, 1928 to Jan 7, 1928

that I last saw him alive on Jan 7, 1928

and that death occurred, on the date stated above, at 7.10 A. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? General & Symptoms

(Signed) C. Holmes Bryce, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkersburg W. Va

DATE OF BURIAL Jan 9 1928

20 UNDERTAKER D. Tom Willis

ADDRESS 2008 Eutaw

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29214

CERTIFICATE OF DEATH.

74-001 E 29214

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 2060 Woodberry Ave ST. 13 WARD)

2-FULL NAME Virginia H. Shriner

(a) RESIDENCE NO. 2060 Woodberry Ave ST., 13 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Harvey C. Shriner

DATE OF BIRTH (month, day, and year) Sept. 7-1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	3	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Preble, Ohio

10 NAME OF FATHER Thomas K. Hessong

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Margaret Mullendy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

Informant Charles M. Burgee

(Address) 3600 Central Ave

Filed 1928, 19 Registrar

SENT TO NORTH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 6 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 8, 1927, to Jan 6, 1928, that I last saw h— alive on Jan 5, 1928, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Apoplexia).

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia.

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) R. B. Howard M. D.

(Address) 3543 Chesterfield Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL Jan. 9 1928.

20 UNDERTAKER Frank H. Burgee — ADDRESS 343 Falls Road

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29215 ✓ 45 E 29215

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No.) Calvert & Saratoga (St.) 4-7 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maude C. Fink

(a) RESIDENCE NO. Elkridge Md., ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of or) WIFE of: Wm. C. Fink

DATE OF BIRTH (month, day, and year): June 7. 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	6	30	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore, Md.

10 NAME OF FATHER: George H. Schafer.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Baltzer.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant: Wm. C. Fink

(Address) Elkridge Md.

Filed 1928 19 C. HANSON JONES, M.D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 6 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 30, 1927, to Jan 6, 1928.

that I last saw h(e) alive on Jan 6, 1928.

and that death occurred, on the date stated above, at 7 30 p.m.

The CAUSE OF DEATH* was as follows:

~~Carcinoma of Colon~~

Myocardial Failure & anemia

(duration) yrs. 9 mos 2 ds.

CONTRIBUTORY (Secondary) Carcinoma of Colon

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) J. Sheldon Eastland M. D.

, 19 (Address) 2736 N. Calvert St., Mercy Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

DATE OF BURIAL: Jan 9 19 28

20 UNDERTAKER: Harry H. Witzke

ADDRESS: 1521 Eutaw St.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29216

CERTIFICATE OF DEATH

129 E 29216

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 5218 Ormewbury Ave 27-56 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Agnes Webb

(a) RESIDENCE NO. 5218 Ormewbury Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Adam S. Webb

6 DATE OF BIRTH (month, day, and year) Nov 24 1867

7 AGE — Years: 60 — Months: 1 — Days: 14 — IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) St Marys County

(State or country)

PARENTS

10 NAME OF FATHER A Thompson.

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Mrs John Holtz

(Address) Hallethorpe Md

15 Filed 8 - 1928 19 G. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-7 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1926 to Jan 7 1928

that I last saw her alive on Jan 7 1928

and that death occurred, on the date stated above, at 4:35 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis with hypertension

Chronic Interstitial Nephritis

Chronic Myocarditis

(duration) ? yrs. mos. da.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 3 da.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Geo. R. Wisong, M. D.

, 19 (Address) 4000 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Point Md — Date of Burial Jan 9 1928

20 UNDERTAKER Harry H. Kitzke — ADDRESS 1531 W. Fountain St

Spec.—1-12-23—M&T—500 Blks.

E 29217

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 29217

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST. 4-17 WARD)

2-FULL NAME Belle R. Thomas

(a) RESIDENCE NO. Jarrettsville, Md. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Daniel Thomas

DATE OF BIRTH (month, day, and year): 1866

AGE: 61 Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Harford Co., Md.

10 NAME OF FATHER: Wm H Lynch.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Charlotte Barber

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant: Mrs Gipe Slade

(Address): Cooke, Md. R.F.D.

Filed 8-1928 C. HAMPSON JONES, M.D. Registrar

Pct

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/6/28 19

17 I HEREBY CERTIFY, That I attended deceased from 12/20/27, 19, to 1/6/28, 19, that I last saw her alive on 1/6/28, 19, and that death occurred, on the date stated above, at 6:05 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 9 yrs. mos ds.

CONTRIBUTORY (Secondary) cardiac dilatation

(duration) yrs. mos. 1½ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) I. E. Thompson, M. D.

, 19 (Address) St. Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Jarrettsville Md.

DATE OF BURIAL: Jan 9 1928

20 UNDERTAKER: Harry K. Wetzke

ADDRESS: 1531 Linden Ave

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29218 ✓ 90 E 29218

CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE: (No. 400 N. Fulton Ave St. 20-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary Olivia Hicks

(a) RESIDENCE NO. Home for the Aged of the M. E. Church St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Fifty ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John J. Hicks

6 DATE OF BIRTH (month, day, and year): Nov 8- 1850

7 AGE — Years: 77 Months: 1 Days: 30 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Henry Rigby.

11 BIRTHPLACE OF FATHER (City or town) (State or country): Annapolis Md

12 MAIDEN NAME OF MOTHER: Mary Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant: Miss. Etta Cuddy (Address) 402 N. Fulton Ave

15 Filed Jan 8 1928 19 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jany 7. 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 30. 1927 to Jany 7. 1928.

that I last saw her alive on Jany 6 1928.

and that death occurred, on the date stated above, at 7.15 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Congestion

(duration) ✓ yrs. ✓ mos. 15 ds.

CONTRIBUTORY (Secondary): Myocarditis

(duration) ✓ yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? No.

What test confirmed diagnosis? Clinical methods

(Signed) Geo. L. Shannon M. D.

1/8 1928 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — Date of Burial: Jan 9, 1928

20 UNDERTAKER: Geo. J. Smith — ADDRESS: 1532 Hollins St

Spec.—1-12-23—M&T—500 Bks.

E 29219

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 29219

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3527 Newland Ave St. 13-54 WARD)

2-FULL NAME Mrs Kate Eleanor Elvin

(a) RESIDENCE NO. 3527 Newland Ave ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred L. Elvin

DATE OF BIRTH (month, day, and year) December 1 1848

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	79	1	6.	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-Wife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER James Robert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Esther Prince

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant James D. Lee

(Address) 3552 Newland Road

Filed ..... 19 28 C. HAMPSON JONES, M. D. Registrar

By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 7 19 28

17 I HEREBY CERTIFY, That I attended deceased from December 29 19 28 to January 7 19 28

that I last saw her alive on January 7 19 28

and that death occurred, on the date stated above, at 11 9. m.

The CAUSE OF DEATH* was as follows: Acute Cardiac Dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis: Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? —

(Signed) John A. Young, M. D.

19 (Address) 470 W York Road.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL Jan 9th 1928

20 UNDERTAKER George J. Smith

ADDRESS 1302 Hollins St

Spec. - 1-10-21 - M&T - 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

29220 29220

CERTIFICATE OF DEATH.

101-01

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2604 Ellamont ST., 15-61 WARD)

2-FULL NAME Louise Bittel

(a) RESIDENCE NO. 2604 Ellamont ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Bittel

6 DATE OF BIRTH (month, day, and year): Oct 15 1867

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
60	2	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: Frank Muller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Marie Pfister

13 BIRTHPLACE OF MOTHER (city or town) (State or country): France

PARENTS

14 Informant: Margaret Osterhaus

(Address) 1501 Williams st

Filed 1-4-1928 HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 5th 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 29th, 1927, to Jan 5th 1928.

that I last saw h[illegible] alive on Jan 5th, 1928.

and that death occurred, on the date stated above, at 1-15 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frank J. Muller, M. D.

, 19 (Address) 2838 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cemetery

DATE OF BURIAL: Jan. 9 1928

20 UNDERTAKER: William G. Schaffer

ADDRESS: 1816 Monument

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29221

CERTIFICATE OF DEATH.

24-001 29229

E 29221

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 905 N. Broadway St. 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas H. Hogg

(a) RESIDENCE NO. 905 N. Broadway St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lucretia Hogg

6 DATE OF BIRTH (month, day, and year) Mar 6/1840

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	87	10	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Lisbon, Howard Co., Md.

PARENTS

10 NAME OF FATHER Thos. R. Hogg

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Howard Co., Md.

12 MAIDEN NAME OF MOTHER Annie Orem

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Howard Co., Md.

14 Informant Wm. H. Hogg

(Address) 905 N. Broadway

15 Filed 1926 19 C. HAMPSON JONES, M. D.

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Jan 6/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Cerebral Apoplexy.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Weems M. D.
(Coroner)

1/7/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the state.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL U. S. National Crm Date of Burial 1-9-1928

20 UNDERTAKER Robert Brooks & Son ADDRESS Calhoun & Hollins Sts

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29222

CERTIFICATE OF DEATH

E 29222
REGISTERED NO.

1-PLACE OF DEATH
CITY OF BALTIMORE. (No. St Agnes Hospital ST. 25-12 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Morris Levine

(a) RESIDENCE NO. 531 N. Center St ST. Cumberland Md WARD
(Usual place of abode)
(If non-resident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W.	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Taylor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Do not know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know

Informant Morris Levine
(Address) 531 N. Center St. Cumberland

Filed 8- 1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-8 1928

17 I HEREBY CERTIFY, That I attended deceased from 12-30, 1927, to 1-8, 1928,
that I last saw him alive on 1-8, 1928
and that death occurred, on the date stated above, at 9 45 A m.
The CAUSE OF DEATH* was as follows:
Carcinoma of Mouth
(duration) yrs. 2 mos ds.
CONTRIBUTORY (Secondary) Cerebral embolism
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of Jan. 7, 28
Was there an autopsy? No
What test confirmed diagnosis? Microscopic exam.
(Signed) Augustine P. Mc Schulz M. D.
19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Newyork N Y — DATE OF BURIAL Jan 8 1928

20 UNDERTAKER Robert Brookson — ADDRESS Calhoun Hollins N

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

29223

E 29223

CERTIFICATE OF DEATH

E 29223

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 4416 Groveland Ave St. Ward 23)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Johanna C. Krager

(a) RESIDENCE NO. 4416 Groveland Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Krager

6 DATE OF BIRTH (month, day, and year) Jan 26 - 1878

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	49	11	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER James Cooley

11 BIRTHPLACE OF FATHER (City or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Pauline Schwind

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant John H. Krager (Address) 4416 Groveland Ave

15 Filed 19 G. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5 - 1928

17 I HEREBY CERTIFY, That I attended deceased from July, 1927, to Jan 5, 1928, that I last saw h[illegible] alive on Jan 5, 1928, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Probable Mallatia

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Intestinal Influenza

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) A. C. Samuels, M. D.

Jan 7, 1928 (Address) 430 E Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery — Date of Burial 1/9 1928

20 UNDERTAKER Chas R. Wade & Son — ADDRESS 1181 W Royal Ave

Spec.-1-10-21-M&T-1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29224

CERTIFICATE OF DEATH.

E 29224

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 804 Madison Ave St. 11-24 WARD) 101

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and numbers)

2-FULL NAME Claudia M. Cleland

(a) RESIDENCE NO. 804 Madison Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): 1868

7 AGE: Years: about 60 years; Months; Days; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stenographer

(b) General nature of Industry, business, or establishment in which employed (or employer): U.S. Govt. 009

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

10 NAME OF FATHER: Thomas Cleland

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Josephine Hodges

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

Informant: Estelle Lauretta Rivis

(Address) 1154 Madison Ave Baltimore Md

JAN 8 - 1928

H. [illegible] JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 7 1928

17 I HEREBY CERTIFY That I attended deceased from January 6 1928 to January 7 1928

that I last saw h[illegible] alive on January 7 1928

and that death occurred, on the date stated above, at 8.40 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary): Uremia & Dyspepsia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edgar J. Perkins M. D.

Jan 8. 1928 (Address) 1 West Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Suffolk Va DATE OF BURIAL: Jan 9 1928

20 UNDERTAKER: Chas. E. Pound ADDRESS: 802 Madison Ave

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

10-001

E 29225

CERTIFICATE OF DEATH

E 29225

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 437 Bloom St. Ward 11-20)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth M. Carter

(a) RESIDENCE NO. 437 Bloom St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 31 - 1925

7 AGE: Years 2 Months 9 Days 7

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Florence Carter

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Minnie Blackston

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Minnie Carter

(Address) 437 Bloom St.

15 Filed JAN 9 - 1928 19 HARRISON JONES M.D. Registrar

Per Klopf

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7th 19 28

17 I HEREBY CERTIFY, That I attended deceased from Jan 6 1928 to Jan 7th 1928

that I last saw her alive on Jan 6th 1928

and that death occurred, on the date stated above, at 7.30 A. m.

The CAUSE OF DEATH* was as follows:

Laryngeal Diphtheria

(duration) yrs. mos 3 da.

CONTRIBUTORY (Secondary) Not known

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Not known.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry F. Brown M. D.

(Address) 1916 Penna ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

Date of Burial 1 19 28

20 UNDERTAKER Samuel Hinckley

ADDRESS 1[illegible]

pec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29226

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

122-001

E 29226

REGISTERED NO.

CITY OF BALTIMORE: (No.) 632 W Fiddler ST. 17-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis T. Griffin

(a) RESIDENCE NO. 632 W Fiddler ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Blk	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Lizzie Griffin

DATE OF BIRTH (month, day, and year) 3/26/1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	—	9	1

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Woman

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Wm Griffin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co Md

12 MAIDEN NAME OF MOTHER Henrietta Bowser

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co Md

Informant Miller Griffin

(Address) 632 W Fiddler

Rec'd JAN 9 - 1928

FRANKLIN JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/6 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1926, to Jany 6, 1928, that I last saw him alive on Jany 5, 1928, and that death occurred, on the date stated above, at 9 15A m.

The CAUSE OF DEATH* was as follows:

Atrophic Cirrhosis Liver

(duration) yrs. 17 mos. 22

CONTRIBUTORY (Secondary) Anasarca

(duration) yrs. 3 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Gustav Kohlman M. D.

1/6 1928 (Address) 656 W Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 1/9 1928

UNDERTAKER Samuel L Hamilton

ADDRESS 578 W Fiddler

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 29227

11-002

E 29227

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1747 Gorsuch Ave St. 9-46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Shue

(a) RESIDENCE NO. 1747 Gorsuch Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Adolph R. Shue

6 DATE OF BIRTH (month, day, and year): August 4 1844

7 AGE: Years 83 Months 5 Days 4 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Germany

(State or country)

PARENTS

10 NAME OF FATHER: John C. Lerger

11 BIRTHPLACE OF FATHER (City or town): Germany.

(State or country)

12 MAIDEN NAME OF MOTHER: Anna E. Martin

13 BIRTHPLACE OF MOTHER (city or town): Germany

(State or country)

14 Informant: Mrs Wilhelmina Shue

(Address) 1747 Gorsuch Ave

15 Filed 19 Registered

H. LINDSAY JONES, M. D.

JAN 9 - 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 8 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1928, to Jan 8, 1928, that I last saw h- alive on Jan 7, 1928, and that death occurred, on the date stated above, at 7:30 A m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) LaGrippe

(duration) yrs. mos. 16 ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas. Greenebaum M. D.

Jan 8 19 28 (Address) 1933 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — Date of Burial: Jan. 11 1928

20 UNDERTAKER: Henry Hoen & Son — ADDRESS: 1501 E Eager St

Spec.—1-12-23—M&T—500 Bks.

10678 E 29228

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

71-001

E 29228

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 10-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Serge Hansen

(a) RESIDENCE NO. 037 Somerset ST. WARD City

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word):

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 5-18-27

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		7	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ga -

10 NAME OF FATHER Wm Hansen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md -

12 MAIDEN NAME OF MOTHER Senia Hansen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ga -

Informant Records -

(Address) JOHNS HOPKINS HOSPITAL

Filed JAN 9 - 1928 HARRY J. JONES, M.

By Robt Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec - 24, 1927, to Jan - 7, 1928, that I last saw him alive on Jan 7, 1928 and that death occurred, on the date stated above, at 4 30 P m.

The CAUSE OF DEATH* was as follows:

Meningitis, cholecystitis, mucolain

(Meningitis, streptococcus)

(duration) yrs — mos 10 ds

CONTRIBUTORY (Secondary) Pneumonia, Streptococcus Bronchus

(duration) — yrs — mos. 3 ds.

18 Where was disease contracted if not at place of death? Home abandoned

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) S. C. Goodwin, M. D.

1/8, 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery

DATE OF BURIAL 1/9 1928

20 UNDERTAKER Henry Koch

ADDRESS 1301 E Eager

...e.-7-17-26—A Co.—200 Blks.

E 29229

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001

E 29229 REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 4317 Groveland Ave St. 28-23)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Robert Shoemaker

(a) RESIDENCE NO. 4317 Groveland ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 7 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): January 1st 1928

7 AGE Years Months Days 6 7

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER H. E. H. Shoemaker

11 BIRTHPLACE OF FATHER (City or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Elizabeth A. Lessig

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Wm. H. E. W. Shoemaker

(Address) 4317 Groveland ave.

15 Filed 1928 Harrison Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 7 19 28

17 I HEREBY CERTIFY, That I attended deceased from January 1st 19 28 to Jan 7th 19 28

that I last saw h alive on January 7th 19 28

and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

1 Bronchial Pneumonia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Cirrhosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis

(Signed) H. Elmer M. D.

19 28 (Address) 1501 E. Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem. Date of Burial 1/9 19 28

20 UNDERTAKER: Henry Hoeke & Son ADDRESS 1310 E. Eager

Cor.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29230

CERTIFICATE OF DEATH.

E 29230

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Bankerts Park near 26th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Wurm

(a) RESIDENCE NO. Bankerts Park near Caton Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or race: White

5 Single, Married, Widowed, or Divorced (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 9th 1846

7 AGE: Years 81 Months 6 Days 27 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED:
(a) Trade, profession or particular kind of work: Retired Gdr
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town): Germany
(State or country)

PARENTS

10 NAME OF FATHER: Joseph Wurm

11 BIRTHPLACE OF FATHER (city or town)
(State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country): Germany

14 Informant: Anna Bankart
(Address): Bankerts Park

15 Filed JAN 9 - 1928 C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 6th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by Inquest (Inquest, autopsy or inquiry) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) at once yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Chas. B. Horton M. D.
(Coroner)

Jan 9th, 1928 (Address) Curtis Bay

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional items.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem. Date of Burial: Jan 9th 1928.

20 UNDERTAKER: Charles H. Dill ADDRESS 3109 Frederick Ave.

pec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29231

CERTIFICATE OF DEATH.

103 ✓

E 29231

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2842 Huntingdon St., 12-51 WARD)

2-FULL NAME Mary S Henry

(a) RESIDENCE NO. 2842 Huntingdon ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	W	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Geo L Henry

DATE OF BIRTH (month, day, and year) Nov 1, 1841

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	86	2	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Pa.

10 NAME OF FATHER Adam Kroh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Shaffer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

Informant Charles P Henry

(Address) 2842 Huntingdon

Filed Jan 12 1928

H. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9 1928

17

I HEREBY CERTIFY, That I attended deceased from June, 1927, to Jan 8, 1928,

that I last saw h— alive on Jan 8, 1928,

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Senile Dementia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) C. B. Norman, M. D.

Jan, 19 28 (Address) 2142 Eastwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Stella Cemetery Pa.

DATE OF BURIAL Jan 11 1928

20 UNDERTAKER W M Routson

ADDRESS 2238 N Mott

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29232

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 29232

REGISTERED NO.

City of BALTIMORE: (No.) Maryland Avenue Ward 14 Sep

2-FULL NAME Frank M. Bunch

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(a) RESIDENCE NO. 243 Harlem Ave. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 Color or Race White

5 Single, Married, Widowed, or Divorced, (write the word) Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eva G. Bunch

6 DATE OF BIRTH (month, day, and year) ?

7 AGE Years about 59 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sales Mgr

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer The Dumpser & Valkyer Co.

9 BIRTHPLACE (city or town) Peoria

(State or country) Ill

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER ? Flannigan

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mrs Wm Fessler

(Address) 3618 Yolanda Road.

15 Filed Jan 9 1928 C. HAMILTON JONES M. D. Registrar

Per R.L.H.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.)

and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) no history

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy D. (Coroner)

Jan. 9, 1928 (Address) 257 E. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. Date of Burial Jan 9 1928

20 UNDERTAKER W. Pickrell Sons ADDRESS North Ave

Cor.—12-9-25—A Co.—200 Bks.

E 29233

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29233

CERTIFICATE OF DEATH.

185

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospitals 6-11 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William R. Milford

(a) RESIDENCE NO. 149 N. Linwood Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Florence R. Milford

6 DATE OF BIRTH (month, day, and year): June 19 - 1865

7 AGE: Years 62 Months 6 Days 17 IF LESS than 1 day.....hrs. or.....min. 16

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Insurance

(b) General nature of industry, business, or establishment in which employed (or employer): 07

(c) Name of employer: Ld. Order of Foresters

9 BIRTHPLACE (city or town): Cumberland Md.

(State or country)

10 NAME OF FATHER: John Milford

11 BIRTHPLACE OF FATHER (city or town):

(State or country)

12 MAIDEN NAME OF MOTHER: Sallie Burton

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): England

14 Informant: Mrs. Florence R. Milford

(Address) 149 N. Linwood Ave

Filed 1928 C. HANSON JONES, M. D.

Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 5 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry find that said deceased came to death (by inquest, autopsy or inquiry) on the day stated above.

The CAUSE OF DEATH was as follows:

*ACC Fall

Fracture of Skull

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Shock

(Duration) yrs. mos. ds.

Jan 7/28 (Signed) Geo. Clinton Bladed (Coroner)

(Address) 1436 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem

Date of Burial Jan 9 1928

UNDERTAKER: Wm J Tickner Sons

ADDRESS N. Pa

ec.—1-12-23—M&T—500 Bks.

29234

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29234

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (NO. 4000 Guyumdale ST. 28-6 WARD)

2-FULL NAME John Joseph Hubner

(a) RESIDENCE NO. 4000 Guyumdale ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 83 yrs. 8 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C Hubner

DATE OF BIRTH (month, day, and year) Apr 29-1844

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	8	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER George Hubner

11 BIRTHPLACE OF FATHER (city or town) Saxe Coburg (State or country) Germany

12 MAIDEN NAME OF MOTHER Agnes Grandchamp

13 BIRTHPLACE OF MOTHER (city or town) Zürich (State or country) Switzerland

Informant Mrs Edw Hubner (Address) 4000 Guyumdale

Filed ... 192... Registrar ...

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7 1928

17 I HEREBY CERTIFY, That I attended deceased from 11-28 1927 to 1-7 1928.

that I last saw h[illegible] alive on 1-7 1928

and that death occurred, on the date stated above, at 1.00 A m.

The CAUSE OF DEATH* was as follows:

Interstitial nephritis

(duration) 3-4 yrs. ? mos ds.

CONTRIBUTORY (Secondary) Cardiac asthenia, arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Geo J Neufeld M. D.

1928 (Address) 3902 Groveland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Jan 9 1928

20 UNDERTAKER W. J. Truscott Son — ADDRESS Norfolk

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29235

CERTIFICATE OF DEATH.

45 E 29235

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Hebrew Home for Aged Infirm

CITY OF BALTIMORE: (No. 2102 E. Balto St. 6-10 WARD)

2-FULL NAME Sarah Manowitz

(a) RESIDENCE No. 2102 E. Balto St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. 2 mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Manowitz

DATE OF BIRTH (month, day, and year) 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Antonow

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Antonow

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Jack Lewis

(Address) 1432 E. Balto St

JAN 9 - 1928 Registered

Chf

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8 1928

17 I HEREBY CERTIFY, That I attended deceased from June, 1926, to Jan 7, 1928, that I last saw h[illegible] alive on Jan 7, 1928, and that death occurred, on the date stated above, at 10:30 a m.

The CAUSE OF DEATH* was as follows:

Contusion of intestines

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) 1810 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — DATE OF BURIAL 1/9 1928

20 UNDERTAKER Jack Lewis — ADDRESS 1432 E. Balto St

Spec.—1-12-23—M&T—500 Blks.

Mildred B Latta ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE E 29236

29236

CERTIFICATE OF DEATH.

1 101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hosp (Street) 12-44 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Thomas H Bartlett Latta

(a) RESIDENCE NO. Wynnewood Road WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced (HUSBAND of) (or) WIFE of Mr Thomas Latta

DATE OF BIRTH (month, day, and year) May 24th 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	7	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER John F Bartlett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Gibson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant Dr Porter

(Address) Roland Park

Filed 1-8-1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/9 1928

17 I HEREBY CERTIFY, That I attended deceased from 12-30, 1927, to 1-9, 1928, that I last saw her alive on 1-9, 1928, and that death occurred, on the date stated above, at 6:10 P m.

The CAUSE OF DEATH* was as follows:

Lobar-Pneumonia (Streptococcus)

(duration) yrs. mos 1 2 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Balto Md.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank R. Morris, M. D.

1/9, 1928 (Address) Union Mem. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether (Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Pk	Jan 7 1928
20 UNDERTAKER	ADDRESS
Frank H Kelly Co	2 W Mt Royal Ave

Spec.—12-9-25—A Co.—200 Bks.

Hepp

29237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 29237

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1841 Hanover St., 23 Ward) 37

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Adam W. Hepp

(a) RESIDENCE NO. 1841 Hanover St. 23 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida Hepp

6 DATE OF BIRTH (month, day, and year): Feb 9 1862

7 AGE: Years 65 Months 10 Days 28 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Glass Cutter

(b) General nature of industry, business, or establishment in which employed (or employer): Pittsburg Glass Co

(c) Name of employer

9 BIRTHPLACE (city or town): Md

(State or country) Md

PARENTS

10 NAME OF FATHER: Don't Know

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Husband

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: Mrs Ida Hepp

(Address): 1841 Hanover St

Filed JAN 9 - 1928 HAMILTON JONES, M. D.

Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1928

17

I HEREBY CERTIFY, That I attended deceased from May 6, 1927, to Jan 7, 1928

that I last saw h.. alive on Jan 6, 1928

and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ..... yrs. 8 mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. H. Campbell M. D.

Jan 7, 1928 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Peter Hill Cemetery Date of Burial Jan 10 1928

20 UNDERTAKER: Knell & Son ADDRESS: 917 Wash Blvd

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29238

CERTIFICATE OF DEATH.

31 E 29238

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1606 St. Paul ST. 12-19 WARD)

2-FULL NAME Ira Cator

(a) RESIDENCE NO. 1606 St. Paul ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

6 If married, widowed, or divorced HUSBAND of or) WIFE of —

DATE OF BIRTH (month, day, and year) Nov. 26-1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	1	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Superintendent

(b) General nature of industry, business, or establishment in which employed (or employer) Great American Ins Co

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER I. D. Kadin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sonia S. Dorfan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant B. Kadin

(Address) 2306 Eutaw Pl.

Filed 1-9-1928 HAMILTON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1927, to Jan 8, 1928, that I last saw him alive on Jan 8, 1928, and that death occurred, on the date stated above, at 8 20 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Bronchio pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? during usual life

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) B. Kadin, M. D.

1/9, 1928 (Address) 2306 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mehren Friendship Cem DATE OF BURIAL 1/10 1928

20 UNDERTAKER Jack Levin ADDRESS 1439 Bank St

Spec.—1-12-23—M&T—500 Bks.

E 29239

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29239

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3922 Boarman ave (St.) 15-63 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca Hirschowitz

(a) RESIDENCE No. 3922 Boarman ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? 39 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Hirschowitz

6 DATE OF BIRTH (month, day, and year): 1877

7 AGE — Years: 51 — Months: — — Days: — — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

10 NAME OF FATHER: Dand Caplan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Joseph Hirschowitz 3922 Boarman ave

Filed JAN 9 - 1928 Registrar H. Jones M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 8 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 4, 1927, to January 8, 1928, that I last saw her alive on January 8 8:30 P.M., and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:

Partial obstruction of common duct
Diabetes Mellitus

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary): Secondary Biliary Cirrhosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of

Was there an autopsy? no

What test confirmed diagnosis? operation + laboratory

(Signed) Frank Levinson, M. D.

1/8, 1928 (Address) 2305 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Hebrew Rem

DATE OF BURIAL: 1/9 1928

20 UNDERTAKER: Jack Lewis

ADDRESS: 439 Fallsway

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29240

CERTIFICATE OF DEATH.

E 29240
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 E. Payson ST. 20-28 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Marguerite Busby

(a) RESIDENCE NO. 108 E. Payson ST. ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W.	Widowed

If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of James Busby

DATE OF BIRTH (month, day, and year) Mar-25-1855

AGE Years	Months	Days	If LESS than 1 day, hrs or min.
72	9	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeping

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER John A Bowers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Annie L Bacon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant John A Bowers Jr
(Address) 108 E Payson

Filed 1-9-1928 C. HAMPSON JONES, M. D.
Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 — 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1927, to Jan 5, 1928, that I last saw her alive on Jan 6, 1928 and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Breast.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) O Keller Hemming M.D.

1/7, 1928 (Address) 2000 Holland St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	Jan. 9 1928

20 UNDERTAKER George L. Schwab ADDRESS 1101 Bank St.

Spec.—1-10-21—M&T—1500 Bks.

E 29241

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 29241

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1622 Edmondson ST. 16-27 WARD)

2-FULL NAME Anna Margaret Fissel

(a) RESIDENCE NO. 1622 Edmondson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: William Fissel

6 DATE OF BIRTH (month, day, and year): Mar 8, 1848

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
79	9	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: John Ammen Lauer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Schaefer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Geo Cordrey

(Address) 1622 Edmondson Ave

15 Filed 1928, 19 C. HAMPSON JONES, M. D. Registrar

Per Ralph

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 7 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 3, 1928, to Jan 7, 1928, that I last saw h[illegible] alive on Jan 7, 1928, and that death occurred, on the date stated above, at 6.35 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) 2 yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Asthenia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) [illegible] M. D.

(Address) 1622 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Jan 10 1928

20 UNDERTAKER: George L. Ashwell — ADDRESS: 210 Fulton Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29242

CERTIFICATE OF DEATH.

E 29242
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. ~~108 So. Wilkens~~ St. Agnes Hospital St) (Ward) 7269

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert A Forell

(a) RESIDENCE NO. 108 So. Wilkens St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 Color or Race White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 16 1901

7 AGE Years 26 Months 3 Days 27

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore,

(State or country)

PARENTS

10 NAME OF FATHER G. Frederic Forell

11 BIRTHPLACE OF FATHER (city or town) Germany

(State or country)

12 MAIDEN NAME OF MOTHER Louise Specht

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant G. F. Forell

(Address) 108 So. Wilkens St

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7 1929

17 I HEREBY CERTIFY that I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest

(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Encephalitis

(duration) Unknown

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Theo. B. Morton M. D.

(Coroner)

Jan 8 1929 (Address) Curtis Bay, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See Instructions under "Deaths by Violence" on page 3.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the state yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery Date of Burial 1/9/29

20 UNDERTAKER Geo Leimbach & Son Address 5344 W. Lyndhurst Ave

Per

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29243

CERTIFICATE OF DEATH.

129 ✓

E 29243
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 715-Eator ave St., 9-18 (Ward)

2-FULL NAME Mary A Grady

(a) RESIDENCE NO. 801-22nd St E. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? 50 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Grady

6 DATE OF BIRTH (month, day, and year) aug 2 1847

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	76	✓	✓	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Ireland
(State or country)

PARENTS

10 NAME OF FATHER Thomas Fallon

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Kelly

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Rebecca Grady
(Address) 801 E. 22nd St.

15 Filed ... 1928 H. HANSON JONES, M. D.
Registrar
By ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 1st 1923 to Jan 7 1928, that I last saw her alive on Jan 6th 1928, and that death occurred, on the date stated above, at 5.00 a m.

The CAUSE OF DEATH* was as follows:

Nephritis

(duration) 5 yrs. ✓ mos. — ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) ✓ yrs. ✓ mos. 4 ds.

18 Where was disease contracted ✓
If not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Urine & Blood

(Signed) H. Stanley Grayson M. D.

(Address) 1900 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery Date of Burial Jan 10 1928

20 UNDERTAKER Chas. G. Black ADDRESS 142 W. Fourth Ave

Spec. -7-17-26—A Co.—200 Bks.

Sheelly

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29244

CERTIFICATE OF DEATH

90 E 29244

1-PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE: (No. 913 N. Monroe St. 16-22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary E. Sheelly (Sheelly)

(a) RESIDENCE NO. 913 N. Monroe St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred ~~Lifetime~~ (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James C. Sheelly.

6 DATE OF BIRTH (month, day, and year): April 21 = 1848

7 AGE — Years: 79 Months: 8 Days: 18 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Christopher Frederick

11 BIRTHPLACE OF FATHER (City or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Elizabeth Bokman

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Germany.

14 Informant: Mrs Lena Sheelly (Address): 1844 Monroe St

15 Filed JAN 9 - 1928 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 8th 1928

17 I HEREBY CERTIFY, That I attended deceased from January 3, 1928, to January 8, 1928, that I last saw h alive on January 7, 1928, and that death occurred, on the date stated above, at 3.50 a m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary): Myocarditis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Methods

(Signed) George C. Shannon, M. D.

1/8, 1928 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — Date of Burial: Jan 12 1928

20 UNDERTAKER: Chas. A. Black — ADDRESS: 142 W. South ave

ec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29245

CERTIFICATE OF DEATH.

57 E 29245

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 731 Ramsey St. 21-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lina Goldsmith

(a) RESIDENCE No. 731 Ramsey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Goldsmith

6 DATE OF BIRTH (month, day, and year) About 1862

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, (State or country) Md.

10 NAME OF FATHER Lazarus Fuld

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mr. Joseph Goldsmith

(Address) 731 Ramsey St.

Filed 1/9 19 28 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany. 6th. 1928

17 I HEREBY CERTIFY, That I attended ~~deceased~~ from Dec 18th, 1927, to Jan. 6th 1928,

that I last saw her alive on Jan. 6th 1928,

and that death occurred, on the date stated above, at 11.45 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes and Chronic interstitial nephritis

(duration) yrs. mos 19 ds.

CONTRIBUTORY (Secondary) Chronic aortic regurgitation

(duration) yrs. mos. 19 ds.

18 Where was disease contracted, if not at place of death? On floor of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

1/7, 1928 (Signed) Harry Heibel, M. D.

(Address) 1224 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Hebrew Friendship Cem. DATE OF BURIAL 1/9/1928

20 UNDERTAKER Baird Sondheim ADDRESS 118-20 W. Mt. Royal Ave.

pec.—1-12-23—M&T—500 Blks.

E 29246

HEALTH DEPARTMENT—CITY OF BALTIMORE

89 E 29246

REGISTERED NO.

CERTIFICATE OF DEATH.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Eutaw Place & Brooks Lane,

CITY OF BALTIMORE: (No.) Esplanade Apts. 5 G. St. 13-59 WARD)

2-FULL NAME Gustave Froehlich.

(a) RESIDENCE NO. Esplanade Apts. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Froehlich

DATE OF BIRTH (month, day, and year) April 24, 1847.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	8	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Dry Goods 045

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant

(c) Name of employer Self.

BIRTHPLACE (city or town) (State or country) Germany.

10 NAME OF FATHER Loeb Froehlich.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

Informant Mr. Irving Froehlich.

(Address) Marlborough Apts., Jones, M[illegible]

FI[illegible] 19 C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany. 8th. 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 15, 1927, to Jan 8, 1928, that I last saw h[illegible] alive on Jan 8, 1928, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 15 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? usual

(Signed) Irvin G. Wagel, M. D.

1/9, 1928 (Address) The Esplanade Apts.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Har Sinai Cemetery

DATE OF BURIAL 1/10/1928

20 UNDERTAKER Maird Sondheim

ADDRESS 118-20 W. Mt. Royal Ave

ec.—1-12-23—M&T—500 Blks.

E 29247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 29247

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 701 S. Rose ST., V 2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Koenig

(a) RESIDENCE NO. 701 S. Rose ST., 1 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph E. Koenig.

DATE OF BIRTH (month, day, and year): June 30th 1903

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	6	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto. Md.

10 NAME OF FATHER: John G. Bittner.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Kunigunda Dimmick

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Joseph E. Koenig (Husband)

(Address) 701 S. Rose St.

Filed 9-1928 19 (C. HARRY JONES, M. D.) Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 7th 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 3, 1928, to Jan 7, 1928, that I last saw h[er] alive on Jan 7, 1928, and that death occurred, on the date stated above, at 8:30 a. m.

The CAUSE OF DEATH* was as follows:

Pulm.. TB.

(duration) yrs. unknown

CONTRIBUTORY (Secondary)

(duration) yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? —

(Signed) Frank Jannuzzi, M. D.

19 (Address) 2431 East A. Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cemetery

DATE OF BURIAL: Jan. 10 19 28

20 UNDERTAKER: D. Lilly & Zeiler

ADDRESS: 403 S. Wolfe St

Spec.—1-12-23—M&T—500 Bks.

209 434 E 29248

HEALTH DEPARTMENT—CITY OF BALTIMORE E 29248

CERTIFICATE OF DEATH.

× 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~JOHNS HOPKINS HOSPITAL~~ ST., 769 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Bayer

(a) RESIDENCE NO. 34 Hazelhurst Rd ST., WARD Dundalk

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Bayer

DATE OF BIRTH (month, day, and year) 1885

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
42	43			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ~~House Wife~~ 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Michael Marley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Alice Ryan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed JAN 9 - 1928 Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan - 6 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec - 19, 1927 to Jan 6, 1928.

that I last saw h~~e~~r alive on Jan. 6, 1928

and that death occurred, on the date stated above, at 7.50 ~~8~~ m.

The CAUSE OF DEATH* was as follows:

Rheumatic heart disease

Myocardial insufficiency

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical and autopsy

(Signed) Raymond Wing M. D.

1-7, 1928 (Address) Johns Hopkins Hospital, Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL Jan 10th 1928

UNDERTAKER Kelly + Zeiler

ADDRESS 4038 Wyaldo

Spec.—1-12-23—M&T—500 Bks.

E 29249 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 29249
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 911 E. Preston ST. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Kershaw.

(a) RESIDENCE No. 911 E. Preston ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. 10 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Mary E Kershaw.

7 DATE OF BIRTH (month, day, and year): Feby 10 - 1850

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	77.	10	28 21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired Capt
(b) General nature of industry, business, or establishment in which employed (or employer): Capt
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

10 NAME OF FATHER: Charles R Kershaw

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Maria E Gray

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant: Mrs Francis A. Kershaw
(Address) 911 E. Preston St

Filed JAN 9 - 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 7th 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1927, to Jan 7, 1928, that I last saw him alive on Jan 5, 1928, and that death occurred, on the date stated above, at 6.45 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Myocardial Insuff

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. W. Kerr, M. D.

19 (Address) 1617 E. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem — DATE OF BURIAL: Jan 10th 1928

20 UNDERTAKER: John F Cowan & Son — ADDRESS: [illegible]

HEALTH DEPARTMENT---CITY OF BALTIMORE

E 29250

CERTIFICATE OF DEATH

46 ✓ E 29250

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 427 W Whitridge 12-50 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Habricht

(Residence in Baltimore: No. 427 W Whitridge St.: 68 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow ✓

6-DATE OF BIRTH: Dec 25 (Month) (Day) 1859 (Year)

Dec 25

7-AGE: 68 yrs. mos. 12 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Baltimore, Md

PARENTS

10-NAME OF FATHER: P. Egan

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: ✓

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Irene Wachoff

(Address) 427 W Whitridge Ave

15- JAN 9 - 1928 A. WILSON JONES, M. D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan. (Month) 7 (Day) 1928 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug, 1927, to Jan 7 1928.

that I saw her alive on Jan. 7 1928.

and that death occurred, on the date stated above, at 3.40 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus and rectum

(Duration) yrs. 7 mos. ds.

Contributory (SECONDARY) ✓

(Duration) yrs. mos. ds.

(Signed) Elij. T. Bouchelle M.D.

Jan. 9 1928 (Address) 210 St. Paul St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cemy. DATE OF BURIAL: Jan 10 1928

20-UNDERTAKER: Sprey & Ruth ADDRESS: 1735 Harford Ave.

Spec.—1-10-21—MAZ—1500 Blks.

E 29251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12 9 E 29251

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1819 Harford av ST., 9-17 WARD)

2-FULL NAME Sarah E Meeds.

(a) RESIDENCE NO. 1819 Harford av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W Putn

5 ~~Single, Married~~ Widowed, ~~or Divorced~~, (write the word) Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Late James. E. Meeds.

6 DATE OF BIRTH (month, day, and year) Aug 18 1847

7 AGE Years 80 Months 4 Days 19 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER James. B. Chapman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Virkmore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

Informant Mrs Harry Pattl

(Address) 1819 Harford Blvd

Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 5 1928, to Jan 7 1928,

that I last saw her alive on Jan 6 1928,

and that death occurred, on the date stated above, at 12 05 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Infection Bowel & Inflammation of age

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Inflammation of age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1819 Harford av

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Chemical

(Signed) R O Carman, M. D.

1-9 1928 (Address) 1701 Maryland av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL Jan 9. 1928

20 UNDERTAKER George J. Ruth — ADDRESS 1735 Harford av

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29252

29252

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) 2520 West Fayette ST. 70-69 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Florence E. Orrell

(a) RESIDENCE No. 2520 West Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Frank W. Orrell

DATE OF BIRTH (month, day, and year) August, 1st., 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	5	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

10 NAME OF FATHER Richard B. Stewart

11 BIRTHPLACE OF FATHER (city or town) A.A. Co.,

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Anne Smith

13 BIRTHPLACE OF MOTHER (city or town) A.A.Co

(State or country) Maryland

Informant Miss Flora Orrell

(Address) 2520 West Fayette St.

Filed JAN 6 1928 C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 8th 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov 12, 1927, to Jan 8, 1928.

that I last saw h she alive on Jan 7th, 1928.

and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. 1 mos. — ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

(duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Charles W. Mayhew M. D.

1/8, 1928 (Address) 827 N. Charles Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem.

DATE OF BURIAL 1/11 1928

20 UNDERTAKER Robt. H. Cook

ADDRESS 1003 W. Baltimore St

spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29253

CERTIFICATE OF DEATH.

101-001

E 29253

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 933 West Lexington ST. 18-26 (WARD)

2-FULL NAME Ada R. Paul

(a) RESIDENCE No. 933 West Lexington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Charles B. Paul

6 DATE OF BIRTH (month, day, and year) March, 17th. 1898

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	9	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At home

8 BIRTHPLACE (city or town) Warsaw (State or country) Va.

10 NAME OF FATHER W. H. Fines

11 BIRTHPLACE OF FATHER (city or town) Warsaw (State or country) Va

12 MAIDEN NAME OF MOTHER Anna Scheinger

13 BIRTHPLACE OF MOTHER (city or town) Furnham (State or country) Va

Informant Charles B. Paul

(Address) 933 West Lexington St.

Filed 1928. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 7th. 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 2 1928, to Jan. 7 1928, that I last saw her alive on Jan. 7 1928, and that death occurred, on the date stated above, at 9.40 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (bilateral)

(duration) yrs. mos 13 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. D. Liffey, M. D.

1/8, 1928 (Address) 432 S. Patterson Pk Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem DATE OF BURIAL Jan 10 1928

20 UNDERTAKER Leland Cook ADDRESS 1003 W. Baltimore

Spec.—1-12-23—M&T—500 Bks.

29254

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 29254

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS St. 13-59 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jefferson D. Wilder

(a) RESIDENCE No. 2658 Clarence ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) ?

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER Benjamin Wilder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Murray ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

Informant (Address) BALTIMORE CITY HOSPITALS

JAN 9 - 1928 C. HAMPSON JONES, Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/7/ 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1928, to Jan 7, 1928, that I last saw him alive on Jan 7, 1928 and that death occurred, on the date stated above, at 3:00 A m.

The CAUSE OF DEATH* was as follows:

Impaired Mitis, chronic & acute
Emphysema
Cutaneous Lesions

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General Exam

(Signed) C. Holmes Gwynn M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Jan. 11, 1928

20 UNDERTAKER Mr. D Kate R. Williams

ADDRESS 322 N. Schroeder St

Spec. -7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29255

CERTIFICATE OF DEATH

E 29255

REGISTERED NO. 86001

1-PLACE OF DEATH

City of BALTIMORE: (No. 1114 Carey St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Victor Sheff

(a) RESIDENCE NO. 204 S Carey St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3-24-1916.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	11	10	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Victor Sheff

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Bessie Frankman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md

14 Informant Mrs. Sheff Mother

(Address)

Filed JAN 9 - 1928 C. HAMPSON JONES, Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/8/1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928 to Jan 8, 1928

that I last saw him alive on Jan 8, 1928

and that death occurred, on the date stated above, at 2:50 P. m.

The CAUSE OF DEATH* was as follows:

(a) Sepsis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY

(Secondary)

above (duration) yrs. mos. 21 ds.

18 Where was disease contracted

If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. Thomas Cole M. D.

, 19 (Address) 611 Cathedral St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Holy Redeemer	Jan 11th 1928
20 UNDERTAKER	ADDRESS
John J. Fields	1200 W. Lombard St.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29256

CERTIFICATE OF DEATH.

31 E 29256

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 319 S. Durham ST. 2-4 WARD)

2-FULL NAME Edward Wright

(a) RESIDENCE NO. 319 S. Durham St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): S

If married, widowed, or divorced HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year) July 4 1911

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
16	17	6	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Md —

10 NAME OF FATHER James Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md —

12 MAIDEN NAME OF MOTHER Laura Norris

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

Informant (Address): Laura Wright 319 S. Durham St

Filed JAN 9 - 1928 C. HAMPSON JONES, M.D. Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 8, 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1928, to Jan 8, 1928, that I last saw h[illegible] alive on Jan 8, 1928, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Pulmonary Edema

(duration) yrs. 1 mos. 3-4 ds.

18 Where was disease contracted if not at place of death? residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Grace J Zeigler M. D.

1/9, 1928 (Address) 2007 E. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bury cemetery — DATE OF BURIAL: Jan. 11. 1928

20 UNDERTAKER: Edward Bryon — ADDRESS 1631 Orleans St

Spec.—1-10-21—M&T—1500 Blks.

E 29257 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29257.

CERTIFICATE OF DEATH. 31

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 802 Ensor ST., 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bessie Powell

(a) RESIDENCE NO. 802 Ensor ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fe

4 COLOR OR RACE: B

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1911

7 AGE: Years 16; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Girl

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER Williams Powell

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C

12 MAIDEN NAME OF MOTHER Annie Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Annie Haymon

(Address) 802 ensor st

Filed JAN 9 - 1928 in C. HAMPSON JONES, Register

Per —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1—7—1928

17 I HEREBY CERTIFY, That I attended deceased from 12/25, 1928, to 1/4, 1928, that I last saw h[illegible] alive on 1/4, 1928, and that death occurred, on the date stated above, at 12 20 P m.

The CAUSE OF DEATH* was as follows:

Ch Pulmonary Tb

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) G. G. Hornattin M. D.

1/8, 1928 (Address) 723 aisquith st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet cemetery

UNDERTAKER Edward Corjan

DATE OF BURIAL Jan 9 1928

ADDRESS 1031 orleans st

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 29258

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29258

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1739 E. Lanvale St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Belle D. Keppler

(a) RESIDENCE. NO. 1739 E. Lanvale ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Wm. Keppler

6 DATE OF BIRTH (month, day, and year) Sept. 13th 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	3	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

10 NAME OF FATHER Herman Yolte

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Augusta Wendicke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Wm. Keppler 1739 E. Lanvale St

15 Filed 9 - 1928 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 6 1928

17 I HEREBY CERTIFY, That I attended deceased from June, 1921, to Jan 6, 1928, that I last saw her alive on Jan 6, 1928, and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis, Arterio-Sclerosis, Arterial Hypertension

(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) — yrs. — mos. 2 ds.

18 Where was disease contracted if not at place of death? (?)

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & Laboratory findings

(Signed) W. N. Triplett, M. D.

, 19 (Address) 1324 W. Lombard St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	1/9/1928
20 UNDERTAKER	ADDRESS
E. J. Flannery, Inc. 1385 Light St.	

E 29259

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29259

CERTIFICATE OF DEATH

100-802

3-5

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 850 E Pratt ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME FRANK ZAGARSKAS

(a) RESIDENCE No. 850 E Pratt ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Oct. 10. 1927

AGE — Years 2 Months 27 Days 28 If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) No

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Joseph Zagarskas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithvania

12 MAIDEN NAME OF MOTHER Mary Savickas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithvania

Informant Joseph Zagarskas

(Address) 850 E. Pratt Street

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8 1928

17 I HEREBY CERTIFY, That I attended deceased from DEC-15, 1927, to Jan 8 — 1928

that I last saw h— alive on Jan 7, 1928

and that death occurred, on the date stated above, at 10 A M

The CAUSE OF DEATH* was as follows:

Capillary Bronchitis —

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Harold Bowden, M. D.

1928 (Address) 125 S Bonaway —

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Jan. 10. 1928

UNDERTAKER: John Grebliauckas J.G. — ADDRESS: 423 S Paca St

JAN 9 - 1928 C. HAMPSON JONES, M.D. Per [signature]

Spec.—1-10-21—M&T—1500 Blks.

E 29260 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29260

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH 1836 Orleans St

CITY OF BALTIMORE: (No.) ST. 64 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Holmes

(a) RESIDENCE NO. 1836 Orleans ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced. (write the word): widow

6a If married, widowed, or divorced (HUSBAND of or) WIFE of: John. Holmes

6 DATE OF BIRTH (month, day, and year): 1853

7 AGE: Years 75 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None. Ord

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Informant (Address): Emma Holmes 1836 Orleans St

Filed JAN 9 1928 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1—6 1928

17 I HEREBY CERTIFY, That I attended deceased from 1—2 28, 19 , to 1—6— 1928.

that I last saw h alive on 1—6 , 1928

and that death occurred, on the date stated above, at 7 55 p. m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular-Renal Disease

Terminal Bronchial Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. H. Butler, M. D.

, 19 (Address) 422 N. Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: Jan 9 1928

20 UNDERTAKER: Mrs B. F. Elliott — ADDRESS: 1725 Ashland Av

Spec.—1-12-23—M&T—500 Bks.

E 29261 HEALTH DEPARTMENT—CITY OF BALTIMORE **E 29261**

CERTIFICATE OF DEATH.

128

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1821 E. Eager ST. 12-50 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur J Simms

(a) RESIDENCE NO. 2236 Barkley ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Separated

6 If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About 42				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dentistry. 55

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer ✓

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Thom J. Simms Jr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Canada.

12 MAIDEN NAME OF MOTHER Mary A Hinds

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

Informant Dr. Thomas J Simms

(Address)

Filed JAN 9 - 1928 C. HAMPSON JONES, M. D. Registrar By Hall

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1927, to January 8, 1928, that I last saw him alive on January 8th, 1928, and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Uremic Convulsion

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Inflamation of Kidneys (duration) 0 yrs. — mos. 6 wks.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? — Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thomas J. Simms, M. D.

Jan 9 1928 (Address) 1625 N Wolfe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem. — DATE OF BURIAL Jan 10 1928

20 UNDERTAKER Geo. M. Frick Sons — ADDRESS 311 N Wolfe

Spec.—1-12-23—M&T—500 Blks.

Juanita Mearea

E 29262 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29262

+ 90

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. [illegible] St. WARD)

2-FULL NAME Juanita Mearea

(a) RESIDENCE NO. Monroe North Carolina

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

11 If married, widowed, or divorced HUSBAND of (or) WIFE of Eaton A Mearea

DATE OF BIRTH (month, day, and year) May 7 1876

AGE Years 51 Months 8 Days 21 If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) N C

10 NAME OF FATHER John Ferrell

11 BIRTHPLACE OF FATHER (city or town) (State or country) N C

12 MAIDEN NAME OF MOTHER Emmett McLaughlin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N C

Informant Eaton A Mearea

(Address) Monroe N C

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8 1928

17

I HEREBY CERTIFY, That I attended deceased from 1-7-28, 19 , to 1-8-28.

that I last saw h alive on 1-8-28

and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

Acute dilatation cardiac Hypertension

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary) myocardial failure

(duration) yrs. mos 3 wks

18 Where was disease contracted if not at place of death? at h

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical findings

(Signed) [illegible] M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Monroe N C

DATE OF BURIAL 1-8-28

20 UNDERTAKER Yancey & Farley

ADDRESS Fayetteville

FILED 1-9-1928 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

pec.—1-12-23—M&T—500 Bks.

E 29263 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29263

CERTIFICATE OF DEATH. 74-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2010 Fleet. ST., 1-1 WARD)

2-FULL NAME Mary Ichniowski

(a) RESIDENCE NO. 2010 Fleet ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced (or) WIFE of Walenty Ichniowski

DATE OF BIRTH (month, day, and year) Not Known

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Last	48	0	0	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At Home.

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Poland

10 NAME OF FATHER Stanislaus Tomaszkiewicz

11 BIRTHPLACE OF FATHER (City or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Mary Gajewski

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Poland

Informant Walenty Ichniowski

(Address) 2010 Fleet Ave

Filed 1928 C. HAMPSON JONES, M.D.

By Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan - 6 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec - 31, 1927, to Jan 6 - 1928, that I last saw h-- alive on Jan 6 1928, and that death occurred, on the date stated above, at 8.30 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Coma

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Frank C Bruner M. D.

1/9, 1928 (Address) 125 E Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state: (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary

DATE OF BURIAL 1/10 1928

UNDERTAKER William Fiaschetti

ADDRESS 168 Eastern

Spec.—1-12 23—M&T—500 Blks.

E 29264

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29264

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secour Hospital (St.) 42-19 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Mills Shay

(a) RESIDENCE No. 1901 Barclay (St.) (Ward)

(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. 0 mos. 20 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel E. Shay

DATE OF BIRTH (month, day, and year) Dec. 15, 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	0	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Samuel Mills

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Annie E. O'Day

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Geo. T. Mills

(Address) 2960 Wyman Parkway

1928 C. HAMPSON JONES, M. D. Registrar

Dat

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 8, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 14, 1927, to Jan 8, 1928, that I last saw her alive on Jan 8, 1928, and that death occurred, on the date stated above, at 12-40 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic
Senility

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) same

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) George O. Eaton M. D.

, 19 (Address) Bon Secour Hospl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 1/10 19 28

20 UNDERTAKER Henry A. Myers & Son

ADDRESS

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29265

CERTIFICATE OF DEATH

E 29265

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1629 N. Calhoun St — 1-5-28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Stewart

(a) RESIDENCE NO. 1629 Calhoun St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1-8-28

7 AGE Years Months Days IF LESS than 1 day 5 hrs. or 15 min.,

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) 1629 Calhoun St

(State or country) Baltimore md

PARENTS

10 NAME OF FATHER John E. Stewart

11 BIRTHPLACE OF FATHER (City or town) Hamburg

(State or country) Pa.

12 MAIDEN NAME OF MOTHER Eva McCoy

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Northumberland Co. Va

14 Informant mother Eva McCoy

(Address) 1629 N. Calhoun St.

15 Filed 1-9-1928 Per ACH

C. HAMPSON JONES, M. D. Registrar

2056

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

1-8-1928

17 I HEREBY CERTIFY, That I attended deceased from 1-8-, 19 28, to 1-8-, 19 28,

that I last saw her alive on 1-8-, 19 28,

and that death occurred, on the date stated above, at 5:30 A m.

The CAUSE OF DEATH* was as follows:

myocarditis + hydrothorax

before birth

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Premature

(duration) yrs. 7 mos. da.

18 Where was disease contracted

if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Frank T. Saunders, M. D.

1-8-, 1928 (Address) 1029 N. Strieker St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL

Date of Burial JAN 9 - 1928

20 UNDERTAKER

ADDRESS

Commissioner Health.

Per Wm. E. WOODALL

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29266

CERTIFICATE OF DEATH.

179 E 29266

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt City Hospital B-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin Thomblin

(a) RESIDENCE No. 204 S Dallas ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	Col.	

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
55 ?				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va.

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant (Address)

Filed 1928 C. HAMPSON JONES, M. D. Registrar

2058 Mch 11

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-5- 1928

17

I HEREBY CERTIFY, That I attended deceased from 11-30 1927 to 1-5- 1928,

that I last saw him alive on 1-5- 1928

and that death occurred, on the date stated above, at 4:10 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Hypertension and Generalized Arteriosclerosis

(duration) Unknown mos. ds.

CONTRIBUTORY (Secondary) Anemia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) [illegible] M. D.

, 19 (Address) Balt City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

JOHNS HOPKINS HOSPITAL

DATE OF BURIAL JAN 9 - 1928

20 UNDERTAKER

ADDRESS

Commissioner of Health,

Per Wm. H. Russell

Spec.—1-12-23—M&T—500 Bks.

29267

HEALTH DEPARTMENT—CITY OF BALTIMORE

29267

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS St. 5-4 WARD)

REGISTERED NO. 100

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John D Owens.

(a) RESIDENCE NO. 400 W. Saratoga ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): ?

If married, widowed, or divorced HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, and year) ?

AGE: Years 71 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Maryland

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

Informant (Address) Records. JOHNS HOPKINS HOSPITAL

Filed 9-1928 2059

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/6/ 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug. 29, 1920 to Jan. 6 1928, that I last saw him alive on Jan. 6 1928, and that death occurred, on the date stated above, at 6:40 P m

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General Path.

(Signed) C. Sylvester Owings M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: JAN 9 - 1928

20 UNDERTAKER: Commissioner Health.

ADDRESS

Spec.—1-12-23—M&T—500 Blks.

E 29268

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29268

CERTIFICATE OF DEATH.

X 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital ST.) 47-51 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lewis, John

(a) RESIDENCE No. Alameda (Usual place of abode) ST. WARD Alameda Wales

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. 5 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | 4 COLOR OR RACE: wh | 5 Single, Married, Widowed, or Divorced, (write the word): Sing

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sing

DATE OF BIRTH (month, day, and year): May 15 1884

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	43	7	22	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sailor

(b) General nature of industry, business, or establishment in which employed (or employer): Steamship

(c) Name of employer: U.S. David McKelvy

BIRTHPLACE (city or town) (State or country): Wales

10 NAME OF FATHER: Thomas Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Wales

12 MAIDEN NAME OF MOTHER: Miriam Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Wales

Informant (Address): U.S. Marine Hospital

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 7 1928

17 I HEREBY CERTIFY, That I attended deceased from July 24, 1927, to Jan 7, 1928, that I last saw him alive on Jan 7, 1928, and that death occurred, on the date stated above, at 11.40 p m.

The CAUSE OF DEATH* was as follows: Tuberculosis, Pulmonary Chronic, Active

(duration) 2 yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No Findings

What test confirmed diagnosis? Physical Examination

(Signed) Calvin Haskins M.D.

1-8, 1928 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary Cemetery

DATE OF BURIAL: Jan 9 1928

20 UNDERTAKER: E. LeRoy Steffler

ADDRESS: 1259 Fulton Ave

FILED 1928 Jan 10 1928 C. HAMPSON JONES, M. D. Registrar

Per ____

Spec—12-23-21—E.B.R.S.—400 Bks.

29269 HEALTH DEPARTMENT—CITY OF BALTIMORE 38 E 29269

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. Penitentiary Hospital St. 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James H Grayson

(a) Residence No. 954 Forrest St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced (Write the word.) Widower

6a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Sept 4 1908

7-AGE. 27 yrs. 4 mos. 4 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B Foster

9-BIRTHPLACE (city or town) (State or Country), Prince George Co. Md.

10-NAME OF FATHER, Joseph Grayson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Virginia Culpeper Co

12-MAIDEN NAME OF MOTHER, Mary Colbert

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Culpeper Co Virginia

14-(Informant) Self

(Address) 954 Forrest St.

15-Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) January 8 1928

17- I HEREBY CERTIFY, That I attended deceased from January 5 1928 to January 8 1928 that I last saw h.. alive on January 8 1928 and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolus

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Endocarditis

(Duration) yrs. 1 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas W. Edwards M. D.

, 19 (Address) 954 Forrest St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mash DT

DATE OF BURIAL. 1/9 19 28

20-UNDERTAKER Hamel Jami

ADDRESS 2268 Pa ave nw DC

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29270

CERTIFICATE OF DEATH.

31 E 29270

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital) (ST. 2-4 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Bielak

(a) RESIDENCE No. 1621 Allendale St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

6 If married, widowed, or divorced: HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year): Dec Known 1886

8 AGE: Years 42 Months — Days —

If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

10 BIRTHPLACE (city or town) (State or country): Poland.

11 NAME OF FATHER: Frank Bielak

12 BIRTHPLACE OF FATHER (city or town) (State or country): Poland.

13 MAIDEN NAME OF MOTHER: Unknown

14 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland.

15 Informant (Address): Mrs. Matass 1621 Allendale St

FILED 1928 Per

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 7 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 31-'27 to Jan 7-'28, that I last saw him alive on Jan 7-'28, and that death occurred, on the date stated above, at 1 45 pm.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(duration) yrs. 5 mos. wks. ds.

CONTRIBUTORY (Secondary) Lymphatic Branch

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phy findings

(Signed) [illegible] M. D.

(Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cem DATE OF BURIAL: Jan 10 1928

20 UNDERTAKER: W. Ozga ADDRESS: 1930 Fleet Ave

Spec.-7-17-26—A Co.—200 Bks.

29271

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 29271

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1940 W Mulberry St., St. 20-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary J. Free,

(a) RESIDENCE NO. 1940 W Mulberry St., St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Peter Free

6 DATE OF BIRTH (month, day, and year) Feb. 14, 1843

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	84	10	23 24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Pa.

PARENTS

10 NAME OF FATHER Peter Gates

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Pa.

12 MAIDEN NAME OF MOTHER Nancy Benner

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Pa.

14 Informant Sidney M. Free

(Address) 1940 W Mulberry St.,

15 Filed C. HAMPSON JONES, M. D. Registrar

1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7th 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 1st 1927, to Jan 7th 1928

that I last saw h[illegible] alive on Jan 7th 1928

and that death occurred, on the date stated above, at 8:20 P. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(duration) yrs. mos 1 Da

CONTRIBUTORY (Secondary) Senile Decay

(duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Egbert Mortimer, M. D.

, 19 (Address) 1306 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Three Springs, Pa. Date of Burial Jan 10 19 28

20 UNDERTAKER Harry H. Witzke ADDRESS 1521 W Lombard St

Spec.-7-17-26—A Co.—200 Bks.

E 29272

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-501

E 29272

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 336 Dellchester Ave St. 17-50 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis J. Haraut Jr.

(a) RESIDENCE NO. 336 Dellchester Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 29—1926

7 AGE Years 1 Months — Days 10

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md.

PARENTS

10 NAME OF FATHER Louis J. Haraut

11 BIRTHPLACE OF FATHER (City or town) St. Louis

(State or country) Mo.

12 MAIDEN NAME OF MOTHER Mabel Hessler

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia

14 Informant Louis J. Haraut

(Address) 336 Dellchester Ave

15 Filed 1928 C. HAMPSON JONES, M. D.

Per pkd Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 8th 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 17, 1927, to Jan. 8, 1928.

that I last saw him alive on Jan 8, 1928.

and that death occurred, on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) 0 yrs. 0 mos. 3 ds.

CONTRIBUTORY (Secondary) malnutrition

(duration) 1 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Lawson Wilkins, M. D.

Jan 9. 1928 (Address) 1014 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem. Wash. D.C. Date of Burial 1/10 1928

20 UNDERTAKER Chas S. Ware & Son ADDRESS 1310 N. Pine

Spec.-7-17-26—A Co.—200 Bks.

E 29273

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29273

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 427 E. Preston St. 11-15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Leonard Bowes

(a) RESIDENCE NO. 427 E. Preston St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. da. (If non-resident give city or town and State)

How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Bowes

6 DATE OF BIRTH (month, day, and year) April 15 1897

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	30	8	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Paymaster

(b) General nature of industry, business, or establishment in which employed (or employer) for Realty Co.

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER Patrick A. Bowes

11 BIRTHPLACE OF FATHER (City or town) Balto Md

(State or country)

12 MAIDEN NAME OF MOTHER Mary A. Manning

13 BIRTHPLACE OF MOTHER (city or town) Balto Md

(State or country)

14 Informant Mary Mc Cusker Bowes

(Address) 427 E. Preston St.

15 Filed 1928 C. HAMPSON JONES, M. D.

Per ARH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 8 1928

17 I HEREBY CERTIFY, That I attended deceased from June 1926 to Jan 8 1928

that I last saw him alive on January 8 1928

and that death occurred, on the date stated above, at 9.45 P. m.

The CAUSE OF DEATH* was as follows:

Empyema

Serum adams

(duration) 1 yrs. 4 mos. da.

CONTRIBUTORY (Secondary) Abscess of Lung

(duration) 1 yrs. 6 mos. da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Cecil Calvert, M. D.

Jan 9 1928 (Address) Rexton Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Cathedral Cemetery	1/10 1928

20 UNDERTAKER Chas. F. Raine & Son ADDRESS 11 W. Mt. Royal Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29274

E 29274

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2928 St. Paul ST. 12-50 WARD)

2-FULL NAME Margaret Murray Brawner

(a) RESIDENCE NO. 2928 St. Paul ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 85 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of William M. Brawner

6 DATE OF BIRTH (month, day, and year) Dec. ? 1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	1	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER George W. Wilhelm

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah A. Murray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Miss Bessie M. Rennous

(Address) 2928 St. Paul Street

Filed 1928 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1928, to Jan 8, 1928, that I last saw h alive on Jan 7, 1928, and that death occurred, on the date stated above, at 1.30 a m.

The CAUSE OF DEATH* was as follows:

Ch Lob Endocarditis

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) none (duration) — yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jefferies Busey M. D.

1/9, 1928 (Address) 20 S. Charles Rooms

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount Cemetery	1/10 1928
20 UNDERTAKER	ADDRESS
Henry A. Wears & Sons	845 N. Eutaw

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29275

CERTIFICATE OF DEATH.

90 E 29275

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 419 E. 21st St. 12-19 Ward

2-FULL NAME Clara V. Lacey

(a) RESIDENCE NO. 419 E. 21st St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thos. E. Lacey

6 DATE OF BIRTH (month, day, and year): Dec 12 1869

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	58	—	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country)

PARENTS

10 NAME OF FATHER: Dreyer

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Balto. County

12 MAIDEN NAME OF MOTHER:

13 BIRTHPLACE OF MOTHER (city or town): Holland

(State or country)

14 Informant: John Lacey.

(Address): 419 E. 21st St Balto

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-7 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry thereon and from the evidence obtained by said inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Jabular Disease of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) M. D. (Coroner)

1/9, 1928 (Address) 9632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — Date of Burial: Jan 10 1928

20 UNDERTAKER: John A. Moran — ADDRESS: 3000 E. Balto St.

Cor.—12-9-25—A Co.—200 Bks.

E 29276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E 29276

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 14 D. Abermarle St., 3-5 Ward)

2-FULL NAME Catherine Brocato

(a) RESIDENCE NO. 14 D Abermarle St. Ward 3
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. 20 (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 14th 1927

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
		3	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Joseph Brocato

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER Mary Di Paola

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14 Informant Joseph Brocato
(Address) 14 D Abermarle

15 Dec 9 1928 C. HAMPSON JONES, M. D., Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intestinal Intussusception

(duration) yrs. mos. 4 hrs

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos. 1 hr

Jan 9 1928 (Signed) G C Wades M. D.
(Coroner)
(Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — Date of Burial Jan 10th 1928

20 UNDERTAKER Frank V. Ripstone — ADDRESS 221 E Baltimore St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29277

CERTIFICATE OF DEATH. × 29

E 29277

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) Univ Hosp St. 4-30 (Ward)

2-FULL NAME Frank Stewart

(a) RESIDENCE NO. East Fort. Md. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 4 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 12 1916

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	11	9	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) A.A. Co. Md

Hedges Place

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

Hand Powder

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant C. Morton Chase

(Address) 1400 Mosher St.

Filed 1928 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

1 Gun Shot Acc

Homicide

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 1 ds.

Signed J. Hampson Jones (Coroner) M. D.

1928 (Address) 143 W. Fay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Druid Hill Cem. & Cremation Co. Jan 11 1928

20 UNDERTAKER Sam'l W. Chase ADDRESS Lombard & Mosher Sts

Spec.—1-10-21—M&T—1500 Bks.

E 29278 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29278

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Washington Ave (St.) 2754 (Ward) 27

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rev Francis Edward Craig

(a) RESIDENCE NO. Sacred Heart Rectory Washington Ave (St.) 27 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 28, 1864

7 AGE: Years 63. Months 1 Days 9 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clergyman

(b) General nature of industry, business, or establishment in which employed (or employer): Rector of Washington Sacred Heart Church

9 BIRTHPLACE (city or town) (State or country): Georgetown DC

PARENTS

10 NAME OF FATHER: William F. Craig

11 BIRTHPLACE OF FATHER (city or town) (State or country): Georgetown DC

12 MAIDEN NAME OF MOTHER: Mary Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant (Address): Sacred Heart Church

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

Per A.P.A.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 7 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 23, 1928 to Jan 7, 1928.

that I last saw him alive on Jan 6 1928

and that death occurred, on the date stated above, at 2 AM PM.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Hemiplegia 5 yrs

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 8 days

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Typical Symptoms

(Signed) Edward J. Feade M. D.

(Address) Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem

DATE OF BURIAL: Jan 10 1928

20 UNDERTAKER: J. F. Tilley & Sons

ADDRESS: 131 Eighth St.

Spec.—1-12-23—M&T—500 Bks.

E 29279 HEALTH DEPARTMENT—CITY OF BALTIMORE, E 29279

CERTIFICATE OF DEATH. 118-102

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Union Memorial Hosp. WARD) 27-19

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.

2-FULL NAME Mary Beatrice Dee (Beatrice)

(a) RESIDENCE NO. 4416 Windwood Rd. ST. WARD Guilford Ave. Md

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. ? mos. ? ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced (or) WIFE of Mr Thomas Jay Dee

DATE OF BIRTH (month, day, and year) Aug 22, 1890

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	4	17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER T. F. Milligan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Mary Hogan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant: Deceased.

(Address)

Filed 1928 C. HAMPSON JONES, M. D. Registrar

Per ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 3, 1928, to Jan 5, 1928,

that I last saw h-r alive on Jan 5, 1928

and that death occurred, on the date stated above, at 5:13 p m

The CAUSE OF DEATH* was as follows:

Chronic Lobular Pneumonia (duration) ? yrs. ? mos 5 ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of Jan 4, 1928 (Jan 3, 1928)

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) James Carlton Wembley M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem

DATE OF BURIAL: 1/10 1928

20 UNDERTAKER: F. F. Talbert Sons

ADDRESS: 1818 Eutaw

Spec.—1-10-21—M&T—1500 Bks.

E 29280

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29280

CERTIFICATE OF DEATH.

REGISTERED NO. 159

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2236 E. Chase ST. 8-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jos W. Guerin

(a) RESIDENCE NO. 2236 E Chase ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred none yrs. none mos. 14 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 26 27

7 AGE: Years none; Months none; Days 14; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Jos W. Guerin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Maryland

12 MAIDEN NAME OF MOTHER Margaret Murphy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Maryland

14 Informant Mrs Guerin (Address) 2236 E Chase St

15 1928 C. HAMPSON JONES, M. D. Per — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JAN 9 - 1928

17 I HEREBY CERTIFY, That I attended deceased from DEC 26 1927 to JAN 9 - 1928 19

that I last saw h alive on JAN 9 - 1928 19

and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Marasmus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cleft palate and inability to take feeding

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical symptoms

(Signed) Olof H Dukert M. D.

(Address) 928 E. North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem — DATE OF BURIAL: 1/10 1928

20 UNDERTAKER: Leonard J Ruck — ADDRESS: 6405 Fifth

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29281 90 E 29281

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 736 S. Curley ST., 1-2 WARD)

2-FULL NAME Anna V. Greensfelder

(a) RESIDENCE NO. 736 S. Curley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

a If married, widowed, or divorced, HUSBAND of (or) WIFE of Joseph A. Greensfelder

DATE OF BIRTH (month, day, and year) Feb. 28. 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	73	10	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Robert Owens

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Susan Owens

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant (Son) George W. Greensfelder

(Address) 736 S. Curley St

Filed 1928 C. HAMPSON JONES, M. D. Registrar

Plat 1864

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 8 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1927, to Jan 8, 1928, that I last saw her alive on Jan 8, 1928, and that death occurred, on the date stated above, at 9.30 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Gradual

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

Gradual

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace B. Litton, M. D.

1/9, 1928 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel Cemetery	Jan 11 1928
20 UNDERTAKER	ADDRESS
A. Sander Sons	1707 Eat St

Spec.—1-12 23—M&T—500 Blks.

E 29282

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 29282

1-PLACE OF DEATH Bon Secours Hospital

CITY OF BALTIMORE: (No.) Fayette & Payson (St.) 19-28 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas P. Collins

(a) RESIDENCE NO. 616 S. Fulton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 8 mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

San Antonio Tex (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie A Collins

DATE OF BIRTH (month, day, and year) March 17 1862

AGE: Years 65 Months 9 Days 22 If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Ireland (State or country)

10 NAME OF FATHER Michael Collins

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Bridget Holland

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

Informant Mrs. M. A. Collins

(Address) 616 S. Fulton St.

1928 Per HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 31, 1927, to Jan 9, 1928, that I last saw him alive on Jan 9, 1928, and that death occurred, on the date stated above, at 4 55 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach and liver

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) same

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & X-ray

(Signed) George O Eaton, M. D.

19 (Address) Bon Secours Hospl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 PLACE OF BURIAL, CREMATION OR REMOVAL San Antonio Texas

DATE OF BURIAL 1/9 1928

UNDERTAKER George R Talley Fulton Fayette

ADDRESS

Spec.—1-12-23—M&T—500 Blks.

209801

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29283

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

32

E 29283

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL 18-76 WARD)

2-FULL NAME Anna Miles

(a) RESIDENCE NO. 1132 N. Carrollton Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Col-

5 ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word): Child

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year): 1924

AGE: Years: 4 years; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER Eunice Hackett

11 BIRTHPLACE OF FATHER (city or town) (State or country): Iowa

12 MAIDEN NAME OF MOTHER Dorothy Miles

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed JAN 5 1928 Per Kelly Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 7 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 3, 1928, to Jan 7, 1928, that I last saw h[illegible] alive on Jan 7, 1928, and that death occurred, on the date stated above, at 12.15 p m.

The CAUSE OF DEATH* was as follows:

The Meningitis

(duration) yrs. mos 17 ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Allan Blackson, M. D.

1/8, 1928 (Address) The Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: Jan 10, 1928

20 UNDERTAKER: John H. Toadvine — ADDRESS 1027 Druid Hill

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29284

CERTIFICATE OF DEATH.

185 E 29284

REGISTERED NO.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene St. 13-57 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth J. Ryan

(a) RESIDENCE NO. 3536 Poole ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel M. Ryan

DATE OF BIRTH (month, day, and year) July 7- 1850

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	6	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Nelson Robert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Ada Fisher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant J. M. Ryan

(Address) 3536 Poole St

Filed ....., 19.. Registrar C. HAMILTON JONES, M. D.

D 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-8 1928

17 I HEREBY CERTIFY, That I attended deceased from November 12, 1928, to January 8, 1928, that I last saw her alive on January 8, 1928, and that death occurred, on the date stated above, at 1.45 P m.

The CAUSE OF DEATH* was as follows:

Fractured left femur - from fall

Senile gangrene - both legs.

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Myocardial degeneration

and (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) Henry Vincent Davis, M. D.

1/8, 1928 Address University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Manchester DATE OF BURIAL Jan 11 1928

20 UNDERTAKER A. S. Marshall ADDRESS 3539 Fall Rd

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29285

CERTIFICATE OF DEATH

101-001

E 29285
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 751 W. Franklin St. (or Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gloria Elizabeth Hall

(a) RESIDENCE NO. 751 W. Franklin St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 20/27

7 AGE Years Months 6 Days 18 IF LESS than 1 day hrs. or min.
6½ 3

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country)

PARENTS

10 NAME OF FATHER Earl Hall

11 BIRTHPLACE OF FATHER (City or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Amelia Colbert

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Amelia Colbert
(Address) 751 W. Franklin

15 Filed JAN 10 1928 C. HANSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 8 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1928, to Jan 8, 1928,
that I last saw her alive on Jan 7, 1928,
and that death occurred, on the date stated above, at 10.45 P. m.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) 4 yrs. 4 mos. 6 ds.
CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted —
if not at place of death?
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) H. L. Neuhen M. D.
1/9, 1928 (Address) 825 N. Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — Date of Burial Jan 10 1928

20 UNDERTAKER Virginia A. Brooks — ADDRESS 1463 N. Carey

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29286

CERTIFICATE OF DEATH.

100 E 29286

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 28 N. Chester St. 6-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lena Shapiro

(a) RESIDENCE. No. 28 N. Chester St. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? 28 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Jacob Shapiro

6 DATE OF BIRTH (month, day, and year): 1857

7 AGE: Years 69 | Months — | Days — | If LESS than 1 day, hrs. or min.

68 yrs

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Joseph Bigman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Morris Shapiro (Son) 28 N Chester

15 Filed JAN 10 1928 Registrar

For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 9 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 8. 1928. to Jan 9. 1928.

that I last saw her alive on Jan 9. 1928.

and that death occurred, on the date stated above, at 1.30 p. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary): None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) B M Bengart M. D.

1/9. 1928 (Address) 3455 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Mash Rood

DATE OF BURIAL: 1/10 1928

20 UNDERTAKER: Jack Levis

ADDRESS: 1439 Eastern Ave

Spec.—12-9-25—A Co.—200 Bks.

E 29287

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 29287

REGISTERED NO. _____

1-PLACE OF DEATH Sinai Hospital

City of BALTIMORE: (No. 7-13 St., _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Friedman

(a) RESIDENCE NO. Ashville N C St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. 5 ds. How long in U. S., if of foreign birth? 30 yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bessie Friedman

6 DATE OF BIRTH (month, day and year): June. 14. 1877

7 AGE: Years 55 | Months 6 | Days 26 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Furniture

(b) General nature of industry, business, or establishment in which employed (or employer): Dealer

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Russia

PARENTS

10 NAME OF FATHER Baril Friedman

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Russia

14 Informant Jack Louis

(Address) 1439 E. [illegible] St. BALTIMORE, MD.

Filed JAN 10 1928

By _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

1/9/28

17 I HEREBY CERTIFY, That I attended deceased from 1/4, 1928, to 1/9, 1928, that I last saw h[illegible] alive on 1/9/28, 19 _____, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Uremia

(Unknown duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY _____

(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted _____

If not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) Meyer Muller, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: D. Hebrew Wash Rd Date of Burial 1/10 19 28

20 UNDERTAKER: Jack Louis ADDRESS 1439 E. [illegible] St.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29288

CERTIFICATE OF DEATH.

100-001

E 29288

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 N. Broadway ST. 6-9 WARD)

2-FULL NAME Morris Baum

(a) RESIDENCE NO. 11 N. Broadway ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? 7 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Nettie Baum

6b DATE OF BIRTH (month, day, and year): Unknown

AGE: Years 82; Months —; Days —; If LESS than 1 day, hrs. or min.

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country): Russia

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

Informant: Louis Baum

(Address) 11 N. Broadway

Filed JAN 10 1928 HAMILTON JONES, C. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 9 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept 3rd 1927, to Jan 9th 1928.

that I last saw h[illegible] alive on Jan 8 1928.

and that death occurred, on the date stated above, at 10:30 P m.

The CAUSE OF DEATH* was as follows:

Heart trouble &
Bronchopneumonia

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary): Chronic Heart

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Degenerative myocarditis

(Signed) W. H. Chadwick, M. D.

, 19 (Address) 2225 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rehrer Rosedale

DATE OF BURIAL: 1/12 19 28

20 UNDERTAKER: Jack Lewis

ADDRESS: 1429 E. Eager St

Spec.—1-12-23—M&T—500 Bks.

E 29289

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 29289

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 St Paul St. 11-24 WARD) REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura Fiedelmeier

(a) RESIDENCE NO. 310 St Paul ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 16 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Frederick Fiedelmeier

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Eckert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Kate Fiedelmeier (Address) Self Conrad St.

15 Filed 1928 By H. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1928 Jan 7 1928

17 I HEREBY CERTIFY, That I attended deceased from January, 1922, to January 7, 1928, that I last saw her alive on January 6, 1928 and that death occurred, on the date stated above, at 11:45 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Bright's Disease

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. A. Hayden, M. D.

Jan 7 1928 (Address) 1428 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster DATE OF BURIAL 1928

20 UNDERTAKER Wm Cook ADDRESS Eutaw

Spec.—1-12-23—M&T—500 Blks.

E 29290

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

135 E 29290

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 800 E 41 st ST. 9-47 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Blessing

(a) RESIDENCE No. 800 E 41 st ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Amelia Blessing

6 DATE OF BIRTH (month, day, and year): 11 24 1842

7 AGE — Years: 85 — Months: 1 — Days: 16 — If LESS than 1 day, hrs. or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Foreman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: John Blessing

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Amelia Blessing

(Address): 800 E 41 st Street

15 Filed JAN 10 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 9th 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 7 1928, to Jan 9 1928, that I last saw h— alive on Jan 8 - 1928 and that death occurred, on the date stated above, at 7:8 m

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia with Arteriosclerosis -

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary): Bronchitis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Robert Underhill, M. D.

Jan 10 1928 (Address) Robert Underhill

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: 1 12 1928

20 UNDERTAKER: Albert L Heltz Jr

ADDRESS: 1606 N Chester St

Spec.—1-12-23—M&T—500 Bks.

Amanda Perkins

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29291

CERTIFICATE OF DEATH.

E 29291

REGISTERED NO. 74

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 10-14 WARD)

2-FULL NAME Amada Perkins

(a) RESIDENCE NO. 1213 Somerset ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: William Perkins

6 DATE OF BIRTH (month, day, and year) 2/13/1839

7 AGE: Years 88 | Months 10 | Days 26 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: Samuel Catlip

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Swann

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

Informant: E. Virginia Rider

(Address) 1106 Walton Avenue

Filed JAN 10 1928 HARRISON JONES, R.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/7/28 19

17 I HEREBY CERTIFY, That I attended deceased from 12/20/27, 19, to 1/7/28, 19,

that I last saw h-- alive on 1/7/28, 19,

and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

cerebral hemorrhage

Senility

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) coma

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Personal

(Signed) J. Lawrence Feaheny, M. D.

, 19 (Address) St. Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: 1/11/1928

UNDERTAKER: Albert L Hiltz Jr

ADDRESS: 1606 N Chester St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29292

CERTIFICATE OF DEATH.

E 29292

REGISTERED NO. 12-49

1-PLACE OF DEATH

City of BALTIMORE: (No.) 302 Greenway Apts. St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Jeannette McGill

(a) RESIDENCE NO. 302 Greenway Apts. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): September 28, 1850

7 AGE: Years 77 Months 3 Days 12 If LESS than 1 day hrs. or min. 11

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Bennington

(State or country): Vermont

PARENTS

10 NAME OF FATHER: Richard Cartwright

11 BIRTHPLACE OF FATHER (city or town)

(State or country): England

12 MAIDEN NAME OF MOTHER: Dorah Snow

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): England

14 Informant: George B. Clemmen

(Address): 302 Greenway Apts.

15 Filed NOV 13 1928

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 9, 1929 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, and (inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquest, autopsy and (inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

(duration) yrs. mos. ds.

CONTRIBUTORY (secondary)

(duration) yrs. mos. ds.

(Signed) M. D.

(Coroner)

1/10, 192 (Address) 3622 Roland Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the state yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Trenton N.J.

Date of Burial: Jan 10 1929

20 UNDERTAKER: Joseph B. Cook

ADDRESS: 1003 W. Baltimore St

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29293

CERTIFICATE OF DEATH

31

REGISTERED NO. E 29293

1-PLACE OF DEATH

City of BALTIMORE: (No. 47 Kirman Ave. St. 27-41 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Simon Lysakowski

(a) RESIDENCE NO. 47 Kirman Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. if of foreign birth yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Marie Lysakowski

6 DATE OF BIRTH (month, day, and year): Dec 25 99

7 AGE: 29 Years 28 Months 0 Days 15 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Printer

(b) General nature of industry, business, or establishment in which employed (or employer): Simpson & Roeller Co

(c) Name of employer

9 BIRTHPLACE (city or town): Germany

(State or country)

PARENTS

10 NAME OF FATHER: Joseph Lysakowski

11 BIRTHPLACE OF FATHER (City or town): Germany

(State or country)

12 MAIDEN NAME OF MOTHER: Louise Stoltz

13 BIRTHPLACE OF MOTHER (city or town): Germany

(State or country)

14 Informant: Marie Lysakowski

(Address) 47 Kirman Ave.

15 Filed JUN 10 1928 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 9th 28

17 I HEREBY CERTIFY, That I attended deceased from Nov 10 19 27 to Jan 9 19 28.

that I last saw him alive on Jan 8 19

and that death occurred, on the date stated above, at 1 AM.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

about (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) " yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical signs

(Signed) Leo F Kelly M. D.

19 19 (Address) 1937 Gough St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

Date of Burial: 1/12 19 28

20 UNDERTAKER: Philip Herrig

ADDRESS 2216 Eutaw St

Spec.—1-J2 23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29294

CERTIFICATE OF DEATH.

124 E 29294

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 N Edenst. 5-9 WARD)

2-FULL NAME Isaiah Halley

(a) RESIDENCE NO. 600 N Edenst. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE Nannie Halley

6 DATE OF BIRTH (month, day, and year) May 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer) O/H

(c) Name of employer Terminal Shipping Co St Mary's Co Md.

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Geo Halley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Eliza Barnes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Nannie Halley

(Address) 600 N Eden st

Filed ... 19... HARRISON JONES M. D. Registrar

Jan 7 1928.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct. 1927. to Jan 7. 1928.

that I last saw him alive on Jan 7. 1928.

and that death occurred, on the date stated above, at 11 30 P. m.

The CAUSE OF DEATH* was as follows:

Parenchymatous Nephritis

(General Sclerosis)

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency and Hypertrophy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R J Gosling M. D.

1/9. 1928 (Address) 1429 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemy DATE OF BURIAL Jan 11 19

20 UNDERTAKER Lottie Gross ADDRESS 1408 McElderry St

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29295

CERTIFICATE OF DEATH

100-001

E 29295

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2606 Llewelyn Ave St., 46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John W. St. Lembach

(a) RESIDENCE NO. 2606 Llewelyn Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 4 mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 19 1926

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	1	4	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.

(State or country)

PARENTS

10 NAME OF FATHER Charles J. Lembach

11 BIRTHPLACE OF FATHER (City or town) Baltimore

(State or country)

12 MAIDEN NAME OF MOTHER Dorothy M. Ulrich

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Md

14 Informant Wm. Charles J. Lembach

(Address) 2606 Llewelyn Ave

15 Filed 19 H. LAWSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 8 19 28

17 I HEREBY CERTIFY, That I attended deceased from Jan 8, 19 28, to Jan 8, 19 28, that I last saw him alive on Jan 8, 19 28, and that death occurred, on the date stated above, at 8:20 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John D. Peck M. D.

1/9 19 28 (Address) 936 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — Date of Burial Jan. 10 19 28

20 UNDERTAKER Henry Hoen & Son — ADDRESS 1501 E Eager St

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29296

CERTIFICATE OF DEATH

33 E 29296

1-PLACE OF DEATH Jenkins Memorial Hospital

REGISTERED NO.

City of BALTIMORE: (No. Caton Ave. St. 813 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alfred J. Morris

(a) RESIDENCE NO. 1523 E. Biddle St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~; (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec. 22 1875

7 AGE: Years 53 Months — Days 17 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Fireman on Platform for C&O

(b) General nature of industry, business, or establishment in which employed (or employer): Western Maryland R. R.

(c) Name of employer: R. R.

9 BIRTHPLACE (city or town): Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER: Sam. Morris

11 BIRTHPLACE OF FATHER (City or town): Balto. Md

(State or country)

12 MAIDEN NAME OF MOTHER: Julia Cox

13 BIRTHPLACE OF MOTHER (city or town): Va

(State or country)

14 Informant: Jenkins Memorial Hospital

(Address): Caton Ave Balto Md

15 Filed ... C. HAMILTON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 9. 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1927, to Jan 9, 1928,

that I last saw him alive on Jan 9, 1928,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

Cardiac dilatation

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis - pericardial

(duration) 3 yrs. mos. ds.

18 Where was disease contracted? Over

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy

(Signed) E. H. Hayward M. D.

Jan 9. 1928 (Address) 225 W Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — Date of Burial: Jan. 12 1928

20 UNDERTAKER: Henry Hoeck & Son — ADDRESS: 301 E Eager St

Spec. 1-10-21 M&T 1500 Bks.

29297

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12 E 29297

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3103 Belair Road (ST.) 8-40 (WARD)

2-FULL NAME Frieda A. Machoy

(a) RESIDENCE NO. 3103 Belair Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. 5 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 6 - 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	39	5	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Maryland Glass Corporation

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Edward Machoy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Christina Bornmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Louis E. Machoy

(Address) 501 Radnor Ave Govans

15 Filed JAN 10 1928 H. HANSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept 15, 1927, to Jan 9, 1928

that I last saw her alive on Jan 8, 1928,

and that death occurred, on the date stated above, at 5:50 a m.

The CAUSE OF DEATH* was as follows:

Nephritis Chronic diffuse

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

Uremia (duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinic & Path Analysis

(Signed) E. H. Smolla M. D.

(Address) 817 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Immanuel Lutheran Cem Laurel Md DATE OF BURIAL 1/11/28

20 UNDERTAKER: Geo. Weber & Son ADDRESS 2903 Edmondson Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 E 29298

E 29298

REGISTERED NO.

1 PLACE OF DEATH

City of BALTIMORE: (No. 608 S. Eutaw St. St. 22-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME William Griffin.(C)

(a) RESIDENCE NO. 608 S. Eutaw St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	50	----------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William H. Griffin. (C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Eliza White.(C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Annie Glascow. (sister)

(Address) 608 S. Eutaw St.

Filed NOV 10 1928 HAMPSON JONES, M. D. Registrar

For

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 8, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

Otto M Reinhardt M. D.
(Coroner)

1/9 19 27 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the state yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial Jan 10 1928

20 UNDERTAKER Daniel Eardley ADDRESS 916 Park Ave

Cor.—12-9-25—A Co.—200 Bks.

E 29299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

182 ; E 29299

REGISTERED NO.

1-PLACE OF DEATH

Ground Floor

City of BALTIMORE: (No. Colonial Hospital No. 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wallace Ryan

(a) RESIDENCE NO. 1617 McCulloh St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male | 4 Color or Race: colored | 5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 6, 1923.

7 AGE: Years 5 | Months | Days 2 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Henry Ryan

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Elice Hall

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Henry Ryan
(Address) 1617 McCulloh St.

15 Filed 10 1928 C. HAMPSON JONES, M. D. Registrar
Per B.C.H.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the date stated above.

The CAUSE OF DEATH* was as follows:

Drowned (accidental) (Druid Hill Park)
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fell through thin ice
(duration) yrs. mos. ds.

(Signed) J. J. Hennessy M. D.,
(Coroner)

1928 (Address) 25 N. Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem. Date of Burial: June 10 1928

20 UNDERTAKER: Daniel Easton ADDRESS 916 [illegible]

Spec.—1-12-23—M&T—500 Bks.

E 29300

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29300

CERTIFICATE OF DEATH.

75-00

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 809 W Lexington (St.) 18-26 (Ward)

2-FULL NAME Laura Matilda Orange

(a) RESIDENCE NO. 809 W Lexington ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. Orange

DATE OF BIRTH (month, day, and year) [illegible]

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dom

(b) General nature of industry, business, or establishment in which employed (or employer) 0/0

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va.

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) [illegible]

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) [illegible]

Informant George Orange Jr. (Address) 809 Lexington St

Filed JAN 9 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-8-1928

17 I HEREBY CERTIFY, That I attended deceased from 12/9, 1927, to 1-8, 1928, that I last saw her alive on 1-7-, 1928 and that death occurred, on the date stated above, at 9:30 p m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho-pneumonia

Arteriosclerosis

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Senility - Left Hem-plegia (duration) about 2 1/2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. P. Jackson, M. D.

1/9, 1928 (Address) 808 W Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Jan 11, 1928

20 UNDERTAKER Mrs. [illegible] R. Williams

ADDRESS 322 N Schroeder St

HARRISON JONES, M. D.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29301

CERTIFICATE OF DEATH.

E 29301

74-08

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2141 N Mount St. 19-27 Ward)

2-FULL NAME Lizzie Briscoe

(a) RESIDENCE NO. 214 N. Mount St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Mar

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day and year) [illegible]

7 AGE: Years 54 | Months [illegible] | Days | IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Balto

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Md.

12 MAIDEN NAME OF MOTHER Martha Gray

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Md

14 Informant Irma Gray

(Address) 422 N Patterson

Filed NOV 10 1928 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 23 1927, to Jan 7, 1928, that I last saw h__ alive on Jan 7, 1928, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Arterio sclerosis

Pulmonary edema

(duration) ____ yrs. ____ mos. 1 ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of No

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) D C H Norwood, M. D.

June, 19 (Address) 937 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — Date of Burial: Jan 11, 1928

20 UNDERTAKER: Mrs. Katie R. Williams — ADDRESS 322 N Schroeder St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44

E 29302 DEATH

REGISTERED NO. D 29302

City of BALTIMORE: (No. 741 Vine St. 4-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Spence

(a) RESIDENCE NO. 741 Vine St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	47			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer) 0/0

(c) Name of employer

9 BIRTHPLACE (city or town) Malto

(State or country)

PARENTS

10 NAME OF FATHER Thomas Spence

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Annie Thompson

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Annie Marshall

(Address) 741 Vine St

15 Filed 10 1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-7 1928

17 I HEREBY CERTIFY, That I attended deceased from 12-1- 1927, to 1-7, 1928,

that I last saw [illegible] alive on 1-6- 1928,

and that death occurred, on the date stated above, at 5.31 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Sigmoid & Metastasis

about (duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death? yes Date of

Was there an autopsy!

What test confirmed diagnosis? Operation

(Signed) [illegible], M. D.

1/9, 1928 (Address) 80 W Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Date of Burial Jan 10 1928

20 UNDERTAKER Samuel Stansbury ADDRESS Mt Belle

Spec.—1-12-23—M&T—500 Blks.

E 29303 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29303

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3012 Echodale Ave STREET) (WARD) 27-44

2-FULL NAME Josephine Trueschler

(a) RESIDENCE No. 3012 Echodale Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6 If married, widowed, or divorced HUSBAND of or) WIFE of the late Conrad Trueschler

DATE OF BIRTH (month, day, and year) Sept. 5th 1862

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	4	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Phila Pa.

10 NAME OF FATHER Bom Pilster.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Leinkuhler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Philip J. Trueschler (Son) (Address) 3012 Echodale Ave

Filed 19 C. HAMILTON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 16, 1927, to Jan 8, 1928, that I last saw her alive on Jan 7, 1928, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma - Liver

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Walter W Wurfel M. D.

(Address) 2800 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery DATE OF BURIAL Jan. 11th 1928

UNDERTAKER D. Lilly & Zeiler ADDRESS 1033 W Fayette St

Spec. 17-26—A Co.—200 Bks.

E 29304

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129-E 29304

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1500 Harlem Ave St. 16-22 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret F Reynolds

(a) RESIDENCE NO. 1500 Harlem AVE St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Lee Reynolds

6 DATE OF BIRTH (month, day, and year): July 5th 1853

7 AGE: Years 74 Months 6 Days 6

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John Dushane of V

11 BIRTHPLACE OF FATHER (City or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Elizabeth Evans

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Clarence F. Reynolds

(Address) 12 Club Rd. Roland Park

15 Filed JAN 10 1928, 19 HAMILTON JONES, M. D. Registrar

Per RCH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 8 1928

17 I HEREBY CERTIFY, That I attended deceased from June 28, 1924, to Jan 8 - 1928.

That I last saw h.er alive on Jan 20 19 27

And that death occurred, on the date stated above, at 8.50 A m.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis & Nephritis

(duration) 5 or 6 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Cerebral apoplexy. Suddenly

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual

(Signed) Hamilton Jones M. D.

1928 (Address) 626 N. Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem — Date of Burial 1-10 1928

20 UNDERTAKER: Wm Chas A Rohde — ADDRESS 2327 Edmondson Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29305

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

186-003

10-14

REGISTERED NO. E 29305

City of BALTIMORE: (No. St. Joseph Hospital St. (Ward)

2-FULL NAME Mary Ann Taylor

(a) RESIDENCE NO. 1327 Homewood Ave St. Ward

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas Taylor

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 64 Months — Days — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Ireland

PARENTS

10 NAME OF FATHER John Brown

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Ireland

14 Informant: Thos. Taylor

(Address): 1327 Homewood Ave

Filed 1-10 1928 G. HARRISON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 8/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock-Intraabdominal Injuries
Accidently struck by automobile
at Homewood ave & Preston St.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. Gilmore M. D.

(Coroner)

1/9/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery Date of Burial: Jan 11 1928

20 UNDERTAKER: Chas J. Evans & Son ADDRESS: 1118 Mt Royal Ave

Spec.—1-12-25—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29306

CERTIFICATE OF DEATH.

128 E 29306

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 917 E. Hoffman St., 9-18 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur Michael Kinsella

(a) RESIDENCE NO. 917 E. Hoffman ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9/ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Dec 21 1927

8 AGE — Years: — Months: — Days: 18 — If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Patrick J. Kinsella

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Moran

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

PARENTS

14 Informant Patrick J. Kinsella

(Address) 917 E. Hoffman St.

FILED 1928 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928, to Jan 9, 1928, that I last saw h[e] alive on Jan 9, 1928, and that death occurred, on the date stated above, at 7 9 m.

The CAUSE OF DEATH* was as follows:

acute Nephritis

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical symptoms

(Signed) Wm Pearce, M. D.

1928 (Address) N Paul & Preston Sts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — DATE OF BURIAL: Jan 11, 1928

20 UNDERTAKER: Bela Wadefield — ADDRESS: 914 Fremont Ave

Cor.—12-9-25—A Co.—200 Bks.

E 29307

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29307

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hospital 1723 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Audrey B. Glover

(a) RESIDENCE NO. 827 N. Fremont St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 14, 1904

7 AGE: Years 18 Months 3 Days 23

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: General

9 BIRTHPLACE (city or town):

(State or country): Md

PARENTS

10 NAME OF FATHER: Walter Glover

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md

12 MAIDEN NAME OF MOTHER: Catherine Foun

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md

14 Informant: Catherine Gaither

(Address) 827 N. Fremont Ave

C. HAMPSON JONES, M. D.

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 7, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Homicide

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Pistol shot wounds

(duration) yrs. mos. ds.

(Signed) Geo. W. Fennell, M. D.
(Coroner)

1925 (Address) 2572 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Calvary — Date of Burial: Jan 11 1926

20 UNDERTAKER: Joseph G Lively — ADDRESS 409 Mount Street

0 1926

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29308 E 29308

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 726 N. Carey St. 16-23 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Edward Turner

(a) RESIDENCE NO. 726 N. Carey ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta Turner

6 DATE OF BIRTH (month, day, and year) Dec. — 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	5		

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) OHO

(c) Name of employer

8 BIRTHPLACE (city or town) Baltimore, (State or country) Md.

10 NAME OF FATHER George Turner

11 BIRTHPLACE OF FATHER (city or town) Washington, D.C. (State or country) Md.

12 MAIDEN NAME OF MOTHER Henrietta ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) ?

Informant Employer Hamilton

(Address) 1½ D. Carey

Filed 1928 14 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928, to Jan 7, 1928, that I last saw h— alive on Jan 8, 1928, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. L. Berry, M. D.

, 19 (Address) 1520 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Calvary — DATE OF BURIAL Jan 12 1928

20 UNDERTAKER Joseph A Lively — ADDRESS 707 N. Mount Street

Spec.—1-12-23—M&T—500 Bks.

Charles Keeling

E 29309

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29309

CERTIFICATE OF DEATH.

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 19-28 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Keeling

(a) RESIDENCE NO. 336 S. Norris st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
57	56			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Joseph Keeling

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Ori Keeling

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

Informant Hospital Records

(Address)

Filed 19 C. HAMPSON JONES, M. D.

JAN 1 0 1928 Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 7 19 28

17

I HEREBY CERTIFY, That I attended deceased from Jan. 4, 19 28, to Jan. 7, 19 28,

that I last saw h[illegible] alive on Jan. 7, 19 28,

and that death occurred, on the date stated above, at 10.55 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure

(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

1-7, 19 28 (Address) Baltimore City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL JAN 1 0 1928

20 UNDERTAKER Commissioner Health.

ADDRESS

Per Wm. A. WOODALL

Spec.—1-12-23—M&T—500 Bks.

E 29310

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29310

CERTIFICATE OF DEATH.

385

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITAL St. 3-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herbert Carlson

(a) RESIDENCE No. 240 S. Spring St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	Colored	?

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Coalman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer ?

BIRTHPLACE (city or town) (State or country) North Carolina

10 NAME OF FATHER Isaac Carlson

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Amy ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

Informant (Address) Records

Filed JAN 10 1928, 19 Pm 206 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/6/ 1928

17

I HEREBY CERTIFY, That I attended deceased from , 19 , to Jan. 6 , 1928, that I last saw him alive on Jan 6 , 1928 and that death occurred, on the date stated above, at 12:15 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic & acute

Syphilis.

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General Symptoms

(Signed) C. Hampson Jones M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: JAN 10 1928

20 UNDERTAKER: Commissioner Health.

Per Wm. S. Woodall

Spec.—1-10-21—M&T—1500 Bks.

E 29311

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 29311

90

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 3301-Calloway Ave, 12-54 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Jane Gissinger

(a) RESIDENCE No. 3301 Calloway Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wid. John P. Gissinger

6 DATE OF BIRTH (month, day, and year): Jan. 11—1854

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
73	11	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work:

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Penna.

PARENTS

10 NAME OF FATHER George Benedich

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penna.

12 MAIDEN NAME OF MOTHER Mathilda Bourung

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penna.

14 Informant: Mrs. Barbara Runkel

(Address) 3301 Calloway Ave

15 1928 C. HAMPSON JONES, M. D. Registrar

D. [illegible] RFH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/9. 1928

17 I HEREBY CERTIFY, That I attended deceased from 1-1, 1926, to 1-9, 1928, that I last saw her alive on 1/8, 1928, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Myocarditis

Coronary Thrombosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. J. Burgard M. D.

1928 (Address) 1128 Mulberry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lewisberg York Co Pa. DATE OF BURIAL: Jan 12 1928

20 UNDERTAKER: Josiah Styer. ADDRESS: 1600 W. North Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29312

CERTIFICATE OF DEATH.

+9 E 29312

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp ST. 1559 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Neser

(a) RESIDENCE NO. 1606 W. North ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: may 4 1927

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 70 | Months 7 | Days 6 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER: Charles Neser

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant (Address): Carl Neser 1606 W. North ave

FILED 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 10 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 3, 1927, to January 10, 1928, that I last saw h in alive on January 9, 1928, and that death occurred, on the date stated above, at 8.45 a.m.

THE CAUSE OF DEATH* was as follows:

Cancer of Lung

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Same

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) George C Boaz, M. D.

, 19 (Address) Bon Secours Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: Jan. 13, 28

20 UNDERTAKER: Josiah Syfer

ADDRESS: 1600 W. North ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29313

CERTIFICATE OF DEATH.

90 E 29313

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St 16-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine M. Fleckenstein

(a) RESIDENCE NO. 1109 N. Eden St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7/2/1870

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	57	6	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Duties

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER John Fleckenstein

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Annie -----

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Elizabeth Fleckenstein

(Address) 1109 N. Eden St.

Filed 1928 C. HAMPSON JONES, M. D.

By Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192

Jan 8/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation-Probably Valv. Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) History of Rheumatism

(duration) yrs. mos. ds.

(Signed) J. H. Collins M. D.

(Coroner)

1/9/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemy Date of Burial Jan 11 1928

20 UNDERTAKER George J. Ruth ADDRESS 1735 Harford Ave

Spec.—1-12-23—M&T—500 Blks.

229907
229314

HEALTH DEPARTMENT—CITY OF BALTIMORE E 29314

CERTIFICATE OF DEATH.

21

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST. 9-16 (WARD)

2-FULL NAME Genevieve Harrijan

(a) RESIDENCE NO. 1606 Lemmt ST. Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 11-18-27

7 AGE: Years | Months 1 6mths | Days 21 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md —

PARENTS

10 NAME OF FATHER Francis Harrijan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md —

12 MAIDEN NAME OF MOTHER Catherine McClay

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa —

14 Informant Records —

(Address)

15 JAN 10 1928 C. HAMPSON JONES, M. D.

Filed . 19 By Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 6 . 1928 . to Jan - 9 . 1928.

that I last saw her alive on Jan 9 . 1928

and that death occurred, on the date stated above, at 10 40 4 m.

The CAUSE OF DEATH* was as follows:

Erysipelas (Scarlet fever) (No preceding lesion of skin)

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Intoxication p. Erysipelas

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) J. S. Bennett, M. D.

Jan 10. 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery | DATE OF BURIAL: Jan 11 1928

20 UNDERTAKER: Geo J. Ruth | ADDRESS: 1735 Hayford a

Cor.—12-9-25—A Co.—200 Bks.

E 29315 HEALTH DEPARTMENT—CITY OF BALTIMORE 181-E 29315

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hospital St. 14-20 Ward)

2-FULL NAME Seth Sears Day

(a) RESIDENCE NO. 1823 Eutaw Place St. Ward

(Usual place of abode).

Length of residence in city or town where death occurred 6 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Jacobs

6 DATE OF BIRTH (month, day, and year) Dec. 3, 1888

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	39	1	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) (Disabled Veteran

(c) Name of employer of World War)

9 BIRTHPLACE (city or town) Jamestown

(State or country) Washington State

PARENTS

10 NAME OF FATHER Malen A. Day

11 BIRTHPLACE OF FATHER (city or town) Columbus

(State or country) Pa.

12 MAIDEN NAME OF MOTHER Adelaide Raymond

13 BIRTHPLACE OF MOTHER (city or town) Columbus

(State or country) Pa.

14 Informant Mrs. Grace J. Day

(Address) 1823 Eutaw Place

15 1928 C. HAMPSON JONES, M. D.

By ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

asphyxiation by gas.

gas heater (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Accidental

(duration) ....yrs. ....mos. ....ds.

(Signed) J. J. Kennedy M. D.

(Coroner)

1928 (Address) 2572 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arlington National Cem. Date of Burial 6/11, 1928

20 UNDERTAKER Henry W. Myers & Sons ADDRESS Edmondson Ave

Spec.—1-12-23—M&T—500 Bks.

(Weatherstine)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29316 E 29316

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Balto City Hospital St. 26-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John F Weatherstine

(a) RESIDENCE No. 1 Bruges rd. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Julia Weatherstine

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
75				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bricklayer

(b) General nature of industry, business, or establishment in which employed (or employer) Oil

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER E F Weatherstine

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Christina Bonvin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Julia Weatherstine (Address) Middle River

15 Filed JAN 1928 C. HAMPSON JONES, M. D. Registrar

Del

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-8-1928

17 I HEREBY CERTIFY, That I attended deceased from 12-26, 1927, to 1-8-, 1928, that I last saw him alive on 1-8-, 1928, and that death occurred, on the date stated above, at 3.15 a m

The CAUSE OF DEATH* was as follows:

Bronco Bronchial pneumonia

Chronic Interstitial Nephritis

Acute Uremic Retention

(duration) Indefinite ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 12-30-27

Was there an autopsy? No

What test confirmed diagnosis? Cystoscopic & Laboratory

(Signed) M Meyer M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cemetery — DATE OF BURIAL Jan 11 1928

20 UNDERTAKER Wm G. Connelly — ADDRESS Essex

Spec.—1-12-23—M&T—500 Blks.

2 0 29317

HEALTH DEPARTMENT—CITY OF BALTIMORE 29317

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 7-9 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry S. Gay

(a) RESIDENCE No. 21-5th Case ST. WARD Warren Pa.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1863

8 AGE: Years 65 — Months — Days — If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Pa —

10 NAME OF FATHER F. H. Gay

11 BIRTHPLACE OF FATHER (city or town) (State or country): U. S. —

12 MAIDEN NAME OF MOTHER Martha Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country): U. S. —

Informant Friends —

(Address)

Filed 1928 C. HAMPSON JONES, M. D. Registrar

By —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 16 1927 to Jan 10 1928 that I last saw him alive on Jan 10 1928 and that death occurred, on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:

Myocardial failure

(duration) yrs. 11 mos (History) ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller. M. D.

1/10/1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Warren Pa and

DATE OF BURIAL: Jan 10 1928

20 UNDERTAKER: John O. Mitchell Sons

ADDRESS: 900 Eutaw Place

Spec.—1-12-23—M&T—500 Bks.

29318

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 29318

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 18-24 ST. WARD)

2-FULL NAME William J. O'Donnell

(a) RESIDENCE NO. 934 W. Lombard ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of or) WIFE of: Mary O'Donnell

6 DATE OF BIRTH (month, day, and year): June 4, 1850

7 AGE: Years 77 Months 7 Days 4 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Mass.

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): ? Ireland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ? Ireland

14 Informant (Address): Records

15 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/31/1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1928 to Jan. 31, 1928 that I last saw him alive on Jan 31, 1928 and that death occurred, on the date stated above, at 9:00 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Myocarditis, chronic

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Gross & Lab

(Signed) C. Stevens Boyd, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters Cem — DATE OF BURIAL: Jan 11 1928

20 UNDERTAKER: George J Smith — ADDRESS 153 L Hollins

Spec.—1-12-22—M&T—500 Blks.

(Kluth)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29319

E 29319

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital (St.) 46-68 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ferd. C. Kluth

(a) RESIDENCE NO. 2528 Arunah Avenue (St.) (Ward)

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie E. Kluth

DATE OF BIRTH (month, day, and year): Dec. 6, 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	1	-	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Foreman for

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: J. H. Ferd. Hahn (Brass)

BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

10 NAME OF FATHER: Frederick C. Kluth, Sr

11 BIRTHPLACE OF FATHER (city or town): Baltimore

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Elizabeth Miller

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country): Maryland

Informant: Mrs. Annie E. Kluth

(Address): 2528 Arunah Ave.

Filed 1928 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 8 19 28

17 I HEREBY CERTIFY, That I attended deceased from Jan 6-28 to Jan 9-28.

that I last saw h alive on Jan 8 28. 19 50

and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Hemorrhage into stomach & intestine

(duration) yrs. mos. ½ ds.

CONTRIBUTORY (Secondary): Cirrhosis of liver

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edwin M Bolton M.D.

1/9 28 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery

DATE OF BURIAL: 1/12 19 28

20 UNDERTAKER: Chas B. Cook

ADDRESS: 1003 W. Baltimore St

Spec.—8-24-14—M. & T.—2000 Bks.

E 29320

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29320

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1729 E Byrd. St. 24-34 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jas. J. Lacy

(Residence in Baltimore: No. 1729 E Byrd St.; ....yrs.... mos.... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1881 (Year)

7-AGE. 46 yrs. ..... mos. ..... da.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Retired
(b) General nature of industry, business, or establishment in which employed (or employer). Fireman

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, James Lacy

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Elizabeth Brady

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. J. Lacy

(Address) 1729 Byrd St

15- C. HAMPSON JONES, M. D.

Filed ....., 1928 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 7th 1928 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 1st 1928, to Jan-7 1928, that I saw him alive on Jan-7 1928, and that death occurred, on the date stated above, at 7 30 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Yrs 1 Sk. Lungs

(Duration) 2 yrs. 6 mos. ..... da.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... da.

(Signed) Thomas H. Maguire M. D.

1-9-, 1928 (Address) 111 E. Lloyd St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn DATE OF BURIAL, Jan. 10, 1928

20-UNDERTAKER J. Gallagher ADDRESS 1318 Light St

Spec.—1-10-21—M&T—1500 Bks.

29321

HEALTH DEPARTMENT—CITY OF BALTIMORE

29321

CERTIFICATE OF DEATH.

101

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 15 S West ST. 23-33 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ann Lancaster

(a) RESIDENCE NO. 15 S West ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fmale	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2/7/27

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
	11	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Hector Lancaster

11 BIRTHPLACE OF FATHER (City or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Minnie Balsamo

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Balto Md

14 Informant Mother

(Address)

15 Filed JAN 10 1928 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10/28

17 I HEREBY CERTIFY, That I attended deceased from Jan 3/28, 19 to Jan 10/28, 19

that I last saw h[illegible] alive on Jan 10/28, 19

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry B Kolb M. D.

Jan 10/28, 19 (Address) 15 W Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Balto

DATE OF BURIAL 1/11 1928

20 UNDERTAKER J. F. Staley & Sons

ADDRESS 13 W Biddle St

Spec.—1-12-23—M&T—500 Blks.

E 29322

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29322

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals WARD) 9

2-FULL NAME Katie Curry

(a) RESIDENCE NO. 1529 Jefferson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col.	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Curry

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
75				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Adam Cain

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Nelly Nature

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Dr Rieman (Address)

15 Filed N 11 1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-7-1928

17 I HEREBY CERTIFY, That I attended deceased from 1-5, 1928 to 1-7-1928

that I last saw her alive on 1-7, 1928

and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Rheumatic Cardiovascular Disease

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Blueyeu M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Auburn Cemetery Jan. 11 1928

DATE OF BURIAL

20 UNDERTAKER: Chas. H. Johnson

ADDRESS: 416 N. Carrollton Ave

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29323

CERTIFICATE OF DEATH

90

REGISTERED NO. E 29323

1-PLACE OF DEATH

City of BALTIMORE: (No. 524 S Castle St. 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Przybylski

(a) RESIDENCE NO. 524 S Castle St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 28 1868

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
59 60		9	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work do

(b) General nature of industry, business, or establishment in which employed (or employer) Labor

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Ida Jones

(Address) 524 S Castle St.

N 1 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 30, 1927, to Jan 8, 1928, that I last saw h[illegible] alive on " 8, 1928, and that death occurred, on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 1 mos. 9 ds.

CONTRIBUTORY (Secondary) Valvular Dis Heart

(duration) yrs. 6 mos. ds.

18 Where was disease contracted

If not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) C. C. Smith M. D.

Jan 9, 1928 (Address) 405 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Holy Rosary Cem Jan	12 1928
20 UNDERTAKER	ADDRESS
John H Weber	1803 Fremont Ave

Spec.—1-12-23—M&T—500 Bks.

Duppin

HEALTH DEPARTMENT—CITY OF BALTIMORE

29324

CERTIFICATE OF DEATH.

29324

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ____ St. 14-20 Ward)

REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henrietta Duppin

(a) RESIDENCE No. 1536 Argyle Ave St. ____ WARD ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Geo. I. Duppin

6 DATE OF BIRTH (month, day, and year): April 10-1878

7 AGE: 49 Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min.

50 (?) 8 29

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None. 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Washington West

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Caroline ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Records

15 Filed JAN 11 1928 C. HAMILTON JONES, Registrar Per ____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/9/1928

17

I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1927, to Jan. 7, 1928

that I last saw her alive on June 9, 1928

and that death occurred, on the date stated above, at 10:20 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic interstitial nephritis arteriosclerosis

(duration) ____ yrs. 3 mos ____ ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? No Date of ____

Was there an autopsy? Yes

What test confirmed diagnosis? General & Lab

(Signed) C. Holmes Boyd, M. D.

1-10 1928 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: M. Auburn

DATE OF BURIAL: Jan 12 1928

20 UNDERTAKER: Wm H. Burns Son

ADDRESS: 1400 Mosher

Spec.—1-12-23—M&T—500 Bks.

E 29325

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 29325

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 4 W. University Pkwy. WARD 12-49

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Elizabeth Woodall

(a) RESIDENCE NO. 4 W. University Pkwy ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Jas. Woodall

7 DATE OF BIRTH (month, day, and year): June 23-1844

8 AGE

Years	Months	Days	If LESS than 1 day, hrs or min
83	6	16	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): "

(c) Name of employer: "

10 BIRTHPLACE (city or town) (State or country): Leesburg Va.

11 NAME OF FATHER: John B. Rathie

11 BIRTHPLACE OF FATHER (city or town) (State or country): France

12 MAIDEN NAME OF MOTHER: Mary Fadely

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

Informant: Jas. Woodall

(Address) 4 W. University Pkwy

Filed ..... 19.. HARRY JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 9 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 6 1928 to Jan 9 1928

that I last saw her alive on Jan 9 1928

and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows: Acute Cardiac Dilatation

CONTRIBUTORY (Secondary) (duration) yrs. mos. 1 ds. Myocarditis

18 Where was disease contracted if not at place of death? (duration) 1 yrs. mos. ds.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Geo. W. Hyngstrom M.D.

1/11 1928 (Address) 401 E 20th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cem

DATE OF BURIAL: Jan 11 1928

20 UNDERTAKER: Wm. J. Tuckner & Sons

ADDRESS: N. Y Pa

Cor.—12-9-25—A Co.—200 Bks. Paul S. Paulauskas

E 29326

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29326

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2202 Eutaw St., Ward 30) REGISTERED NO.

2-FULL NAME P. S. Paulauskas

(a) RESIDENCE NO. 2202 Eutaw St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. — mos. — ds. How long in U. S., if of foreign birth? 15 yrs. — mos. — ds.

(If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) No. 1875

7 AGE 53 Years —	Months —	Days	IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Tailor

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Lithvania

PARENTS

10 NAME OF FATHER No.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Lithvania

12 MAIDEN NAME OF MOTHER No.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Lithvania

14 Informant J. Butvila

(Address) 218 S Eutaw Street

15 Filed JAN 11 1926 C. HAMPSON JONES, M. D. Registrar

By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5 1926

17 I HEREBY CERTIFY that I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry, find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Mitral Stenosis

CONTRIBUTORY (Secondary) (duration) yrs. mos. 1 ds.

(Signed) C. E. Hodes M. D.

(Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. Is the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Russian Independet Cem. Jan. 11, 1926

20 UNDERTAKER — ADDRESS

John Greblauckas J. 423 S Pace St.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29327

CERTIFICATE OF DEATH.

58-002

E 29327

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1927 Linden Ave ST.) (14-20 WARD)

2-FULL NAME Belle Pfifferling

(a) RESIDENCE No. 1927 Linden Ave ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write this word)
F	W	Married

6 If married, widowed, or divorced HUSBAND of or) WIFE of Henry Pfifferling

DATE OF BIRTH (month, day and year) 11/22/1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	64	10	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto city Md

10 NAME OF FATHER Moses Bergman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Henrietta Kirschen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant (Henry Pfifferling)

(Address) 1927 Linden Ave

Filed 11 1928

C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov 9 1927 to Jan 10 1928

that I last saw her alive on Jan 10 1928

and that death occurred, on the date stated above, at 9:50 m.

The CAUSE OF DEATH* was as follows:

Abscess in thigh - Phlegmonous erysipelas 1 month.

25 years

(duration) yrs. mos ds

CONTRIBUTORY (Secondary) Oedema of lungs (acute dilatation of heart) (duration) yrs. 0 mos. 1 ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? Yes Date of Nov 10 27

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) I Frederick Lee M. D.

1/10, 1928 (Address) Temple Gardens

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Friendship	1/12 1928
20 UNDERTAKER	ADDRESS
Jack Levin	1937 E Balt

Spec.—1-10-21—M&T—1500 Bks.

E 29328 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29328

CERTIFICATE OF DEATH.

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1256 Battery Ave (ST.) 24-33 (WARD)

2-FULL NAME James H Forrester

(a) RESIDENCE NO. 1256 Battery Ave ST., WARD ...
(Usual place of abode)
Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Forrester

6 DATE OF BIRTH (month, day, and year): Nov 18 1871

7 AGE: Years 56 | Months 1 | Days 22 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Manager
(b) General nature of industry, business, or establishment in which employed (or employer): Candy.
(c) Name of employer: McDowell Bowl Co.

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Robert Forrester
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.
12 MAIDEN NAME OF MOTHER: Mary McCord
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Elizabeth Forrester
(Address): 1256 Battery Ave

15 Filed JAN 11 1928 C. HAMILTON JONES, M. D. Registrar
By ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 10 1928

17 I HEREBY CERTIFY, That I attended deceased from January 4th 1928, to January 10 1928.
That I last saw h[illegible] alive on Jan 10 1928.
and that death occurred, on the date stated above, at 5:0 A m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Arteriosclerosis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of ...

Was there an autopsy?

What test (confirmed diagnosis)?

(Signed) Jos. C. Schmeisl M. D.

. 19 (Address) 1337 S Chas St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cem Co.
DATE OF BURIAL: 1-13 1928

20 UNDERTAKER: Gorter & Hanke
ADDRESS: 1156 W. Pratt St.

Spec.–7-17-26–A Co.—200 Bks.

E 29329

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 29329

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2901 W. Lanvale (Ward) 16-67

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Friedericka M. Schlesinger

(a) RESIDENCE NO. 2901 Lanvale St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: C. P. Schlesinger

6 DATE OF BIRTH (month, day, and year): Oct. 3rd 1835

7 AGE: Years 92 Months 3 Days 5

IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town): Germany

(State or country)

PARENTS

10 NAME OF FATHER: Carl Schlesinger

11 BIRTHPLACE OF FATHER (City or town): Germany

(State or country)

12 MAIDEN NAME OF MOTHER: Sophia Hatter

13 BIRTHPLACE OF MOTHER (city or town): Germany

(State or country)

14 Informant: Mrs. Linda T. Haytock

(Address) 2619 Ulsan Ave

15 Filed ..... 19 ..... CLAYTON JONES, M. D. Registrar

By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 8th 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1928, to Jan. 8, 1928, that I last saw h.. alive on Jan. 7, 1928, and that death occurred, on the date stated above, at 11 45 p. m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Sign & Symptoms

(Signed) L. M. Lumpkin, M. D.

Jan 10 1928 (Address) 3409 Callaway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Pauls Violetville — Date of Burial 1-11 1928

20 UNDERTAKER: Mrs Chas L Fehr — ADDRESS 2357 Edmondson Ave

3409 Callaway Place

Cor.—1-12-28—M&T—100 Bks.

E 29330

HEALTH DEPARTMENT—CITY OF BALTIMORE

40 E 29330

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No.) Tudor Hall Apartments ST. 13-52 WARD)

2-FULL NAME Eugene Aston Slack

(a) RESIDENCE NO. Tudor Hall Apartments ST., WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 7 mos. 7 ds. How long in U. S., if of foreign birth? 63 yrs. 8 mos. 20 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of May M. Slack

6 DATE OF BIRTH (month, day, and year) April-21-1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	8	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Shipping Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) Marine Shipments
(c) Name of employer Self

9 BIRTHPLACE (city or town) Washington
(State or country) Texas

10 NAME OF FATHER J.B. Slack

11 BIRTHPLACE OF FATHER (city or town) Philadelphia
(State or country) Penna.

12 MAIDEN NAME OF MOTHER Llewellyn Cilliland

13 BIRTHPLACE OF MOTHER (city or town) Newmanville
(State or country) Florida

PARENTS

14 Informant Mrs. May M. Slack (wife)
(Address) Tudor Hall Apts.

15 Filed JAN 1 1928 C. HAMILTON JONES, Registrar
By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/10 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to D death on the day stated above.

The CAUSE OF DEATH was as follows: Chronic Disease of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) John H. Mussell M. D.
(Coroner.)

1/10 1928 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Jan-12-28 192

20 UNDERTAKER ADDRESS

STERLING P. OWEN COMPANY 1 COWING STLAVE

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29331

CERTIFICATE OF DEATH.

90 E 29331

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 W 24th St. ST. 17-51 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nancy A. Salmons.

(a) RESIDENCE NO. 117 W 24th St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed.

6 If married, widowed, or divorced

(or) WIFE of Late John F. Salmons.

DATE OF BIRTH (month, day, and year) Dec 27, 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72.		16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) N. C.

10 NAME OF FATHER Alfred Warren

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Warren L. Salmons.

(Address) 117 W 24th St.

JAN 11 1928 C. HAMPSON JONES, M. D. Registrar.

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10, 1928.

17

I HEREBY CERTIFY, That I attended deceased from Nov. 5th, 1927, to Jan. 12th, 1928

that I last saw h[illegible] alive on Jan 12th, 1928

and that death occurred, on the date stated above, at 1245 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration)* 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilitation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) George H. Elcross, M. D.

, 19 (Address) 28 W 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL
Elkin North Carolina	Jan 14, 1928.

UNDERTAKER Chenoweth Son

ADDRESS 361 E Preston St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29332

CERTIFICATE OF DEATH.

100 1001

E 29332

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 64 Darby St. (St.) 13-57 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mildred O'Sh.

(a) RESIDENCE NO. 64 Darby St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9le yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): single

6 If married, widowed, or divorced HUSBAND of or) WIFE of: Child.

DATE OF BIRTH (month, day, and year): Dec 9, 1926.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Md.

10 NAME OF FATHER George H. O'Sh.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Rosie L. Simms

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant (Address) Thomas O'Sh. 64 Darby St.

Filed JAN 11 1928. HAMILTON JONES, M. D. Registrar

By R. C. K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 10, 1928.

17 I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1928, to Jan 10, 1928.

that I last saw h alive on Jan. 10, 1928

and that death occurred, on the date stated above, at 3 P.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia.

(duration) yrs mos 2 ds

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. H. Wellman M. D.

(Address) 1/11/28 2757 W. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Hanover Jan 12 1928

DATE OF BURIAL

20 UNDERTAKER: Chenowith & Son

ADDRESS 3618 Christmas ave

Spec.—1-12-23—M&T—500 Blks.

29333

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

V
16-001
16E 29333

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2621 Bernard St. 12-51 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Krantz

(a) RESIDENCE NO. 2621 Bernard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred - yrs. - mos. 10 ds. How long in U. S., if of foreign birth? - yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of -

7 DATE OF BIRTH (month, day, and year) December 22, 1927

AGE	Years	Months	Days	If LESS than 1 day, - hrs. or - min.
	0	0	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work -

(b) General nature of industry, business, or establishment in which employed (or employer) -

(c) Name of employer -

9 BIRTHPLACE (city or town) (State or country) 2621 Bernard Street Baltimore, Maryland

10 NAME OF FATHER Wallace Krantz.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Alice White

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant (Address) Alice Krantz. 2621 Bernard St.

Filed 1928 19 HAMPDEN, MD. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 7 1928

17 I HEREBY CERTIFY, That I attended deceased from December 29, 1928, to January 8, 1928, that I last saw h alive on January 8, 1928, and that death occurred, on the date stated above, at 3 P. m(?)

The CAUSE OF DEATH* was as follows:

Prematurity;
Malnutrition.

(duration) - yrs. - mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) - yrs. - mos. - ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No. Date of -

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) M. Alexander Norley M.D.

Jan. 10, 1928 (Address) 1516 Madison Avenue.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Hampden.

DATE OF BURIAL: Jan 11, 1928

20 UNDERTAKER: Cheronis & Son

ADDRESS: 3615 Eastern Ave

Spec.—1-12-23—M&T—500 Blks.

E 29334

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 29334

CERTIFICATE OF DEATH.

1-PLACE OF DEATH At John Hopkins Hosp

CITY OF BALTIMORE: (No. 13-51 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarence Young.

(a) RESIDENCE NO. 704 Linganore ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	White	Married

6 If married, widowed, or divorced
HUSBAND of (or WIFE of) Harriet R. Young.

DATE OF BIRTH (month, day, and year) Dec 13, 1876.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51.		27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cutter Worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Samuel Young.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown.

12 MAIDEN NAME OF MOTHER Florence Bell.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown.

Informant Harriet R. Young

(Address) 704 Linganore St.

Filed JAN 11 1928, 19 [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 3, 1928, to Jan 10, 1928.

that I last saw h— alive on Jan 10, 1928.

and that death occurred, on the date stated above, at 2 00 m.

The CAUSE OF DEATH* was as follows:

Empyema of Right side

Lobar pneumonia Right upper & right lower lobe

(duration) yrs. 1 mos 10 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes. Date of Jan 3, 1928

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical & autopsy

(Signed) A Laurence Fahrney, M. D.

, 19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Marys Hampden — DATE OF BURIAL Jan 13, 1928

20 UNDERTAKER Chenoweth Bros — ADDRESS 3615 Chestnut Ave

Spec.—1-10-21—M&T—1500 Blks.

29335

HEALTH DEPARTMENT—CITY OF BALTIMORE

29335

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4403 Park Heights Ave (Street) (Ward) 45-58

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosa B. Hart.

(a) RESIDENCE NO. 4403 Park Heights Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE C.

5 ~~Single, Married~~, Widowed, ~~or Divorced~~, (write the word) widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm H. Hart.

6 DATE OF BIRTH (month, day, and year) 1870.

7 AGE Years 57 Months Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Mrs Rever.

9 BIRTHPLACE (city or town) (State or country) Balto Co. Md.

PARENTS

10 NAME OF FATHER Mathew Griffen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER — Wilburn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Carey Hart — (Address) 1124 N Carey St.

15 Filed JAN 11 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1 — 8 — 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct — 8 — 1927 to 1 — 8 — 1928.

that I last saw her alive on 1 — 8 — 1928

and that death occurred, on the date stated above, at 4.20 P. m.

The CAUSE OF DEATH* was as follows:

Carsinoma of rectum —

General Arteriosclerosis.

hypertention —

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Liver metastasis of Carsinoma (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? microscopic Section of rectum —

(Signed) S. Demarco, M. D.

1-9 1928 (Address) 1604 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pikesville Cem

DATE OF BURIAL 1/11 1928

20 UNDERTAKER Samuel Hruby

ADDRESS 75 Baltimore

Cor.—1-12-23—M&T—100 Bks.

E 29336

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 29336

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

CITY OF BALTIMORE: (No. 1224 N Stricker ST.) (WARD)

2-FULL NAME Abraham Jenkins

(a) RESIDENCE NO 1224 N Stricker St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 93 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown.

6 DATE OF BIRTH (month, day, and year) about 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
60	59			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Truckdriver
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Jno Daly

9 BIRTHPLACE (city or town) (State or country) Norfolk Va

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Cindy Jenkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va Va

PARENTS

14 Informant Rebecca Brooks (Address) 1224 N Stricker St

15 JAN 11 1928 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) no history

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy, M. D. (Coroner)

Jan 9 1928 (Address) 28 N Howard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL Jan 12 1928

UNDERTAKER Fenwick & Wright

ADDRESS 1364 Kan

Spec.—12-9-25—A Co.—200 Bks.

E 29337

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

E 29337

REGISTERED NO.

1-PLACE OF DEATH 822 N Carrollton ave

City of BALTIMORE: (No Presbyterian Home of Maryland 16-23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alberta Hipsley

(a) RESIDENCE NO. Presbyterian Home of Md St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 4 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Caleb Hipsley

6 DATE OF BIRTH (month, day, and year): aug 30 1854

7 AGE — Years: 73 — Months: 4 — Days: 11 — IF LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER James Josiah Blavey

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Lucretia Grimes

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Baltimore Md

14 Informant Records Presbyterian Home

(Address) 822 N Carrollton ave

15 Filed JAN 11 1928

19 [illegible] Registrar

H. A. JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 2 1928, to Jan 10, 1928, that I last saw h[illegible] alive on Jan 9, 1928, and that death occurred, on the date stated above, at 5-45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) .... yrs. 6 mos. .... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) J. M Lindsay M. D.

Jan 11, 1928 (Address) 3409 Callaway ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park cemetery — Date of Burial: Jan 12 1928

20 UNDERTAKER: Chas. G. Black — ADDRESS: 742 W. North ave

Spec.—12-9-25—A Co.—200 Bks.

E 29338

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

REGISTERED NO. E 29338

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1730 M Culloh St. 14-20 (Ward)

2-FULL NAME John M. Howe

(a) RESIDENCE NO. 1730 M Culloh St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 00 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec. 15-1898

7 AGE: 29 Years 30 Months Days 22 IF LESS than 1 day ....hrs. or ....m/n.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Editor

(b) General nature of industry, business, or establishment in which employed (or employer): Phila. Tribune

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER Jacob Howe

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary White

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Mary Howe

(Address) 1730 M Culloh St.

Filed. N 11 1928 C. HARRISON JONES Registrar

Per Kelly

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1928 January 7

17 I HEREBY CERTIFY, That I attended deceased from Jan 5 1928, to Jan 7, 1928, that I last saw him alive on Jan 7, 1928, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Parenchymatous Nephritis (duration) yrs. 6 mos. Chr.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Phila

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Urinalysis

(Signed) J. S. McCardell, M. D.

(Address) 2005 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Date of Burial 1/11 1928

20 UNDERTAKER: Mrs. Geo. A. Holland ADDRESS 1631 Druid Hill Ave

Spec.—12-9-25—A Co.—200 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29339

CERTIFICATE OF DEATH.

51 E

1-PLACE OF DEATH Sinai Hospital

REGISTERED NO.

City of BALTIMORE: (No. 5 St., 27-55 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Comptons Jr

(a) RESIDENCE NO. 431 Bentalou Ave. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Comptons

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
32	32.	X		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) General

(c) Name of employer

9 BIRTHPLACE (city or town) [illegible]

(State or country)

PARENTS

10 NAME OF FATHER Albert R. Comptons

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Pa to Md

12 MAIDEN NAME OF MOTHER Florence Zanowski

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Florence Comptons

(Address) 431 Bentalou ave

15 Filed ..... 19 ..... HUNTER JONES, M. D. Registrar

1-11 1928.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 10, 1928

17 I HEREBY CERTIFY, That I attended deceased from 1/10/ 1928, to 1/10/ 1928,

that I last saw h[illegible] alive on 1/10/ 1928,

and that death occurred, on the date stated above, at 11.35A m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Diabetic Coma

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetic Coma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Physical Signs

(Signed) Dr Benard Globe, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge — Date of Burial 1/12 1928

20 UNDERTAKER William W Sluter — ADDRESS 1018 Edmondson ave

Spec—12-23-21—E.B.R.S.—400 Bks.

E 29340 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29340

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 869 Harlem Ave St. 16th Ward)

Registered No. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie V. White

(a) Residence No. 869 Harlem Ave St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Fem

4-COLOR OR RACE, Col'd

5-~~Single,~~ ~~Married,~~ ~~Widowed,~~ ~~or Divorced,~~ (Write the word.) single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1873

7-AGE 55 yrs. mos. ds.

If LESS than 1 day hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Talbot Co Md

PARENTS.

10-NAME OF FATHER Dk Brown

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Dk Brown

12-MAIDEN NAME OF MOTHER Dk Brown

13-BIRTHPLACE OF MOTHER (State or Country) Dk Brown

14- (Informant) Lois C White

(Address) 869 Harlem Ave

15- Filed JAN 11 1928 Registrar. C. HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 1-10-28

17- I HEREBY CERTIFY, That I attended deceased from Dec 27 19 27 to Jan 10 19 28

that I last saw h alive on Jan 9 19 28

and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

Pulmonary Tuberculosis

(Duration) 1 yrs. 8 mos. ds.

CONTRIBUTORY Pulmonary Edema

(Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

Jan 15 19 28 (Address) 4154 W Fayette M. D.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL Jan 16 19 28

20-UNDERTAKER James Carlon & Sons

ADDRESS 916

Cor.—12-9-25—A Co.—200 Bks.

E 29341

HEALTH DEPARTMENT—CITY OF BALTIMORE

905

CERTIFICATE OF DEATH.

E 29341

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2325 Jacculla St. 19 59 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Hopkins

(a) RESIDENCE NO. 2325 Jacculla St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: C

5 Single, Married, Widowed, or Divorced. (write the word): Widower

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1870

7 AGE: Years 58 Months Days IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Work

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Md & Eng

PARENTS

10 NAME OF FATHER: E. Hopkins

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md & Eng

12 MAIDEN NAME OF MOTHER: Lillie Hammond

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

14 Informant: Alice Meane.

(Address): 2372 Barclay St

Filed JAN 11 1926 HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day, and year): 1/8 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH was as follows: Valvular Disease of Heart

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D. (Coroner)

1/10. 1926 (Address) 3632 Rolandene

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem Date of Burial: Jan 11 1926

20 UNDERTAKER: Daniel Carbon ADDRESS: 916 Penn

Cor.—12-9-25—A Co.—200 Bks.

29342

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

E 29342

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2417 N. Stockton St. 15 Ward) 59

2-FULL NAME James A. Barnes

(a) RESIDENCE NO. 2417 N. Stockton St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan. 18, 1921

7 AGE: Years 6; Months 11; Days 21; IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Wash. D.C.

(State or country)

PARENTS

10 NAME OF FATHER: Wathen Barnes

11 BIRTHPLACE OF FATHER (city or town)

(State or country): St Marys Co Md

12 MAIDEN NAME OF MOTHER: Elizabeth Hanson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): St Marys Co Md

14 Informant: Elizabeth Barnes

(Address) 2417 N Stockton St

Filed JAN 11 1926

C. HAMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 9 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) no history

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.

(Coroner)

Jan. 10, 19 26 (Address) 752 E. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. Date of Burial Jan 12 1926

20 UNDERTAKER: Robt E. Williams ADDRESS 1515 Mt Elderry Pl

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29343

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

66

E 29343

REGISTERED NO.

City of BALTIMORE: (No. 876 St Johns Court. St. 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie Robinson

(a) RESIDENCE NO. 876 St Johns Court. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
F.	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Robinson

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
About	35			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hase work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Jos. Robinson

(Address) 876 St Johns Court

15 Filed 1925 C. HARRISON JONES, M. D.

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Fowler M. D.

(Coroner)

1/10/25 (Address) 501 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Lebanon Date of Burial Jan 11, 1925

20 UNDERTAKER Wm R. G. Elbert ADDRESS 1125 Caroline

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

168 ✓ E 29344

E 29344

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. N.W. Cor. Upland & Club Sts. Roads Ward 27-53

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine M. Wells

(a) RESIDENCE NO. N.W. Cor. Upland & Club Sts. Roads Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 11 mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph H. Wells

6 DATE OF BIRTH (month, day, and year) Feb. ? 1873

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	54	11	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Charles Kunkel

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth ---

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Joseph H. Wells

(Address) N.W. Cor. Upland & Club Roads

C. HARRISON JONES, M. D.

Filed NOV 11 1928 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/9 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Strangulation

Hanging by Neck

(Suicide)

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

(Coroner)

11/10, 19 (Address) 3622 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery — Date of Burial 1/12 19 28

20 UNDERTAKER Henry W. Myers — ADDRESS 1505 N. Calvert

Spec.—12-9-25—A Co.—200 Bks.

E 29345

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 E 29345

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE, (No.) Sinai Hospital 9 (Ward)

2-FULL NAME David Ashes

(a) RESIDENCE NO. 125 N. Broadway St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? 17 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie Ashes

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	57	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) New York

PARENTS

10 NAME OF FATHER Hartsashes

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Elsie Ashes

(Address) 924 S Gay St

15 Filed 1 1928, 19 [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/11/28 19

17 I HEREBY CERTIFY, That I attended deceased from 12/16/27, 19, to 1/10/28, 19, that I last saw h/m alive on 1/10/28, 19, and that death occurred, on the date stated above, at 5:20 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma, complicated by parotitis & terminal pneumonia

(duration) yrs. mos. 25 ds.

CONTRIBUTORY (Secondary) Parotitis after 27 days.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? No Date of

Was there an autopsy? yes.

What test confirmed diagnosis?

(Signed) Harry Weinlund, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mikveh Israel Cy Date of Burial 1/14 1928

20 UNDERTAKER Jacob Levin ADDRESS 1439 E Baltimore

Spec.—1-12-23—M&T—500 Bks.

E 29346 HEALTH DEPARTMENT—CITY OF BALTIMORE 90 E 29346

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [redacted] St. 610 Ward) BALTIMORE CITY HOSPITALS

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Gallop

(a) RESIDENCE No. 206 N. Eutaw ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of James Gallop

6 DATE OF BIRTH (month, day, and year) Don't know

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. 00

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Don't Know

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country) ? ?

12 MAIDEN NAME OF MOTHER Mary Dohmeier

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) Germany

14 Informant (Address) 1930 Linden.

Filed , 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/10/ 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 31 , 1927 , to Jan 10 , 1928 that I last saw h alive on Jan 10 , 1928 and that death occurred, on the date stated above, at 1:00 A. m.

The CAUSE OF DEATH* was as follows:

Impaired kidneys, chronic & acute Arteriosclerosis.

Hypertension (duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Symptoms & Autopsy

(Signed) C. Holmes Boyd M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cem DATE OF BURIAL Jan 14 1928

20 UNDERTAKER John Ulrich ADDRESS 900 Eden

JAN 11 1928

H. [illegible] JONES, M. D.

Spec. -7-17-26—A Co.—200 Bks.

E 29347

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 29347

CERTIFICATE OF DEATH

1-PLACE OF DEATH

City of BALTIMORE: (No.) 3333 N. Charles 12-14 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Elias Ford

(a) RESIDENCE NO. 3333 N. Charles St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. 3 mos. 14 ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 27 1852

7 AGE: Years 75 Months 3 Days 14 If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Theatre business

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.

(State or country)

PARENTS

10 NAME OF FATHER John T. Ford

11 BIRTHPLACE OF FATHER (City or town) do.

(State or country)

12 MAIDEN NAME OF MOTHER Edith Andrews

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant (Address) Mrs. Walter Hoffman 1415 Somerset Place

15 Filed 1928 Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 10 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 3. 1927, to January 10, 1928, that I last saw him alive on January 9, 1928, and that death occurred, on the date stated above, at 8.30 a. m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Edema due to Chronic Myocarditis, Pronounced Heart Failure developing Jan. 3. wk. reported attack of Pulmonary Edema mos. 7 ds.

CONTRIBUTORY with complications Angina Pectoris May 8 1926 Chronic Myocarditis Paralysis Agitans (duration) 8+ yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) M. J. Peyser, M. D.

1928 (Address) 422 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — Date of Burial: Jan 12 1928

20 UNDERTAKER: John Oswald & Sons — ADDRESS: 1300 Eutaw Place

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

441

CERTIFICATE OF DEATH.

E 29348
1-PLACE OF DEATH

REGISTERED E 29348
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. Little Sisters of the Poor St. 10-14 Ward)

2-FULL NAME Clara Sollers

(a) RESIDENCE NO. Preston & Valley St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
F	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 4th 1863

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	64	3	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of indnstry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER James Sollers

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER Rebecca Wharton

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Little Sisters of the Poor
(Address) Preston & Valley St

Filed JAN 11 1928 C. HAMPTON JONES, M. D.
Registrar

Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1928
Jan 10th

17
I HEREBY CERTIFY, That I attended deceased from No record, 19..., to ..., 19...,
that I last saw h.. alive on Dec 8, 19 28,
and that death occurred, on the date stated above, at 1200 m.

The CAUSE OF DEATH* was as follows:

Carcinoma (Oesophagus)

Duration (duration) yrs. mos. ds.

CONTRIBUTORY Insanition
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) J. R. Warner M. D.
1-10 1928 (Address) 1183 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial
London Park Jan 11, 1928

20 UNDERTAKER ADDRESS
Rita Wiedefeld 914 Gramont Ave

Spec.—1-12-23—M&T—500 Bks.

E 29349

HEALTH DEPARTMENT—CITY OF BALTIMORE

164 ✓ E 29349

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1112 Homewood Ave (St.) 10-14 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth C. Sindall

(a) RESIDENCE NO. 1112 Homewood Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 4, 1841

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	11	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Co.

PARENTS

10 NAME OF FATHER David Paul Sindall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Co.

12 MAIDEN NAME OF MOTHER Jane —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co

14 Informant Alphonsis Sindall (Address) 1112 Homewood Ave

15 Filed JAN 11 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-9 1928

17 I HEREBY CERTIFY, That I attended deceased from 1-9, 1928, to 1-9, 1928, that I last saw h[illegible] alive on 1-9, 1928, and that death occurred, on the date stated above, at a m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

What test confirmed diagnosis? there an autopsy?

(Signed) Dr Bernard Watts M. D.

1/10, 1928 (Address) 914 E Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Govans — DATE OF BURIAL Jan 12 1928

20 UNDERTAKER Rita Wiedefeld — ADDRESS 914 Bennett Pl

[illegible] JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29350

CERTIFICATE OF DEATH.

66 E 29350

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital St. 25-77 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Braun Jr

(a) RESIDENCE NO. 15 Elm Centre St. Bay Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct 15/87

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	40	2	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Austria

PARENTS

10 NAME OF FATHER John Brandart

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Austria

12 MAIDEN NAME OF MOTHER Hedwick Faber

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Austria

14 Informant Mrs Catherine Jelinek.

(Address) 15 Elm st.

JAN 11 1928 HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9 1928

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

AC Alcoholism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) A Lawton

(duration) yrs. mos. ds.

(Signed) G C Slade M. D.

(Address) 143 Hollins

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross (Cem.) Co

Date of Burial: 1/12 1928

20 UNDERTAKER: Margaret S. Flynn

ADDRESS: 1422 Light

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 29351

CERTIFICATE OF DEATH.

E 29351

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 210 So Pk St 1-3, Ward 1

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Dabora Wisniewske (Buck)

(a) RESIDENCE NO. 210 So. Pk. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Wisniewski

6 DATE OF BIRTH (month, day, and year): Oct 1905

7 AGE: Years 22 Months 3 Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Food Checker A

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Southern Hotel

9 BIRTHPLACE (city or town): Providence R.I.

(State or country)

PARENTS.

10 NAME OF FATHER: Rucky

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Canada

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Unknown

14 Informant: Jos Wisniewski

(Address) 210 S Patterson Park

14 Filed 1928 C. HAMPSON JONES, M. D. Registrar

Per RRH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 8 1928

17 I HEREBY CERTIFY that I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary): Exhaustion

(Duration) yrs. mos. 1 ds.

Jan 8/28 (Signed) G C Jones M. D. (Coroner)

(Address) 143 E Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Date of Burial Jan 12 1928

20 UNDERTAKER: F. W. Ozazewski ADDRESS 1930 Eastern Ave

Spec.—1-12-23—M&T—500 Blks.

E 29352

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29352

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 122 Louden Ave 10/20

CITY OF BALTIMORE: (No.) 20-70 ST. (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Getz

(a) RESIDENCE NO. 122 Louden Avenue ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Getz

6 DATE OF BIRTH (month, day, and year) July 1, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	65	6	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

10 NAME OF FATHER William Delcher

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Emmels

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Mr. Allen W. Getz

(Address) 3150 Frederick Avenue

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

P.M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10 1928

17 I HEREBY CERTIFY, That I attended deceased from June 6 1928. to June 10 1928.

that I last saw h[illegible] alive on June 10 1928

and that death occurred, on the date stated above, at 10 P m

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Metal[illegible]uff.

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? 122 Louden

Did an operation precede death? no Date of -

Was there an autopsy? no

What test confirmed diagnosis? Cl & Phy Exam

(Signed) S. Freedenthal M. D.

1/12 28 (Address) 3321 Fredenthal Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL Jan. 12 19 28

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 W. Baltimore St.

Spec.—1-12-23—M&T—500 Bks.

E 29353

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29353

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 906 S. Kenwood Ave. ST. 1-3 WARD)

2-FULL NAME George L Knight

(a) RESIDENCE NO. 906 S. Kenwood Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Leegth of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? Life. yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White,	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Marie Knight

6 DATE OF BIRTH (month, day, and year) Jan. 28, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	11	13 12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer, stationary

(b) General nature of industry, business, or establishment in which employed (or employer) 830

(c) Name of employer Interocean Oil Co.

9 BIRTHPLACE (city or town)
(State or country) Maryland

PARENTS

10 NAME OF FATHER James Knight

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Burris

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Mrs. Anna Berends
(Address) 906 S. Kenwood Ave.

15 1928 C. HAMPSON JONES, M. D.
Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 10. 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1927, to Jan 10, 1928,

that I last saw him alive on Jan 10, 1928,

and that death occurred, on the date stated above, at 7.10 p. m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

Gradual
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis
(duration) Several mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Francis Sellers, M. D.

1/11, 1928 (Address) 315 S. Highlandtown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cemetery

DATE OF BURIAL Jan. 14. 1928

20 UNDERTAKER Henry Sander & Sons Inc

ADDRESS 1710 Fleet St.

Spec.—1-12-23—M&T—500 Blks.

E 29354

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 29354

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1825 S. Charles St. 12-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lewis H. Brown.

(a) RESIDENCE NO. 1825 S. Charles ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche L. Brown

7 DATE OF BIRTH (month, day, and year) arch, 15, 1883

8 AGE Years	Months	Days	If LESS than 1 day, hrs or min
44,	9,	24	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman. (grade crossing) B. & O. R. R.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

10 NAME OF FATHER John L. Brown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Co. Md.

12 MAIDEN NAME OF MOTHER Martha Mc. Cleary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Co. Md.

Informant Blanche L. Brown

(Address) 1825 S. Charles St.

File No. 1928 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9 1926

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1925, to Jan 9, 1926

that I last saw him alive on Jan 9, 1926

and that death occurred, on the date stated above, at 10 P m

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

Signed H. E. Campbell M.D.

1/11, 1926 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Interment DATE OF BURIAL

St. Mary's Cemetery Jan 12 1926

20 UNDERTAKER ADDRESS

A. Howard Evans & Co. Fairfield

Spec.—1-12-23—M&T—500 Blks.

E 29355 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29355

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1628 Lancaster ST. 7-4 WARD)

REGISTERED NO. 40

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Ann Bennett

(a) RESIDENCE NO. 1628 Lancaster ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 28 1843

7 AGE — Years: 84 — Months: 9 — Days: 11 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balt

10 NAME OF FATHER: Lillian Bauer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

PARENTS

14 Informant: Theresa Bennett (Address): 1628 Lancaster

Filed 1-10 1928 .19 C. RAMPSON JONES, M. D. Registrar

Pct 18

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 9 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1927. to Jan. 9, 1928.

that I last saw h[er] alive on Jan. 8, 1928.

and that death occurred, on the date stated above, at 3:30 p. m.

The CAUSE OF DEATH* was as follows:

Myocarditis (Chronic)

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Eugene L. Pessagno, M. D.

1-10-28, 19 (Address) 514 Drury Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Jan 1928

20 UNDERTAKER: Wendell Diffendal Son — ADDRESS: 378 N

Spec.—1-10-21—M&T—1500 Blks.

E 29356

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29356

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 114 North Ellwood Av ST. 6-11 WARD)

2-FULL NAME Johanna Muller

(a) RESIDENCE NO. 114 N. Ellwood Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Andrew George Muller

6 DATE OF BIRTH (month, day, and year): Apr. 26-1869

7 AGE — Years: 58 — Months: 8 — Days: 13 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House-keeper

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: John Metzger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Myers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: John Muller

(Address): 114 N. Ellwood

15 1 1928 C. HAMPSON JONES, M. D. Registrar

Dat

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 9 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 2, 1927, to Jan 9, 1928.

that I last saw her alive on Jan 9, 1928

and that death occurred, on the date stated above, at 12.07 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic examination

(Signed) H. H. Bundrick, M. D.

, 19 (Address) 2221 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel — DATE OF BURIAL: Jan 12 1928

20 UNDERTAKER: Wendell Dispatch — ADDRESS: 27 S. Amity

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29357

E 29357

CERTIFICATE OF DEATH

89

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No.) 1314 William St. (Ward) 24-33

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura C. Kimball

(a) RESIDENCE NO. 1314 William St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Samuel Kimball

6 DATE OF BIRTH (month, day, and year): Oct. 16, 1848

7 AGE: Years 79 Months 2 Days 23 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Penna.

(State or country)

PARENTS

10 NAME OF FATHER John Chambers

11 BIRTHPLACE OF FATHER (City or town) Ireland

(State or country)

12 MAIDEN NAME OF MOTHER Eliz. Peachy

13 BIRTHPLACE OF MOTHER (city or town) Ireland

(State or country)

14 Informant (Address) Mrs Robt. Frazier 1020 S. Charles St.

15 1928 C. HAMPSON JONES, M. D. Registrar

Pct. ACK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9 19 28

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 19 27, to Jan 9, 19 28, that I last saw h[illegible] alive on Jan 9, 19 28, and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia Edema

(duration) 1 yrs. mos 4 ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. H. Jones, M. D.

1928 (Address) 1279 William St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. Date of Burial: Jan 12 1928

20 UNDERTAKER: Margaret G. Flynn ADDRESS: 1422 Light St

Spec.—1-12-23—M&T—500 Bks.

E 29358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 29358

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 426 Sharpe ST. 27-30 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Varsolona

(a) RESIDENCE NO. 426 Sharpe ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 4, 1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		11	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Louis Varsolona

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Mary Cocco

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

Informant Louis Varsolona

(Address) 426 Sharpe St

Filed 1928 C. HAMPSON JONES, M. D. Registrar

Rec'd

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10 1928

17

I HEREBY CERTIFY, That I attended deceased from 1-8-, 1928, to 1-10, 1928

that I last saw him alive on 1-9, 1928

and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

acute lobar pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) acute lobar pneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) J. D Frances, M. D.

1-10, 1928 (Address) 1604 Linden ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Jan 12 1928
20 UNDERTAKER	ADDRESS
J. M. Cook	[illegible]

Spec.—1-10-21—M&T—1500 Bks.

E 29359

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29359

CERTIFICATE OF DEATH.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Calhoun & Fayette ST., 70-64 WARD)

2-FULL NAME Emil Pfeifer

(a) RESIDENCE NO. 2574 W. Baltimore ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 21, 1887

7 AGE — Years: 40 — Months: 5 — Days: 19 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Barber

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: Gustav H Pfeifer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Saxony, Germany

12 MAIDEN NAME OF MOTHER: Johanna Meier

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Sister Frieda Pfeifer
(Address): 2574 W. Baltimore St.

15 Filed 1928 — G. HAMPSON JONES, M. D., Registrar — Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 10 1928

17 I HEREBY CERTIFY, That I attended deceased from July 8, 1927, to Jan 10, 1928, that I last saw him alive on Jan 10, 1928, and that death occurred, on the date stated above, at 1:10 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis.
Intestinal "
Tuberculosis Part of
Chronic nephritis (duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Perforated ulcer of intestine (duration) yrs. mos. 4 ds.(?)

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Guinea pig inoculation

(Signed) Elizabeth B. Sherman M. D.

, 19 (Address) Franklin Sq. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet Cemetery — DATE OF BURIAL: 1/13 1928

20 UNDERTAKER: Wm Cook — ADDRESS: 302 S Howard

Spec.—1 12-23—M&T—500 Bks.

E 29360 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29360

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (ST.) (B.) (WARD) 25-12

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Coarts

(a) RESIDENCE No. 1211 Letitia ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Separated

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Steam fitter

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Michigan

10 NAME OF FATHER George W. Coarts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Sallie E. Coarts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

Informant (Address) Hospital Records

Filed 1928 . 19 G. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 10 1928

17 I HEREBY CERTIFY, That I attended deceased from July 7 . 1927 . to Jan. 10 . 1928 . that I last saw him alive on Jan. 10 . 1928 and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & lab.

(Signed) L. Donaldson M. D.

1-11-28 . 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet DATE OF BURIAL Jan 13/ 1928

20 UNDERTAKER Wm Cook ADDRESS 502 E North Ave

Spec.—1-12-23—M&T—500 Bks.

E 29361

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29361

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3014 (Street) Ellerslie Ave (Ward) 9-46

2-FULL NAME Lida C Leitner

(a) RESIDENCE NO. 3014 (Usual place of abode) Ellerslie Ave ST. WARD

Length of residence in city or town where death occurred 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Edwin Leitner

6 DATE OF BIRTH (month, day, and year): May 15, 1857

7 AGE: Years 70 | Months 9 | Days 24 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: James George

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Katherine Mellow

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant (Address): Edwin Leitner 3014 Ellerslie Ave

Filed Jan 9 1928, 19 — HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 9 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 2nd, 1928, to Jan 9th, 1928

That I last saw alive on Jan 9th, 1928

and that death occurred, on the date stated above, at 3.20 P m.

The CAUSE OF DEATH* was as follows:

Rheumatic Endocarditis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Chronic Rheumatic Arthritis

(duration) 1 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Hampson Jones M. D.

1928 (Address) 401 E 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Elmwood — DATE OF BURIAL: 1, 2 1928

20 UNDERTAKER: J. W. Ford — ADDRESS: 5328 Harford Rd

Spec.—1-12-23—M&T—500 Bks.

29362

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100 E 29362

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adam Frankenfield.

(a) RESIDENCE NO. 713 N Gay ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ada Frankenfield

6 DATE OF BIRTH (month, day, and year) Mar 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	78	10	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Pa

10 NAME OF FATHER Wm Frankenfield

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Julia

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

Informant (Ada Frankenfield) (Address) 713 N Gay St

File 1 1928 .19 S. HAMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1 - 9 - 1928

17

I HEREBY CERTIFY, That I attended deceased from 1 - 5 - .19 28, to 1 - 9 - .19 28 that I last saw him alive on 1 - 9 - .19 28 and that death occurred, on the date stated above, at 4:40 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (Bilateral)
Secondary to arteriosclerosis
Hypertensive heart disease
Contributory (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Blaycock M. D.

.19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Cedar Hill — DATE OF BURIAL 1/12 19 28

20 UNDERTAKER H. C. Cook — ADDRESS 502 Clarkson

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29363

CERTIFICATE OF DEATH.

E 29363

1-PLACE OF DEATH 1418 Augusta Street

REGISTERED No. C

CITY OF BALTIMORE: (No. 9-18 ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis A. Goldenman

(Residence in Baltimore: No. 1418 Augusta St. 80 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widowed

6-DATE OF BIRTH, December 15, 1844 (Month) (Day) (Year)

7-AGE, 83 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Retired
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore County

PARENTS.

10-NAME OF FATHER, John Heigle

11-BIRTHPLACE OF FATHER (State or Country), Balto County

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Goldenman

(Address) 20 Riveland Ave

15- Filed 1928 C. HANSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 9, 1928 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 21 1927, to Jan 9 1928, that I saw h[illegible] alive on Jan 9 1928, and that death occurred, on the date stated above, at 10.25 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. J. Davis M. D.

1-10, 1928 (Address) 2000 W 33rd St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemy DATE OF BURIAL, 1, 191

20-UNDERTAKER Geo Lemmon & Son ADDRESS 5214 York Rd

Spec.—1-12-23—M&T—500 Bks.

E 29364

HEALTH DEPARTMENT—CITY OF BALTIMORE E 29364

CERTIFICATE OF DEATH.

X 100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 7-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Brown

(a) RESIDENCE NO. 7 Monument St, Annapolis Md ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jane

6 DATE OF BIRTH (month, day, and year): [illegible] 1856

7 AGE: Years 71; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: Jacob Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Susan Gilbert

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

Filed 1 12 1928 C. HAMPSON JONES, Registrar

By 2149

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 11 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 17, 1927, to Jan 11, 1928, that I last saw him alive on Jan 11, 1928 and that death occurred, on the date stated above, at 6 35 a m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary): Benign Prostatic Hypertrophy

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Dec 28 27

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Wm Alyea, M. D.

1-11-1928 (Address) J. H. Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bruce Hill & Co Md — DATE OF BURIAL: Jan 15 1928

20 UNDERTAKER: Frank H. Chase Inc — ADDRESS: 1400 Madison

Spec.—1-10-21—M&T—1500 Bks. Time of burial extended to 1/17/28 - V. L. Zollicoffer

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29365 E 29365

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 832 Stirling St. St. 10-14 WARD)

REGISTERED NO. 100

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Smith Bailey

(a) RESIDENCE NO. 832 Stirling ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE colored

5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Bailey

6 DATE OF BIRTH (month, day, and year) July 1859

7 AGE Years 68 Months 6 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer Coal 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Emma J. Bailey (Address) 832 Stirling St.

15 Filed , 19 C. HAMPSON JONES, Registrar

JAN 12 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 11 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 9 . 1928 . to Jan 11 . 1928. that I last saw him alive on Jan 11 . 1928 and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchial Pneumonia

(duration) yrs mos 8 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) A. H. Holmstein M. D.

1/12, 1928 (Address) 733 Hospital St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery DATE OF BURIAL Jan 14 1928

20 UNDERTAKER Elsie N. Lusson ADDRESS 46 N. Caroline St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29366

CERTIFICATE OF DEATH.

129 E 29366

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 204 E 20th St. (Ward) 12-19

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amelia Moffitt

(a) RESIDENCE NO. 204 E 20th ST., WARD ...

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of XXXXXXXXXXXXXXXXXXXX

6 DATE OF BIRTH (month, day, and year) Sep't 10 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Saleslady

(b) General nature of industry, business, or establishment in which employed (or employer) 067

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New Jersey

PARENTS

10 NAME OF FATHER William H. Moffitt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Louise Kaltenbach

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Clara Moffitt

(Address) 204 E. 20th St.

Filed Jan 12 1928. 19 E Hs Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11 19 28

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1927, to Jan 11, 1928, that I last saw h[e] alive on Jan 11, 1928, and that death occurred, on the date stated above, at 0-2 m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) unknown yrs. mos ds.

CONTRIBUTORY (Secondary) chronic valvular heart lesion hypertension

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Wm E Stifler, M. D.

Jan 12, 1928 (Address) 319 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery — DATE OF BURIAL Jan 12 1928

20 UNDERTAKER John F. Denny — ADDRESS 715 Light St

G. HARRISON JONES, M. D.

Spec.–7-17-26–A Co.–200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29367

101-081

E 29367

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1112 Harlem Ave. St.) (16-23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Harris

(a) RESIDENCE NO. 1112 Harlem Ave. S.E. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Harris

6 DATE OF BIRTH (month, day, and year): Jan 6th 1874

7 AGE: Years 54 Months 0 Days 5

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Log Foreman

(c) Name of employer: Caroline Co., Va

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: John Harris

11 BIRTHPLACE OF FATHER (City or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Rhoda Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Mrs. Annie Harris (Address) 1112 Harlem Ave

15 Filed JAN 12 1928 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 11th 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 8th 1928 to Jan 11th 1928.

that I last saw h alive on Jan 11th 1928

and that death occurred, on the date stated above, at 4:20 P m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia (Bilateral)

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

10 Hrs.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jas E Bell M. D.

19 (Address) 713 Belnord

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cemetery — Date of Burial: Jan 14 1928

20 UNDERTAKER: Thomas E. Kelson — ADDRESS 130 Hoffman St

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29368

CERTIFICATE OF DEATH.

90 E 29368

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 641 Schroeder St. (ST.) 16-26 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Grace Satchell

(a) RESIDENCE NO. 641 N. Schroeder St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. ? mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Negro	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jos. Satchel

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
55	54 years	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work unemployed

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Accomac Co. Va.

PARENTS

10 NAME OF FATHER Jacob Gray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Accomac Co. Va.

12 MAIDEN NAME OF MOTHER Gracie Gray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Accomac Co. Va.

14 Informant (Address) Grace Milbrey (Daughter) 641 N. Schrooder St.

15 Filed. JAN 12 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 9 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 4 1927 to Jan. 9, 1928

that I last saw her alive on Jan. 10. 1928. 19

and that death occurred, on the date stated above, at 5:45 A. M.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Broken ompensation.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam.

(Signed) Walter J. Jackson M. D.

19 (Address) 1631 W. Franklin St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery — DATE OF BURIAL Jan 12 1928

20 UNDERTAKER Thomas E. Kelam — ADDRESS 303 Baltimore St

Spec.—1-10-21—M&T—1500 Bks.

E 29369 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 31 E 29369

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1410 Division ST. 14 WARD 20) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes Henry

(a) RESIDENCE No. 1410 Division ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col.	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Henry

6 DATE OF BIRTH (month, day, and year) 4-10-1905

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Edwd. Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Nancy Simmons

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) James Henry 1410 Division St.

15 Filed JAN 12 1928 By C. HAMILTON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1—10—1928

17 I HEREBY CERTIFY, That I attended deceased from 12-15- 1927, to 1—10—1928, that I last saw h[illegible] alive on 1—9—1928, and that death occurred, on the date stated above, at 1. A. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis (Pulmonary)

History about 6 mos.

Personal Knowledge (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) George C Page M. D.

19 (Address) 1816 N. Mount St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn DATE OF BURIAL Jan 12 1928

20 UNDERTAKER Virginia A. Brooks ADDRESS 1463 N. Carey

Spec.—1-12-23—M&T—500 Blks.

E 29370 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29370

CERTIFICATE OF DEATH. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (ST.) 1427 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Wilson

(a) RESIDENCE NO. 1623 Pierce st. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
25	24			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) O'H

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER James Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Grover

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Hospital Records

15 Filed JAN 12 1928 C. HANSON JONES, M. D. Registrar

Per L. A. Reed

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 9 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1927, to Jan. 9, 1928, that I last saw her alive on Jan. 9, 1928 and that death occurred, on the date stated above, at 4.45 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) L. E. Madden M. D.

1-11-1928 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ft. Auburn Cem

DATE OF BURIAL 1/12 1928

20 UNDERTAKER Samuel F. Hensley

ADDRESS [illegible]

Spec.—6-9-19—H. P. Co.—1000 Blks.

E 29371 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29371

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 128 Richmond St. W-24 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Jennings

(a) RESIDENCE. No. 128 Richmond St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: [illegible]

6 DATE OF BIRTH (month, day, and year): 1848

7 AGE: Years 80; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Mail Carrier

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Crew Va

PARENTS

10 NAME OF FATHER: Peter Jennings

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Katie

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 8 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 6, 1927 to Jan 8 1928

that I last saw him alive on Jan 6 1928

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Sarcoma

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. S. Hughes M. D.

19 28 (Address) 1413 E. Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant (Address) Annie Jennings 128 Richmond St

15 Filed JAN 12 1928 19 C. HAMPSON JONES, Registrar

Per [illegible]

16 PLACE OF BURIAL, CREMATION OR REMOVAL: Crew Virginia

DATE OF BURIAL: JAN 12 1928

20 UNDERTAKER: Samuel T. Hemsley & Biddle

ADDRESS 578

Cor.—12-9-25—A Co.—200 Bks.

E 29372 HEALTH DEPARTMENT—CITY OF BALTIMORE 197 E 29372

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital 12 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emil Weiland.

(a) RESIDENCE NO. 645 S. Decker Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. 9 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed or divorced, HUSBAND of Barbara W. Weiland.

6 DATE OF BIRTH (month, day, and year) April 4, 1890

7 AGE: Years 37 Months 9 Days 4 If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Brakesman

(b) General nature of industry, business, or establishment in which employed (or employer): B. & O. R. R. Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Adolph W. Weiland.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Do not know.

14 Informant: Barbara W. Weiland. (wife)

(Address) 645 S. Decker Ave.

JAN 12 1928

C. HANSON JONES, Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 8, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy & inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal Hemorrhage due to pistol wound of Lungs & Liver. Homicide.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signature) Otto Leinhardt (Coroner) M. D.

1/10 19 28 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? In front of 1429 Andre St. Jany. 8, 1928.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Date of Burial: Jan 12 1928

20 UNDERTAKER: Chas. P. Flearn ADDRESS 2 Front St

Spec.—1-12-23—M&T—500 Blks.

E 29373 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29373

CERTIFICATE OF DEATH. 129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. ..... ST., ... WARD) BALTIMORE CITY HOSPITALS 21-31

2-FULL NAME Elizabeth Brady

(a) RESIDENCE NO. 1114 Ridgley ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

7 AGE: Years 43 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER John Russin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Susan B

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Records.

15 FILED JAN 12 1928 C. HAMILTON JONES REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/9/1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1928, to Jan. 9, 1928, that I last saw her alive on Jan. 9, 1928, and that death occurred, on the date stated above, at 1.00 P m.

The CAUSE OF DEATH* was as follows:

1 Interstitial nephritis
chronic acute
2 Uraemia.

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General + Path.

(Signed) C. Stevens Bunge, M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (Operation and date should be given in additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross

DATE OF BURIAL Jan 13 1928

20 UNDERTAKER Thos. F. Stearns

ADDRESS 1501 E Pratt Ave

Spec.—1-40-21—M&T—1500 Blks.

E 29374 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29374

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1228 N.Caroline ST. 10-14 WARD)

2-FULL NAME Dr. William H. Herbin,

(a) RESIDENCE NO. 1228 N.Caroline ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE~~ of Templar Walter Herbin,

6 DATE OF BIRTH (month, day, and year) June 4, 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	36	7	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dentist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER John A. Herbin,

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Mary McCollum,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Mrs. J. W. Herbin

(Address) 1228 N. Caroline St.

Filed JAN 12 1928 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JAN 10 1928

17 I HEREBY CERTIFY, That I attended deceased from May 14, 1927, to Jany 10, 1928,

that I last saw h ~~im~~ alive on Jany 10, 1928,

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Sarcoma of Leg -

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Secondary Tumor in Liver

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of Aug 26 1927

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) Walter Stevens, M. D.

(Address) 1228 N. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge

DATE OF BURIAL JAN 14 1928 19

UNDERTAKER Geo W Settle

ADDRESS 1111 PENNSYLVANIA AVE.

Spec.—1-10-21—M&T—1500 Bks.

E 29375 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29375

CERTIFICATE OF DEATH. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 34 Parkin ST 1829 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard E. Sykes,

(a) RESIDENCE No. 34 Parkin St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Mar. 17-1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	9	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sawyer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: John Sykes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Jessie Wonko

(Address) 34 Parkin St

JAN 12 1928

C. HAMPSON JONES, Registrar

Filed JAN 12 1928

Per

JAN 12 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 10. 1928.

17 I HEREBY CERTIFY, that I attended deceased from Dec. 1, 1927. to Jan 10. 1928.

that I last saw him alive on Jan 10, 1928.

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(duration) — yrs. 6 mos — ds.

CONTRIBUTORY (Secondary): None

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Physical Exam etc.

(Signed) Chas. Norton, M. D.

1/11/28 (Address) 8882 W. Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: Jan 13 1928

20 UNDERTAKER: John Fields

ADDRESS: 120 N Lombard

Spec.—1-12-23—M&T—500 Bks.

E 29376 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29376

CERTIFICATE OF DEATH.

REGISTERED NO. 47

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Rose Hood.

(a) RESIDENCE NO. 2621 Wilkens Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Francis T. Hood

6 DATE OF BIRTH (month, day, and year): Sept 5th 1868

7 AGE: Years 59 | Months 4 | Days 5 | If LESS than 1 day, hrs or min. 60

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Patrick Henery

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Francis Hood

(Address) 2621 Wilkens ave

15 Filed JAN 12 1928 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 10 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 31 1927 to Jan 10 1928

that I last saw her alive on Jan 10 1928

and that death occurred, on the date stated above, at 4 10 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Myocarditis.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1/3/28

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

Augustine P. Von Stehl M. D.

(Address) St Agnes Hospital, 19

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral DATE OF BURIAL: Jan 14 1928

20 UNDERTAKER: Thos Fields ADDRESS: 720 W Lombard

Spec.—1-12-23—M&T—500 Bks.

E 29377 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29377

CERTIFICATE OF DEATH.

14-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1763 E North Ave ST. 15-21 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Aimee L. De Coursey

(a) RESIDENCE No. 1763 E. North Ave ST. ..... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James R. De Coursey

6 DATE OF BIRTH (month, day, and year): ? ? 1855

7 AGE: Years 77 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Farrell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Alfred B. Calhoun

(Address) 1281 Bryan St

Filed JAN 17 1928 C. HAMPSON JONES, Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 11 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 10 - 1928, to Jan 11 - 1928,

that I last saw her alive on Jan 11 - 1928

and that death occurred, on the date stated above, at 11:10 A m

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) unknown yrs mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) E. G. Hall, M. D.

1/12 1928 (Address) 1631 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore

DATE OF BURIAL: 1/13 1928

20 UNDERTAKER: J. M. Cook

ADDRESS 502 E North Ave

Spec.—1-12-23—M&T—500 Blks.

E 29378

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29378

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4662 York Road ST. 27-48 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Murray.

(a) RESIDENCE NO. 4662 York Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert A Murray

6 DATE OF BIRTH (month, day, and year): Dec 23, 1862

7 AGE: Years 65 | Months 5 | Days 23 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Dale Md

PARENTS

10 NAME OF FATHER: Wm T Northcutt

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Mary A Durrin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant (Address): Annie E Reeves 4663 York Rd

DEC 12 1928 C. HAMPSON JONES, Registrar

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 10 1928

17 I HEREBY CERTIFY, That I attended deceased from Apr 27, 1927, to June 10, 1928, that I last saw her alive on June 9, 1928, and that death occurred, on the date stated above, at 12 noon m.

The CAUSE OF DEATH* was as follows:

Arterial Heart Disease

(duration) 18 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cystitis Insufficiency

(duration) 18 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John D Teale M.D.

6/11, 1928 (Address) 936 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Murrays

DATE OF BURIAL: June 13 1928

UNDERTAKER: H. Cook

ADDRESS: 520 E Monument

Spec.—1-12-23—M&T—500 Bks.

E 29379

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29379

CERTIFICATE OF DEATH.

118

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Charles Home & Infirmary ST. 6-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. William Kitson

(a) RESIDENCE NO. 6 North Hare ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E Kitson

6 DATE OF BIRTH (month, day, and year): Feb 8 1878

7 AGE: Years 49 | Months 11 | Days 2 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter

(b) General nature of industry, business, or establishment in which employed (or employer): R L Polk & Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Penn.

PARENTS

10 NAME OF FATHER: James Kitson

11 BIRTHPLACE OF FATHER (city or town) (State or country): England.

12 MAIDEN NAME OF MOTHER: S. H. Broadbelt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): John Kitson 1925 Hoffman St.

Filed JAN 12 1928 C. HARRISON JONES, Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 10 1928.

17 I HEREBY CERTIFY, That I attended deceased from Jan 9, 1928, to Jan 10, 1928.

that I last saw h ~~un~~alive on Jan. 10, 1928

and that death occurred, on the date stated above, at 1.50 p m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction (Acute)

(duration) yrs. mos. 2. ds.

CONTRIBUTORY (Secondary): Myocardial failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Jan 9, 28

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) W. Brayton Porterfield, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mt. E. Cemetery

DATE OF BURIAL: Jan 13 1928

20 UNDERTAKER: Lyser & L. Rutt

ADDRESS: 1735 Hartford Ave

Spec—12-21-21—E.B.R.S.—400 Bks.

E 29380 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29380

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 1508 N. Rose st 100-001

City of BALTIMORE: (No. ~~Lorretto (Coster~~ St., 8-16 Ward) Registered No.

2-FULL NAME Loretto Coster

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 1508 N Rose St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX F

4-COLOR OR RACE, White

5-Single, ~~Married, Widowed, or Divorced~~, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Sept 25 1925

7-AGE. 2 yrs. 4 mos. 9 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Paul Coster

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER. Loretta Schabel

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Baltimore

14- (Informant) Paul Coster

(Address) 1508 N. Rose

15- JAN 12 1928 C. HANSON JONES, Registrar.

By —

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 1-10-28

17- I HEREBY CERTIFY, That I attended deceased from 1/9 19 28 to 1-10 19 28

that I last saw h.s alive on 1-10 19 28

and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(Duration) yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

1/11 19 28 (Signed) Paul Miller M. D.

(Address) 1500 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery DATE OF BURIAL, Jan. 13 1928

UNDERTAKER Geisey - L. Ruth ADDRESS 1735 Hayford Ave

E 29381 HEALTH DEPARTMENT--CITY OF BALTIMORE E 29381

CERTIFICATE OF DEATH

90

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 2012 E. Madison St. WARD) 14-20

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma E. Leef

(Residence in Baltimore: No. 2012 E. Madison St. St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: May (Month) 17 (Day), 1858 (Year)

7-AGE: 69 yrs. 7 mos. 27 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Thomas Simpson

11-BIRTHPLACE OF FATHER (State or country): Balto. Md.

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Roland Leef

(Address) 2012 E. Madison St

15- JAN 12 1928 C. HAMPSON JONES, M.D.

Per [signature]

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January (Month) 9 (Day), 1928 (Year)

17. I HEREBY CERTIFY, That I attended deceased from January, 1926, to January 9 1928, that I saw h[illegible] alive on January 9, 1928, and that death occurred, on the date stated above, at 11:45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Endo-myocarditis

(Duration) 8 yrs. mos. ds

Contributory (SECONDARY) General Arteriosclerosis

(Duration) 5 yrs. mos. ds.

(Signed) Frank J Ayd M. D.

Jan 11, 1928 (Address) 2005 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death: yrs. mos. ds. In the State: yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Jan 12, 1928

20-UNDERTAKER: George J. Ruth

ADDRESS: 1735 Harford Ave.

IF VERY IMPORTANT. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 29382

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

179 E 29382

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. South Baltimore General Hospital 25-72 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert N. Jones.

(a) RESIDENCE NO. 628 First St. Westport. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) July 22, 1922.

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	5	5	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Canada.

PARENTS

10 NAME OF FATHER Norman C. Jones.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Canada.

12 MAIDEN NAME OF MOTHER Marion C. Dalziel.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Scotland.

14 Informant Norman C. Jones. (father)

(Address) 628 First St. Westport.

Filed JAN 12 1928 C. HANSON JONES, M. D. Registrar

By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 10 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

3rd degree burns, playing about a fire built on lot. Occidental Death.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) H. Leonhardt M. D.
(Coroner)

1/11 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? On lot beside 628 First St. Westport.

Former or usual residence December 24, 1927.

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Date of Burial Jan 13 28

20 UNDERTAKER John F. Denny ADDRESS 715 Light St

Spec.-7-17-26-A Co.-200 Bks.

E 29383

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29383

31 ✓

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 614 S.Kenwood Ave St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ANNA K.TYRPAK,

(a) RESIDENCE NO. 614 S.Kenwood Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. 11 mos. 9 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White,	Single,

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 2 - 1905.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min..
	22	II	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore,

(State or country) MD.

PARENTS

10 NAME OF FATHER Mark Tyrpak,

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Austria,

12 MAIDEN NAME OF MOTHER Anna Kacmareck,

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Austria,

14 Informant Mrs.Anna Tyrpak,

(Address) 614 S.Kenwood Ave

JAN 12 1928 C. HANSON Jones, Registrar

Per Hazel

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 25 1927 to Jan 10 1928

that I last saw h alive on Jan 9 1928

and that death occurred, on the date stated above, at 8 P. M.

The CAUSE OF DEATH* was as follows: Pul. Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Pul Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Findings

(Signed) Fred Burgdorf M. D.

1928 (Address) 1009 Pitt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus. Date of Burial Jan 13 1928

20 UNDERTAKER W. F. Sadowski ADDRESS 705 S. Ann

See instructions on back of certificate.

E 29384

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29384

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH Forest & Hill Ave. & Gay Road

CITY OF BALTIMORE: (No.) Liberty (Ft. or Mr.) (Apt.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Wickle Fellen

(a) RESIDENCE NO. 3307 Pulaski ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 2 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Y. Fellen

6 DATE OF BIRTH (month, day, and year) Oct 11 1871 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	53 ~~56~~	2	29 28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Furniture Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Fallon & Fellen

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John F. Fellen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Lillie Bunyon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Mrs. Fellen 4654 York Road

15 Filed JAN 12 1928 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 28, 1927, to Jan 9, 1928.

that I last saw h[illegible] alive on Jan 9, 1928.

and that death occurred, on the date stated above, at 12 00 P m.

The CAUSE OF DEATH* was as follows:

Myocardial Colapse. - Toxemia from Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Allen Dilworth M. D.

(Address) 1806 Garrison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudons Presbyterian Cem

DATE OF BURIAL: Jan 14 28

UNDERTAKER: [illegible]

ADDRESS: Mt Washington

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29385

CERTIFICATE OF DEATH.

38 E 29385

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS S 14-23 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Witt

(a) RESIDENCE No. 701 Small ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Bessie Witt

6 DATE OF BIRTH (month, day, and year) ? 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. Oil

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Frank Witt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Sallie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address) Same

15 Filed JAN 12 1928 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/10/1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 29. 1927. to Jan. 10. 1928 that I last saw h[illegible]live on Jan. 10. 1928 and that death occurred, on the date stated above, at 2:30 A m.

The CAUSE OF DEATH* was as follows:

Aortic insufficiency hypertrophy, duration 2 yrs

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General + Symptoms

(Signed) C. Stevens Burge M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery DATE OF BURIAL 1/13/1928

20 UNDERTAKER George T. A. Gibson ADDRESS 1735 Druid Hill Ave

Cor.—12-9-25—A Co.—200 Bks.

E 29386

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29386

CERTIFICATE OF DEATH.

1928 197

1-PLACE OF DEATH Pronounced dead at
City of BALTIMORE: (No. St Joseph Hospital S.10-13 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances K. Stockett

(a) RESIDENCE NO. 1418 Anthony St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	col	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of David Stockett

6 DATE OF BIRTH (month, day, and year) Feb 1/1901

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	26	11	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Ernst Frisby

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Mary E. -----

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Elizabeth Sommerville
(Address) 1418 Anthony St

15 Filed JAN 12 1928 C. HAMPSON JONES, M. D.
By Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Shock-hemorrhage. Pistol shot wound in neck, by husband. Homicide.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) J. [illegible] Coroner, M. D.

1/11/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem. Date of Burial Jan 14 1928

20 UNDERTAKER J. G. Locks ADDRESS 1302 Jefferson

Spec.—J-18 23—M&T—500 Blks.

E 29387 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29387

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 1-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Antonia Ratajczak Ratajczak

(a) RESIDENCE No. 2238 Essex ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: ?

6 DATE OF BIRTH (month, day, and year): Not Known

7 AGE — Years: 68 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER Thomas Sobczak

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ? Unknown

14 Informant (Address): Records

15 Filed JAN 12 1928 C. HAMPSON JONES, Registrar By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/11/1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1928, to Jan 11 1928

that I last saw h[illegible] alive on Jan 11 1928

and that death occurred, on the date stated above, at 6:00 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic - acute. Arteriosclerosis. Hypertension

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General + Sudor

(Signed) C. Holmes Boyd, M. D.

1/12, 1928 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary

DATE OF BURIAL: 1/16 1928

UNDERTAKER: H. Gaessler

ADDRESS: 1618 Eastern Ave.

Spec. 7-17-26—A Co.—200 Bks.

E 29388

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29388

CERTIFICATE OF DEATH

90

1-PLACE OF DEATH — Registration District No. 27-12

REGISTERED NO.

City of BALTIMORE: (No. 5025 Maine Ave. St. — Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Hess

(a) RESIDENCE NO. 5025 Maine Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. — mos. — ds. How long in U. S. if of foreign birth 61 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of Adolph Hess

6 DATE OF BIRTH (month, day, and year) April 23 1844

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min..
	83	8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Germany
(State or country)

PARENTS

10 NAME OF FATHER Conrad Holzlein

11 BIRTHPLACE OF FATHER (City or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Mrs. Mary Tolley
(Address) 5025 Maine Ave

Filed JAN 12 1928 C. HANSON JONES M.D. Registrar

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1928
Jan. 10

I HEREBY CERTIFY, That I attended deceased from Jan 7, 1928, to Jan 9, 1928,

that I last saw h[illegible] alive on Jan 9, 1928,

and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral-Hemorrhage

(duration) yrs. mos. 3 ds.

18 Where was disease contracted —

if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No What test confirmed diagnosis? Physical Examination

(Signed) John H. Owens M.D.

Jan 10, 1928 (Address) 26-E. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — Date of Burial Jan. 13 1928

UNDERTAKER Henry Hoelck Son — ADDRESS 1301 E. Eager St

Spec.—1-10-21—M&T—1500 Bks.

E 29389 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29389

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3009 (ST.) Baker (WARD) 16-67

2-FULL NAME Elizabeth Ochsenfeld

(a) RESIDENCE No. 3009 (ST.) Baker (WARD)

(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of J. Ochsenfeld

6 DATE OF BIRTH (month, day, and year) Nov 26 1843

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	84	1	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Fred. Reuling

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Charlotta Reuling

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant (Address) Mrs. Reuling 3109 Baker St.

15 Filed JAN 12 1928 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 8 1928 to Jan 11 1928

that I last saw h[illegible] alive on Jan 11 1928

and that death occurred, on the date stated above, at 8.15 p. m.

The CAUSE OF DEATH* was as follows:

Myocarditis —

(Duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) None known

(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? None

(Signed) Chas E Parker M. D.

1928 (Address) 3123 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill

DATE OF BURIAL 1/13 1928

UNDERTAKER W M Cook

ADDRESS Govans

Spec—12-23-21—E.B.R.S.—400 Bks.

E 29390 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29390

CERTIFICATE OF DEATH.

Registered No. 90

1-PLACE OF DEATH

City of BALTIMORE: (No. 1605 Warwick Ave St. 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. William F. Colby

(a) Residence No. 1605 Warwick Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White.	Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Ida O. Colby

6-DATE OF BIRTH (month, day and year) Jan. 16, 1854

7-AGE. 73 yrs. 11 mos. 24 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. contractor

(b) General nature of Industry, business, or establishment in which employed (or employer). Self

(c) Name of employer. Self

9-BIRTHPLACE (city or town) (State or Country). Mum.

PARENTS.

10-NAME OF FATHER. William F Colby

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Maine

12-MAIDEN NAME OF MOTHER. Selmina Weatley

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Va.

14- (Informant). Ida O. Colby

(Address). 1605 Warwick.

15- JAN 12 1928 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan. 10, 1928

17- I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1928 to Jan. 10 1928 that I last saw him alive on Jan. 9, 1928 and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

chronic bronchial asthma, mitral insufficency, cardiac dilatation, senil

(Duration) 20 yrs. mos. ds

CONTRIBUTORY (Secondary) Pneumonia + cardiac dilatation

(Duration) yrs. mos. 2 ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? usual tests

(Signed) Geo. H. Kemp M. D

19 (Address) 3030 Edmondson ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park	1/12 1928
20-UNDERTAKER. Wm Cook	ADDRESS 502 E North ave

Spec.—1-12-28—M&T—500 Bks.

E 29391

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29391

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2661 (St.) Lanetta St (WARD) 90-6-9

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hannah F. Sevier

(a) RESIDENCE No. 2661 Lanetta ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. 8 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles A Sevier

6 DATE OF BIRTH (month, day, and year): May 3 - 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65.	8.	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: house work

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Andy Hoffman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Sarah Smallwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mrs Viola Coburn (Address) 2661 Lanetta Ave

Filed JAN 12 1928 C. HANSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 9th 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 15, 1927, to Jany 9, 1928, that I last saw her alive on Jany 8, 1928 and that death occurred, on the date stated above, at 6.40 a m.

The CAUSE OF DEATH* was as follows:

Mitral Heart Disease

(duration) yrs. 2 mos 25 ds.

CONTRIBUTORY (Secondary): Rheumatism

(duration) yrs. unknown mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M A O'Neill, M. D.

1/11, 1928 (Address) 108 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Jan 12, 1928

20 UNDERTAKER: Jas J Cowan & Son

ADDRESS: 901 Hollins St

Spec.—1-10-21—MAT—1500 Blks.

E 29392

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29392

CERTIFICATE OF DEATH.

91-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1315 Light St. (ST.) [illegible] (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Roberts

(a) RESIDENCE NO. 1315 Light (ST.) St (WARD)

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo Roberts

6 DATE OF BIRTH (month, day, and year) — — 1843

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
84	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Silas Joyce

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Virginia West

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mrs. Grace Jarvis

(Address) 1315 Light St

Filed JAN 12 1928 C. HAMILTON JONES, Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/12 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1927, to Jan. 12, 1928.

that I last saw her alive on Jan 11, 1928

and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Uterine-Sclerosis

(duration) 10 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) yrs. 6 mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? None

(Signed) Henry Wade Chenoweth M. D.

1928 (Address) 903 Hearn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount

DATE OF BURIAL 1/14 1928

20 UNDERTAKER J. J. Bailey & Sons

ADDRESS 1311 Light St

Spec. 2-12-25—A Co.—200 Bks.

E 29393

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29393

113

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1709 Enson St., 9-18 Ward)

2-FULL NAME Charles Kenneth Swanner

(a) RESIDENCE NO. 1709½ Enson St. St., _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 ~~Single~~, Married, ~~Widow~~, ~~Widower~~, or ~~Divorced~~, (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 10th 1927

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	1	10	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9 BIRTHPLACE (city or town) _____

(State or country) Md.

PARENTS

10 NAME OF FATHER Charles Swanner

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Simms

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Md.

14 Informant Charles Swanner

(Address) 1709½ Enson St.

Filed JAN 12 1928 C. HAMPSON JONES, M. D.

Registrar

Pay _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 8 1928, to Jan 11 1928, that I last saw him alive on Jan 10 1928, and that death occurred, on the date stated above, at 6 30 A m.

The CAUSE OF DEATH* was as follows:

Acute Ileo-Colitis

(duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary) _____

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) E. Gill Hall, M. D.

Jan 11 1928 (Address) 1631 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cem. Date of Burial: Jan 13th 1928

UNDERTAKER: Leo G. Brook ADDRESS: 1723 Pa Ave

Spec.—1-12-23—M&T—500 Bks.

E 29394

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29394

CERTIFICATE OF DEATH.

164 X

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat ST. 25-63 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Edward Sterling

(a) RESIDENCE NO. Colesdon Va ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Sterling

6 DATE OF BIRTH (month, day, and year) Mch 23, 1874

7 AGE: Years 53 | Months 9 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Unemployed

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Elmirfield Md

PARENTS

10 NAME OF FATHER: John C Sterling

11 BIRTHPLACE OF FATHER (city or town) (State or country): Elmirfield Md

12 MAIDEN NAME OF MOTHER: Sallie A Sterling

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Northumberland Co Va

14 Informant: Hospital Record.

(Address)

15 1928 C. HAMPSON JONES M. D.

Per 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept 26, 1927, to Jan 12, 1928,

that I last saw him alive on Jan 11, 1928,

and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(duration) — yrs. — mos 1 ds.

CONTRIBUTORY (Secondary): Pre-Senile Psychosis

(duration) — yrs. 5 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Study

(Signed) C. B. Bunce M. D.

1-12-1928 (Address) Mt Hope Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Colesdon Va

DATE OF BURIAL: Jan 16 1928

20 UNDERTAKER: Fred A. Richardson

ADDRESS: 703 Hanover St

Spec.—1-12-23—M&T—500 Bks.

E 29395 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29395

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1721 Friendship St. 15-21 Ward) REGISTERED NO. 101

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lee F. Ott

(a) RESIDENCE No. 1721 Friendship St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Helen J. Ott

6 DATE OF BIRTH (month, day, and year) May 13 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	8	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harpers Ferry Va

PARENTS

10 NAME OF FATHER George Ott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Anna Caldwell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Jefferson Co W Va

14 Informant Helen J. Ott

(Address) 1721 Friendship St

Filed JAN 12 1928 C. HARRISON JOBES, Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10th 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 7th, 1928, to Jan 10th, 1928, that I last saw him alive on Jan 10th, 1928, and that death occurred, on the date stated above, at 9:45 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Endocarditis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Bacteriology + Clinical

(Signed) Wm F. Sullivan, M. D.

1/12, 1928 (Address) 1701 N Eutaw Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Cathedral	Jan 13th 1928
20 UNDERTAKER	ADDRESS
[illegible]	1853 W Baltimore St

Spec.—1-10-21—M&T—1500 Bks.

E 29396 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29396

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2632 St. Benedict ST. 70 WARD

REGISTERED NO. 24-095

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward P Gwilliams

(a) RESIDENCE NO. 2632 St. Benedict ST. 70 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. 4 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lilian M. Gwilliams

6 DATE OF BIRTH (month, day, and year): Aug 31 1872

7 AGE — Years: 55 — Months: 4 — Days: 10 — If LESS than 1 day, hrs. or min.: 9

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Paper-hanger

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Thom. H. Gwilliams

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant: Lillian M. Gwilliams (Address) 2632 St. Benedict St.

15 Filed JAN 12 1928 C. HANSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-10 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 7 1925 to Jan 10 1928, that I last saw h[illegible] alive on " " 1928, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH was as follows:

Central Haemorrhage.

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary): High blood Pressure

(duration) unknown yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Chas. C. Conser M. D.

1-11, 1928 (Address) 1101 N. Fullen Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: Jan 15 1928

UNDERTAKER: A. E. Wolfert — ADDRESS: 180 W Baltimore

Spec.-1-10-21-M&T-1500 Blks.

E 29397 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29397

90

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1514 Brunt ST. 14-20 (WARD)

2-FULL NAME Mordy Davis

(a) RESIDENCE NO. 1514 Brunt ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ethel Davis

6 DATE OF BIRTH (month, day, and year): Aug 23, 1897

7 AGE: Years 30 Months 7 Days 17 If LESS than 1 day, hrs. or min.

31

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cooke

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Stewart & Co

9 BIRTHPLACE (city or town) (State or country): Elizabethton, Tennessee

PARENTS

10 NAME OF FATHER: Sank Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Tennessee

12 MAIDEN NAME OF MOTHER: Charity ? Plum Tree

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. C.

14 Informant: Ethel Davis (Address) 1514 Brunt st

15 Filed JAN 12 1928 C. HARRISON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 10 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 15 1927 to Jan. 10 1928

that I last saw h[illegible] alive on Jan. 10 1928

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Valvular disease of the heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs.

(Signed) W. V. Farr, M. D.

Jan 12 1928 (Address) 515 Mosher

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Lebanon Cemetery — DATE OF BURIAL: Jan 13, 1928

20 UNDERTAKER: Mrs. Hattie R. Willis — ADDRESS 322 N. Schroeder

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29398

100-091

E 29398

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1514 Bruce St. 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Freddie Davis

(a) RESIDENCE NO. 1514 Bruce St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yr. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 12, 1927

7 AGE: Years 1 Months 4 Days IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.

(State or country)

PARENTS

10 NAME OF FATHER Harry Davis

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Tennessee

12 MAIDEN NAME OF MOTHER Ethel Thomas

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Tennessee

14 Informant Ethel Thomas

(Address) 1514 Bruce St

JAN 12 1928 Filed C. HAMPSON JONES, M. D. Registrar

Per Hasse

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 10, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Coroner, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho - Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. ds.

(Signed) C. H. Jones M. D.

(Coroner)

..., 19.. (Address) 25 Tennyson Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Lion Cemetery Date of Burial Jan. 13 1928

20 UNDERTAKER Mrs. Katie R. Williams ADDRESS 322 N. Schroeder St

E 29399

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29399

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital (WARD) 20-26

REGISTERED NO. 100

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Norvell

(a) RESIDENCE NO. 1914 N. Lombard St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 4 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	2		7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Leo J. Norvell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Edna Bosley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Leo J. Norvell

(Address) 1914 N. Lombard St.

15 Filed JAN 12 1928 C. HAMILTON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 12th 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 9 1928 to Jan 12 1928, that I last saw h alive on Jan 12 1928 and that death occurred, on the date stated above, at 5:50 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) myocardial failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? phy. findings

(Signed) Em Robertson M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Jan 14 1928

20 UNDERTAKER Harry H Nebbe — ADDRESS 1517 N Lombard St

E 29400 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29400

CERTIFICATE OF DEATH.

66

Registered No. C.

1-PLACE OF DEATH

City of BALTIMORE: (No. 218 S Frame St., Ward)

2-FULL NAME James Best

(Residence in Baltimore: No. 218 S Frame St.; yrs., mos., ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	Colored	

6-DATE OF BIRTH. (Month) (Day) 1 (Year)

7-AGE. 66 yrs. mos. ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION.
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE. (State or Country).

PARENTS.

10-NAME OF FATHER.

11-BIRTHPLACE OF FATHER. (State or Country).

12-MAIDEN NAME OF MOTHER.

13-BIRTHPLACE OF MOTHER. (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

Filed 192 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec (Month) 26 (Day) 1927 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Alcoholism

(Duration) 3 hrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) 0 yrs. mos. 1 ds.

(Signed) Geo T. Ce Mackay M. D. (Coroner)

192 (Address) 1736 Bway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. JOHNS HOPKINS HOSPITAL

DATE OF BURIAL. JAN 12 1928 19

20-UNDERTAKER. Commissioner Health.

ADDRESS

2068 THE MORGUE

Per Wm. R. WOODALL

Spec.—1-10-21—M&T—1500 Blks.

E 29401

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29401

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3903 Fernhill Avenue ST. 15-63 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David T. Abell

(a) RESIDENCE No. 3903 Fernhill Avenue ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Clara H. Abell

6 DATE OF BIRTH (month, day, and year) May 9, 1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	8	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired (Proof Reader)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Baltimore News

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER SAmuel Abell

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Sarah Conner

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant George K. Landon (Address) 3903 Fernhill Avenue

15 2 1928 C. HAMPSON JONES, M. D. (Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 11 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 8th, 1927, to Jany 10th, 1928. that I last saw h i m alive on Jany 10th, 1928. and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Colon of unknown duration

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? +

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Edwards C. Price, M. D.

17, 1928 (Address) 1705 Park Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery — DATE OF BURIAL Jan 13, 19 28

20 UNDERTAKER Frank L. Cook — ADDRESS 1003 W. Baltimore S

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29402

CERTIFICATE OF DEATH.

90 E 29402

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 249 S. Ellwood Ave. St. 1-2 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Edward A. Armstrong

(a) RESIDENCE NO. 249 S. Ellwood Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Regina B. Armstrong

6 DATE OF BIRTH (month, day, and year) Oct. 3, 1846

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	81	3	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plumber

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer Retired

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Hosea Armstrong

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Celestia Chandler

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant Samuel H. Armstrong

(Address) 1837 E. 33rd St.

Filed 2 1928 C. HANSON JONES, M. D.

By DCA Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12 1928

17

I HEREBY CERTIFY, That I attended deceased from June 1 1927, to Jan 12, 1928, that I last saw h— alive on Jan 11, 1928, and that death occurred, on the date stated above, at 1.30 a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) Gradual yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) Gradual yrs. mos. ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Francis Tiller, M. D.

1/12, 1928 (Address) 315 S. Highland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. Date of Burial Jan 14 1928

20 UNDERTAKER Wm. E. Black ADDRESS 927 N. Broadway

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29403

CERTIFICATE OF DEATH.

E 29403

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 5814 Garrison Blvd. St. 27-56 Ward)

2-FULL NAME Harry [illegible] Mobley

(a) RESIDENCE NO. 5814 Garrison Blvd. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where died 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elise A. Howard

6 DATE OF BIRTH (month, day, and year) Oct 29 1855

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	72	2	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Govament Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Custom House

(c) Name of employer U. S. Government

9 BIRTHPLACE (city or town) Hagerstown

(State or country) Md.

PARENTS

10 NAME OF FATHER Ed M. Mobley

11 BIRTHPLACE OF FATHER (city or town) Hagerstown

(State or country) Md.

12 MAIDEN NAME OF MOTHER Eliz. Carver

13 BIRTHPLACE OF MOTHER (city or town) Hagerstown

(State or country) Md.

14 Informant Mrs. J. L. Murphy

(Address) 5814 Garrison Blvd.

15 Filed JAN 2 1928 C. HAMPSON JONES, M. D. Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10 19 28

17 I HEREBY CERTIFY, That I attended deceased from Jan 2 19 28, to Jan 10, 19 28, that I last saw h[illegible] alive on Jan 10, 19 28, and that death occurred, on the date stated above, at 8:30 P m.

The CAUSE OF DEATH* was as follows:

I Hemiplegia

(duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) Apoplexy

(duration) ..... yrs. ..... mos. 9 ds.

18 Where was disease contracted —

If not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edward Jones, M. D.

, 19 (Address) 242 East 49th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem

Date of Burial 1/03 1928

20 UNDERTAKER Mary M. Winkfield

ADDRESS 501 E 22nd

Very important. See instructions on back of Certificates.

Spec.—12-9-25—A Co.—200 Pks.

E 29404

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 29404

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 506 Wyeth St., 21-29 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie E. Trimper

(a) RESIDENCE NO. 506 Wyeth St. 21 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct 16- 1853

7 AGE: Years 74- Months 2 Days 25 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Germany

(State or country)

PARENTS

10 NAME OF FATHER John Doetsch

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant C. A. Gardner

(Address) 506 Wyeth St

15 Date received 1928 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/11/28 19

17 I HEREBY CERTIFY, That I attended deceased from 8/10/, 1927, to 1/11/, 1928,

that I last saw h.... alive on 1/10/, 1928,

and that death occurred, on the date stated above, at 4 + m.

The CAUSE OF DEATH* was as follows:

Myocarditis & general arteriosclerosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Bernard Long, M. D.

1/12/ 1928 (Address) 1104 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery Date of Burial 1/14/28

20 UNDERTAKER Geo Leimbach & Son ADDRESS Leimbach & Son

Very Important. See instructions on back of certificates.

Spec—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29405

CERTIFICATE OF DEATH.

46 E 29405

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1808 W. Balto St. St. 20-27 Ward)

2-FULL NAME Margaret Agnes Londonsberger

(a) RESIDENCE NO. 1808 W. Balto St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred lifetime (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James F. Londonsberger

6 DATE OF BIRTH (month, day, and year): May 15 1875

7 AGE — Years: 52 — Months: 7 — Days: 27 — IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto Md

(State or country)

10 NAME OF FATHER: Patrick McMahon

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Roberts

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Ireland

PARENTS

14 Informant: James F. Londonsberger

(Address): 1808 W. Balto St.

15 Filed 2 1928 C. HAMPSON JONES, M. D. Registrar

Pat

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 12 1928

17

I HEREBY CERTIFY, That I attended deceased from March 30, 1927, to Jan 12, 1928, that I last saw h[illegible] alive on Jan 12, 1928, and that death occurred, on the date stated above, at 10 30 A.m.

The CAUSE OF DEATH* was as follows:

Uterine Carcinoma

(duration) over 10 months yrs. mos. ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? ———

Did an operation precede death? No Date of ———

Was there an autopsy? No

What test confirmed diagnosis? Clinical tests

(Signed) Hewson E. Clarke, M. D.

1-12, 1928 (Address) 1203 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — Date of Burial: Jan 16 1928

20 UNDERTAKER: J. Ahearn & Co. — ADDRESS: 2432 Reisterstown Rd.

Any imperfection. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 29406 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29406

CERTIFICATE OF DEATH. X 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 Eutaw Place, 11-24 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward M. Hammond.

(a) RESIDENCE NO. 1213 Eutaw Place ST., WARD Ellicott City Md.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary R. Hammond

6 DATE OF BIRTH (month, day, and year): Sept. 10, 1877

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
50	4	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: William Allen Hammond

11 BIRTHPLACE OF FATHER (city or town) (State or country): West Virginia

12 MAIDEN NAME OF MOTHER: Ellen Catherine Hammond

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Mrs. Mary R. Hammond 1213 Eutaw Place

15 Filed JAN 12 1928 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 12 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1927 to 1-12 1928

that I last saw h/s alive on 1-11 1928

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Chr. Nephritis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John A. Jones M. D.

19 (Address) 1129 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. John's Cem. DATE OF BURIAL: Jan. 14, 1928

20 UNDERTAKER: Easton Sons ADDRESS: Ellicott City

Spec.–7-17-26–A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29407

E 29407

CERTIFICATE OF DEATH

111-002

REGISTERED NO.

1-PLACE OF DEATH Md. Gen. Hosp.

City of BALTIMORE: (No. 16-27 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Greenbury Harrison

(a) RESIDENCE NO. 1032 W. Fulton St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long In U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 31, 1880

7 AGE: Years 47 | Months 11 | Days 18

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Insurance Salesman

(b) General nature of indostry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country)

PARENTS

10 NAME OF FATHER Robert G. Harrison

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Cecil Co.

12 MAIDEN NAME OF MOTHER Ella Newton

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Cecil Co.

14 Informant: Hosp. Record

(Address)

15 Date: FEB 2 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Jan. 11, 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1928, to Jan. 11, 1928, that I last saw h[illegible] alive on Jan. 11, 1928, and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Duodenal Ulcer

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) 13 hrs yrs. mos. ds.

18 Where was disease contracted Home

if not at place of death?

Did an operation precede death? Yes Date of 1-11-28

Was there an autopsy? Yes

What test confirmed diagnosis? Clin. Evidence

(Signed) C. C. Simpson, M. D.

, 19 (Address) 101 Med Arts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Park Cem. Date of Burial: Jan 14 1928

20 UNDERTAKER: H. Allen Fuller ADDRESS 3701 Calvary Ave

Very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 29408 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29408

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3702 N. Charles St. WARD) REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Raymond Matthews

(a) RESIDENCE NO. 3702 N. Charles ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Miriam B. Matthews

6 DATE OF BIRTH (month, day, and year) July 16 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	5	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Owner & Manager

(b) General nature of industry, business, or establishment in which employed (or employer) Paper box Mfg.

(c) Name of employer Self.

9 BIRTHPLACE (city or town) (State or country) Lakeville, Dorchester Co. Maryland.

PARENTS

10 NAME OF FATHER John Thomas Matthews

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dorchester Co. Maryland.

12 MAIDEN NAME OF MOTHER Melvina L. Woodland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dorchester Co. Maryland.

14 Informant Miriam B. Matthews (wife) (Address) 3702 N. Charles St.

15 FEB 2 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 10th 28

17 I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1927, to Feby. 10, 1928, that I last saw h[illegible] alive on Feby. 9th, 1928, and that death occurred, on the date stated above, at 6:30 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Myocarditis preceded by a cerebral hemorrhage

(duration) yrs. 1 mos. 6 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. 1 mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Geo. L. Brown, M. D.

(Address) 2124 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery — DATE OF BURIAL Jan 13 1928

20 UNDERTAKER Hughes & Jones Inc — ADDRESS 414 N. Broadway

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29409

CERTIFICATE OF DEATH

129 E 29409

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1515 N Chapel St. 8-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Baldacci

(a) RESIDENCE NO. 1515 N Chapel St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Laura Baldacci

6 DATE OF BIRTH (month, day, and year): April 5 1849

7 AGE: Years 78 Months 9 Days 6

IF LESS than 1 day ....hrs. or ....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Plaster worker

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Italy

(State or country)

PARENTS

10 NAME OF FATHER Don't know

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Italy

12 MAIDEN NAME OF MOTHER Don't know

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Italy

14 Informant Laura Baldacci

(Address) 1515 N Chapel

15 Filed JAN 22 1928

C. HAMPSON JONES, M. D. Registrar

Per B K B

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 11 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1927, to Jan 11, 1928

that I last saw h— alive on Jan. 11, 1928,

and that death occurred, on the date stated above, at 6:45 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Myocarditis

Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Philibert Artigiani M. D.

. 19 (Address) 2942 E. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: Jan 14 1928

20 UNDERTAKER: Wendell Dysel & Son — ADDRESS: 37 D Street

very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29410

CERTIFICATE OF DEATH.

90 E 29410

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 24 E Ann St. 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Lindner

(a) RESIDENCE NO. 1745 E Lombard St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb 4 1886

7 AGE: Years 42 Months 11 Days 6 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore

PARENTS

10 NAME OF FATHER Hermany

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Johns Lindner

12 MAIDEN NAME OF MOTHER Josephine Beach

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant (Address) Josephine Beach 1745 E Lombard

15 1928 C. HAMPSON JONES, M. D. Registrar

Dar RPH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) 1 yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

Law 10/28 Signed: G C Radis M. D.

(Coroner)

(Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Date of Burial: Jan 13 1928

20 UNDERTAKER: Wendell Hepplestone ADDRESS: 37 S Amity

Very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29411

CERTIFICATE OF DEATH.

90 E 29411

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2548 Wilkens ST. 20-64 WARD)

2-FULL NAME Anna E Mc Cracken

(a) RESIDENCE NO. 2548 Wilkens Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of: John J Mc Cracken

6 DATE OF BIRTH (month, day, and year): Nov 3 1854

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
73	2	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Penna

PARENTS

10 NAME OF FATHER: Elias Swartley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penna

12 MAIDEN NAME OF MOTHER: Eliza Stiner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penna

14 Informant: Mrs Jos Corcoran (Address) 2546 Wilkens Ave

15 1-3-1928 C. HAMILTON JONES, M. D. Registrar

Per RDC

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 10 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 31, 1927, to Jan 10, 1928, that I last saw h alive on Jan 9, 1928, and that death occurred, on the date stated above, at 5:30 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

CONTRIBUTORY (Secondary): Myocarditis (duration) yrs. mos. 23 ds.

(duration) yrs. 4 mos. 13 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) James L Zimberg M. D.

1/12/28 (Address) 1794 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: 1/13 1928

UNDERTAKER: Geo A Tilley Sons

ADDRESS: Fayette

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29412

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Mercy Hospital STREET OR AVE. WARD) 1-23 117

REGISTERED NO. E 29412

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarence J. Hiller

(a) RESIDENCE NO. 1614 W. Lanvale St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Marie Hiller

6 DATE OF BIRTH (month, day, and year): 1899

7 AGE: Years 29 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Mail Carrier

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Hiller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Marie Hiller

(Address): 1614 W Lanvale St

15 Filed NOV 13 1928 H. Wm. Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 11 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 2 '28, 19 to Jan 11-'28, that I last saw him alive on Jan 11 '28, and that death occurred, on the date stated above, at 2 20 p.m.

The CAUSE OF DEATH* was as follows:

Cholecystitis

over

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary): Acute pancreatitis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of Jan 6. 28

Was there an autopsy? yes

What test confirmed diagnosis? Operating

(Signed) [illegible], M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: Jan 14 1928

20 UNDERTAKER: Daniel Carson

ADDRESS 916 Cathedral

Spec.—1-10-21—M&T—1500 Bks.

Geneva Wood.

E 29413

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Square Hospital REGISTERED NO. 179 E 29413

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Fayette & Carlton Sts. Ward

2-FULL NAME Geneva Wood

(a) RESIDENCE NO. 2394 Carey St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 13-19

7 AGE: Years 8 Months 1 Days 27 If LESS than 1 day, or m

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): D C

PARENTS

10 NAME OF FATHER: Geo H Woods

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Harriet Harrison

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Geo H Woods

(Address) 239 N Carey St

15 Filed JAN 13 1928 C. HARRISON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/10/1928

17 I HEREBY CERTIFY, That I attended deceased from 11/3/28, 19, to 1/10/28, 19.

that I last saw he alive on 1/10/28, 19.

and that death occurred, on the date stated above, at 10 P m.

(The) CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. ds.

Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) William Walker, M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: Jan 13 1928

20 UNDERTAKER: Lewis Easton — ADDRESS 916 Eutaw

Dr. Thos. D. Morton

Dr. Geo. H. Kerr

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29414

CERTIFICATE OF DEATH.

100-001

E 29414

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Hopkins Hospital St. 21-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Waverly Downey

(a) RESIDENCE NO. 834 W Ostend St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 17/27

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
		2	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Samuel Downey

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Pauline Smith

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Mother

(Address)

Filed JAN 13 1928 HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Jan 10/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (Primary)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Bullen, M. D.

(Coroner)

1/12/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial Jan 13 1928

20 UNDERTAKER Daniel Foster ADDRESS 816 Cathedral

Very Important. See Instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

Vincenty Skorupa

E 29415

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29415

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 116 S. Wolfe St. (ST.) 2-4 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vincenty Skorupa

(a) RESIDENCE NO. 116 S. Wolfe st. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? 36 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 8 - 1865

7 AGE: Years 62 Months 10 Days 4

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Frankie Skorupa

(Address) 116 S. Wolfe St.

15 Filed JAN 13 1928 H. M. JONES, Registrar

By K. Hill

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 9, 1928, to Jan 12, 1928,

that I last saw he alive on Jan 12, 1928

and that death occurred, on the date stated above, at 1145 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

CONTRIBUTORY (Secondary) Cardiac Dropsy (duration) yrs. mos. 1 ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Roanek M.D.

Jan 12, 1928 (Address) 801 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Cem. DATE OF BURIAL: Jan. 16 1928

20 UNDERTAKER: George A. Weber ADDRESS: 1205 Bank St

Spec.—1-12-23—M&T—500 Bks.

E 29416

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

7H-001 E 29416

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary WARD 9)

2-FULL NAME Henry Brooks

(a) RESIDENCE NO. Alletta Ave Eatons Hills WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: late Virginia E. Brooks

6 DATE OF BIRTH (month, day, and year): May 4, 1860

7 AGE: Years 68 Months 9 Days 7 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sexton of Church

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Wm Brooks

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Achsah Litzinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Bertha M. Hughes (Address) Alletta Ave Eaton Hills

15 Filed JAN 13 1928 C. HAWKINS JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 11 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1927, to Jan 11, 1928, that I last saw him alive on Jan 11, 1928, and that death occurred, on the date stated above, at 10 15 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 18 ds.

CONTRIBUTORY (Secondary) Auricular fibrillation

2. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Examination

(Signed) W Grayer Tolterdale M. D.

Jan 11 1928 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Marys Hampden — DATE OF BURIAL: Jan 14 1928

20 UNDERTAKER: Chenoweth Son — ADDRESS: 3616 Eastern ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29417

CERTIFICATE OF DEATH.

44 E 29417

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 78 Darby ST. 1357 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Franklin D Ward

(a) RESIDENCE NO. 78 Darby ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, ~~Widowed~~, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Ida Ward

6 DATE OF BIRTH (month, day, and year): Mar 11 1855

7 AGE: Years 72 | Months 10 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): MD

PARENTS

10 NAME OF FATHER: Horace Ward

11 BIRTHPLACE OF FATHER (city or town) (State or country): MD

12 MAIDEN NAME OF MOTHER: Mary Ray

13 BIRTHPLACE OF MOTHER (city or town) (State or country): MD

14 Informant (Address): Ida Ward 78 Darby St

15 Filed JAN 13 1928 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 11 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 1 1927 to Jan 10 1928, that I last saw h~~im~~ alive on Jan 10 1928, and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Esophagus

(duration) yrs. 2 mos ds.

*CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) A. J Davies M. D.

1-11 1928 (Address) 800 W 33rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Guilford Howard Co

DATE OF BURIAL: Jan 14 1928

20 UNDERTAKER: Chenoweth & Son

ADDRESS 3617 Chestnut Ave

Spec.—1-12-23—MAT—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29418

CERTIFICATE OF DEATH. 122-002 E 29418

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1032 N. Stockton ST. 16-23 WARD)

2-FULL NAME Ella Jones

(a) RESIDENCE NO. 1032 N. Stockton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	married

5a If married, widowed, or ~~divorced~~ WIFE of (or) ~~HUSBAND of~~ William Jones

6 DATE OF BIRTH (month, day, and year) June 7 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
34	33	7	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress. Oil

(b) General nature of industry, business, or establishment in which employed (or employer) Steam laundry

(c) Name of employer

9 BIRTHPLACE (city or town) Washington (State or country) D.C.

PARENTS

10 NAME OF FATHER William Coates

11 BIRTHPLACE OF FATHER (city or town) Washington (State or country) D.C.

12 MAIDEN NAME OF MOTHER Rosie Smith

13 BIRTHPLACE OF MOTHER (city or town) Washington (State or country) D.C.

14 Informant Rosie Lane (Address) 1232 Stockton St

Filed JAN 13 1928 H. HANSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 11- 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1927, to Jan 11-, 1928, that I last saw h alive on Jan 10, 1928 and that death occurred, on the date stated above, at 4-10 P.M.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

Hypertrophic (Non alcoholic)

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) Paul Brown, M. D.

Jan 11, 1928 (Address) 1837 Pleasant Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL Jan 14 1928

UNDERTAKER Virginia A. Brooks — ADDRESS 1463 Carey

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29419

CERTIFICATE OF DEATH.

E 29419 REGISTERED NO.

1-PLACE OF DEATH Gearhart's Howard 6-45 170

City of BALTIMORE: (No. Academy Hotel St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles A. F. Lock

(a) RESIDENCE NO. Norman & Mayfield ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Carrie V. F. Lock

6 DATE OF BIRTH (month, day, and year): Aug. 12, 1874

7 AGE: Years 53 Months 4 Days 26. IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Hotel Proprietor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: self

9 BIRTHPLACE (city or town): Md.

(State or country)

PARENTS

10 NAME OF FATHER: Chas. A. F. Lock

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Minnie Schieb

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: Carrie V. F. Lock

(Address): Norman & Mayfield

Filed JAN 13 1928 G. HAMPSON JONES Registrar D.

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 8, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by gun shot wound of head.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.

(Coroner)

(Address) 2572 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ag. London Park — Date of Burial: Jan 13 1928

20 UNDERTAKER: Wm Cook — ADDRESS: 502 E North Ave

Very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29420

E 29420

CERTIFICATE OF DEATH.

170

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 820 N. Dallas St., 9-13 Ward)

2-FULL NAME Ernst Stockett

(a) RESIDENCE NO. 820 N. Dallas St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frances K. Stockett

6 DATE OF BIRTH (month, day, and year) 1903

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	24			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER Edward Stockett

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Mary Smith

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Mother

(Address)

15 Filed JAN 13 1928 By C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bullet shot wound of brain

Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Wallace M. D.
(Coroner)

1/12/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashury cemetery Date of Burial Jan 14 19 28

20 UNDERTAKER Edward Bryan ADDRESS 1681 Orleans St

Very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29421

CERTIFICATE OF DEATH.

161-001

E 29421

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St., 3-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virgin Raules

(a) RESIDENCE NO. 13 S. Bond St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	col	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 30/27

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		1	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Robert Raules

11 BIRTHPLACE OF FATHER (city or town)

(State or country) N.C.

12 MAIDEN NAME OF MOTHER Lena Cypress

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) N.C.

14 Informant Robert Raules

(Address) 13 S. Bond St.

15 Filed APR 13 1928 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Jan 12/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Prematurity & Inanition

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Baker M. D.

(Coroner)

1/12/28 (Address) 508 E N.rth Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL asbury cemetery Date of Burial Jan 14 1928

20 UNDERTAKER Eduard Bryan ADDRESS 681 orleans st

very important. See instructions on back of certificate.

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29422

CERTIFICATE OF DEATH

90 E 29422

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2900 E. Monument St., 7-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Chas. J. Jamke

(a) RESIDENCE NO. 2900 E. Monument St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Amelia R. Jamke

6 DATE OF BIRTH (month, day, and year): Aug 17/69

7 AGE: Years 58 Months 4 Days 26 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Confectioner

(b) General nature of industry, business, or establishment in which employed (or employer): Himself 019

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto —

PARENTS

10 NAME OF FATHER: Julius Jamke

11 BIRTHPLACE OF FATHER (City or town) (State or country): Ger. - Schaenge

12 MAIDEN NAME OF MOTHER: Auguste

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ger

14 Informant (Address): Amelia R. Jamke 2900 E. Monument

15 Filed JAN 13 1928 at 10 A.M. C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Jan 12/28

17 I HEREBY CERTIFY, That I attended deceased from Sept 5 19 27, to Jan 12 19 28

that I last saw h[illegible] alive on Jan 11 19 28

and that death occurred, on the date stated above, at 2 35 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yr. mos. ds.

CONTRIBUTORY (Secondary): Progressive Cardiac Asthenia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J. Leon M. D.

1/12 19 28 (Address) 413 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Chestnut Grove Presbyterian Forest Ave & Md Date of Burial 1/15 19 28

20 UNDERTAKER: Philip Henry ADDRESS 206 Aliceanna

very important. See instructions on back of certificates.

Spec. –7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29423

E 29423

CERTIFICATE OF DEATH

101-001

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 831 Forrest St. 8-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George W. A. Deimel

(a) RESIDENCE NO. 1704 N. Wolfe St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced. HUSBAND of ~~(or) WIFE of~~ Cate Mary Deimel

6 DATE OF BIRTH (month, day, and year) June 18 64

7 AGE: Years 63 Months 6 Days 24 (23) IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stock Clerk

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): City

(State or country)

PARENTS

10 NAME OF FATHER Lorenz Deimel

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Ger.

12 MAIDEN NAME OF MOTHER Louise

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Mrs. Julius Thiele

(Address) 1404 E. Baltimore St.

15 Filed ..... 19 ..... H. [illegible] JONES ..... M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11 19 28

17 I HEREBY CERTIFY, That I attended deceased from Jan 8 1928, to Jan 11 1928.

That I last saw him alive on Jan 11 1928.

and that death occurred, on the date stated above, at 4 15 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. L. Hornstein M. D.

1/12 19 28 (Address) 733 Argyle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem. Date of Burial 1/14 1928

20 UNDERTAKER Philip Herring ADDRESS 2016 Orleans St

JAN 13 1928

Reg

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 29424

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 29424

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore General St. Boyd (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Georg J. Stiemly

(a) RESIDENCE NO. 2039 Sinclaire Lane WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Laura Stiemly

6 DATE OF BIRTH (month, day, and year): May 24/1873

7 AGE: Years 54 Months 7 Days 20 If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Woodcarver

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Michael Stiemly

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Elizabeth Walter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: Laura E. Stiemly

(Address) 2039 Sinclair Lane

15 Filed JAN 13 1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 11 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 30 1927 to Jan 11 1928

that I last saw him alive on Jan 11 1928

and that death occurred, on the date stated above, at 12 mid.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis with Hypertension

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Anemia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Clin. Exam.

What test confirmed diagnosis?

(Signed) Louis T. Lavy, M. D.

1/12 1928 (Address) W Balto Gn Hop

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel

DATE OF BURIAL 1/14 1928

20 UNDERTAKER: Philip Herwig

ADDRESS 2016 Orleans St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29425

E 29425

CERTIFICATE OF DEATH.

74-001

25-75

1-PLACE OF DEATH

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. Patapsco & Ninth St Brook Ward)

2-FULL NAME Charles E. Kirby

(a) RESIDENCE NO. Patapsco & Ninth Brook St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. 5 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Kirby

6 DATE OF BIRTH (month, day, and year) 7 17 1872

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	55	5	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER James K Kirby

11 BIRTHPLACE OF FATHER (city or town) Balto. Md.

(State or country)

12 MAIDEN NAME OF MOTHER Annie Dashields

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md.

14 Informant Mrs. Charles Kirby

(Address) Brooklynn City

15 Filed JAN 13 1928 H. HANSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-18-1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 2 1928, to Jan 11, 1928,

that I last saw h alive on Jan 11, 1928

and that death occurred, on the date stated above, at 9 H m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. H. Langhorne M. D.

1/12, 1928 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem Date of Burial 1/14 1928

20 UNDERTAKER J. Fenw McCully ADDRESS 130 E Fort

Very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 29426

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. E 29426

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 23-32 WARD) 90

2-FULL NAME William J. Martin

(a) RESIDENCE NO. 25 W. Barney ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life time ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie B. Martin

6 DATE OF BIRTH (month, day, and year) 7-24-1867

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	11	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chief plumbing inspector 059

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer City of Baltimore

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER John Martin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. J. Martin (Address) 25 W. Barney

15 Filed JAN 13 1928 C. HAMILTON JONES, C. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1928, to Jan 11, 1928,

that I last saw him alive on Jan 11, 1928,

and that death occurred, on the date stated above, at 8 35 P m.

The CAUSE OF DEATH* was as follows:

Acute cardiac decompensation + failure

(duration) — yrs. — mos 7 ds.

CONTRIBUTORY (Secondary) Hypertensive cardio-vascular disease (duration) 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jesse Otto Taylor M. D.

, 19 (Address) University Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem DATE OF BURIAL 1/14 1928

20 UNDERTAKER J. F. McCully ADDRESS 130 E. Fay

Spec.—1-12-23—M&T—500 Bks.

E 29427

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29427

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST. 1-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gertrude Forbes

(a) RESIDENCE NO. 1122 Druid Hill Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Negro

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 1 1906

7 AGE: Years 21 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto.

PARENTS

10 NAME OF FATHER: Andrew Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Bertha Turner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Lucy Gray

(Address) 1122 Druid Hill Ave

15 Filed JAN 13 1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/14/28 19

17 I HEREBY CERTIFY, That I attended deceased from 1/11/28, 19, to 1/14/28, 19, that I last saw her alive on 1/11/28, 19, and that death occurred, on the date stated above, at 9:15 P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) myocarditis and dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clinical

(Signed) H. Lawrence Fahrney, M. D.

, 19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary Cem. DATE OF BURIAL: Jan 14 1928

20 UNDERTAKER: John H Soadwin ADDRESS 1027 Druid Hill

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 29428

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 101-001 E 29428

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) No. 519 W. Saratoga St (WARD) 25

2-FULL NAME Catherine Beckett

(a) RESIDENCE. No. 519 W. Saratoga ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): widowed

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of: Eli Beckett

6 DATE OF BIRTH (month, day, and year): July 16- 1864

7 AGE: Years 63 Months 5 Days 27 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): D.C.

PARENTS

10 NAME OF FATHER: John Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country): D.C.

12 MAIDEN NAME OF MOTHER: Rosetta Savage

13 BIRTHPLACE OF MOTHER (city or town) (State or country): D.C.

14 Informant: Hallie White, daughter (Address) 519 W. Saratoga St.

15 Filed 1 3 1928

C. HANSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 12" 28

17 I HEREBY CERTIFY, That I attended deceased from 1-6 . 19 28 to 1-12 . 19 28 .

that I last saw h[illegible] alive on 1-11 . 19 28 .

and that death occurred, on the date stated above, at 5:05 A. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) J. Marion, M. D.

1-13 28 (Address) 519 W. Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Washington, D.C.

DATE OF BURIAL: Jan. 14 28

20 UNDERTAKER: Jno. M. Johnson

ADDRESS 1234 Ethan St.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29429

CERTIFICATE OF DEATH.

23 E 29429

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3810 Dorchester ~~Ave~~ St., 15 WARD 4

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rachael Pearl

(a) RESIDENCE No. 3810 Dorchester ave ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Morris Pearl

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE — Years: 85 — Months: — — Days: — — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Russia

14 Informant: Mrs. Pearl (Address) 3810 Dorchester ave

15 Filed JAN 13 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 10th, 1927, to Jan 13th, 1928, that I last saw h[illegible] alive on Jan 12th 1928 and that death occurred, on the date stated above, at 9:50 a.m.

The CAUSE OF DEATH* was as follows:

Encephalitis ? Lethargica

Cerebral Palsy Senilis

(duration) yrs. 1 mos 2 ds.

CONTRIBUTORY (Secondary): Senility

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?: at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? observation

(Signed) Joseph Glickman, M. D.

1/13 1928 (Address) 3209 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rehrer Rosedale — DATE OF BURIAL: 1/15 1928

20 UNDERTAKER: Jack Lewis — ADDRESS: 1429 E. Baltimore

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29430

CERTIFICATE OF DEATH.

74-001 E 29430

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1035 (St.) Park Ave (Ward) 11-24

2-FULL NAME Charles Thompson

(a) RESIDENCE NO. 1035 ST., Park Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Thompson

6 DATE OF BIRTH (month, day, and year): June 10, 1861

7 AGE: Years 66 | Months 7 | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): — 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): North Carolina

PARENTS

10 NAME OF FATHER: Thomas Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mary Thompson (Address) 1035 Park Ave

15 Filed Jan 13 1928 19 H. Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 10 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1928, to Jan. 10, 1928, that I last saw h— alive on Jan 10, 1928, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy —

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Post Mortem —

(Signed) R. Garland Thompson M. D.

(Address) 1534 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: June 12 1928

UNDERTAKER: Wm. H. G. Elbert — ADDRESS: 1725 Madison Ave

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29431

E 29431

CERTIFICATE OF DEATH

185

1-PLACE OF DEATH

REGISTERED NO. 46

City of BALTIMORE: (No. Md. General Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Margaret Harpes

(a) RESIDENCE NO. 1501 E. 33rd St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Harpes

6 DATE OF BIRTH (month, day, and year): Oct. 23 1842

7 AGE: Years 85 Months 2 Days 19 (18) IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Hsw.

(b) General nature of industry, business, or establishment in which employed (or employer): (29)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: James Hanlon

11 BIRTHPLACE OF FATHER (City or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Helen Carruthers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md.

14 Informant: Mrs Helen Pinkel

(Address) 1501 E 33rd St

15 Filed JAN 13 1926 10 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1925: Jan. 11

17 I HEREBY CERTIFY, That I attended deceased from Dec 3, 1925 to Jan 11, 1925

that I last saw her alive on Jan 11, 1925

and that death occurred, on the date stated above, at 8 20 P.M.

The CAUSE OF DEATH* was as follows:

Fracture ~~of hip~~ Femur due to wrecking accident Floor in patient's room.

(duration) yrs. 1 mos. 12 ds.

CONTRIBUTORY (Secondary): Pulmonary edema.

(duration) yrs. mos. 27 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) [illegible] M. D.

, 19 (Address) Md. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount-Cemetery Date of Burial Jan 14 1925

20 UNDERTAKER: John B Spence ADDRESS 1325 N Caroline

very important. See instructions on back of certificates. Exact statement of OCCUPATION is

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29432

CERTIFICATE OF DEATH.

181-001

E 29432

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2616 Hudson St. 1-3 Ward,

2-FULL NAME Steven L. Anuszewski

(a) RESIDENCE NO. 2616 Hudson St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) DEC. 23. 1898.

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	29 78		18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER Joseph Anuszewski

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Frances Hojnacka

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland.

14 Informant Sister

(Address) 520 S. Kennood Ave

Filed JAN 13 1928 THOMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest

(Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Gas Poisoning (Accidental)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Asphyxia

(duration) yrs. mos. ds.

(Signed) Jas. G. E. Hades M. D.

(Coroner)

1/12 19 (Address) 143 N. Gay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus, Date of Burial Jan. 14, 1928.

20 UNDERTAKER M. F. Sadowski, ADDRESS 705 S. Ann St

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 29433 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 101-001 E 29433

1-PLACE OF DEATH University Hospital REGISTERED NO.

CITY OF BALTIMORE: (No.) 21-29 ST., (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benedict Kroner

(a) RESIDENCE NO. 1933 Herkimer ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. 8 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 11 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	8	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Meat House.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Swift & Co.

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER George M Kroner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Cunigunda Kreuer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant George N. Kroner (Address) 1933 Herkimer St

Filed JAN 13 1928, 19 HARRISON JONES, M. D. Registrar

Per RMT

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1928, to Jan 11, 1928

that I last saw he alive on Jan 11, 1928

and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia Right Lower & middle Lobes

(duration) 9 yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Myocardial Failure Jaundice & Jul. Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) F F Busby, M. D.

19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral	1-14 1928
20 UNDERTAKER	ADDRESS
Howard C Harlow	1005 S Broadway

Spec.—1-12-23—M&T—500 Bks.

Letter on file from L. E. Madden M.D. dated 1-18-28

E 29434

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29434

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) S.B. (Ward) 8

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George B. Strout

(a) RESIDENCE NO. 601 Ensor st. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Strout ~~1878~~

6 DATE OF BIRTH (month, day, and year) Nov. 16. 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
~~47~~	44	1	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER George Strout

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Gussie Smith

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Hospital Records (Address)

Filed JAN 13 1928 HAUESON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 10, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1927, to Jan. 10, 1928,

that I last saw h im alive on Jan. 10, 1928

and that death occurred, on the date stated above, at 9 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) L. E. Madden M. D.

1-11-28 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lot 1 Square 9 Greenmount Cem. — DATE OF BURIAL Jany 14 1928

20 UNDERTAKER Clark & Sons Inc — ADDRESS 1420 Park Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 29435 — 129 — E 29435

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 877½ W Lemford St. 18-16 WARD)

2-FULL NAME Mary E. Dunn.

(a) RESIDENCE No. 877½ W Lemford St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced (or) WIFE of: John J Dunn.

6 DATE OF BIRTH (month, day, and year): Dec 22-1872

7 AGE: Years 55 | Months — | Days 19 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work.

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

037

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Michael Welsh.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Ellen Sheehan,

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mr John J Dunn (Address) 877½ W Lemford St.

15 Filed JAN 20 1928 19 [illegible] Registrar. [illegible] Registrar. 13 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 10th 1928

17 I HEREBY CERTIFY, That I attended deceased from 1/5/ 1928 to 1/10/ 1928.

that I last saw h[illegible] alive on 1/10/28 19

and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Hypertension

Chronic Nephritis

3 yrs. (duration)

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Bernard J. Tracy, M. D.

1/13/28 (Address) 710 W. Lemford St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. DATE OF BURIAL: Jan 14 1928

20 UNDERTAKER: John J Cowan & Son ADDRESS: 901 Holley St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29436

CERTIFICATE OF DEATH.

E 29436

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 724 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adam Budzynselski

(a) RESIDENCE NO. 1707 Fleet ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ?

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant (Address) Records

15 Filed JAN 13 1928 H. Bascom Jones M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/11/1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1928 to Jan 11, 1928 that I last saw him alive on Jan 11, 1928 and that death occurred, on the date stated above, at 7.10 P. m.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Gross & Sect

(Signed) C. Holmes Boyd, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus — DATE OF BURIAL: Jan 16 1928

20 UNDERTAKER: J. W. Zgrzeuski — ADDRESS: 1950 Eastern Ave

Spec.—1-12-23—M&T—500 Bks.

E 29437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 29437

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 908 E Biddle ST. 10-14 WARD)

2-FULL NAME Annie E. Kennedy

(a) RESIDENCE NO. 908 E. Biddle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ambrose J. Kennedy Sr.

6 DATE OF BIRTH (month, day, and year) June 12, 1863

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	6	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Michael McDonald

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Kavanagh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Mr. Ambrose J. Kennedy 908 E. Biddle

15 FILED 3-1-1928 C. HAMPSON JONES, M. D. Registrar

Rec'd ORM

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 11, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 26, 1927, to Jan 11, 1928, that I last saw h[illegible] alive on Jan 11, 1928, and that death occurred, on the date stated above, at 1.15 P.M.

The CAUSE OF DEATH* was as follows:

Bronchial Asthma

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Dr Blanchard M. D.

1/12 1928 (Address) 914 E Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Jan. 14, 1928

20 UNDERTAKER Elmer W. Conklin ADDRESS 924 E. Eager

Spec.—1-12-23—M&T—500 Bks.

E 29438

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29438

CERTIFICATE OF DEATH.

161-01

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1309 Brunt ST. 17-24 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby boy Bell

(a) RESIDENCE NO. 1309 Brunt ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Black	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1/7/28

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Wm. Henry Bell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howardsville md.

12 MAIDEN NAME OF MOTHER Ida Kolbuck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cockeysville Md

14 Informant (Address) W. H. Bell 1309 Brunt St.

15 Filed 1-3-1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/12 1928

17 I HEREBY CERTIFY, That I attended deceased from 1/7, 1928, to 1/11, 1928, that I last saw h[illegible] alive on 12:05 P.M. 1/12, 1928, and that death occurred, on the date stated above, at 2 4 m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. Alexander Norley M. D.

, 19 (Address) 1516 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: 19

20 UNDERTAKER

ADDRESS

Commissioner of Health.

JAN 13 1928

Spec.—1-12-23—M&T—500 Bks.

E 29439 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29439

CERTIFICATE OF DEATH.

REGISTERED NO. 100

1-PLACE OF DEATH Balto City Hospls.

CITY OF BALTIMORE: (No.) 1 (St.) Balto, Md 26-27 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Weeks.

(a) RESIDENCE NO. Unknown ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Barber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Ohio

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Balto City Hosps Balto Md

15 1-3-1928 C. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-13 1928

17 I HEREBY CERTIFY, That I attended deceased from 12-7- 1927 to 1-13 1928 that I last saw deceased alive on 1-12- 1928 and that death occurred, on the date stated above, at 5.35 P.M.

The CAUSE OF DEATH* was as follows:

Terminal Bronchopneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis Central Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted (if not at place of death)? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Harry Goldsmith M.D.

1928 (Address) Balto City Hospls

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER: Com'r Health.

ADDRESS

Per Wm. E. Woods

JAN 13 1928

Cor—12-9-25—A Co—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29440

CERTIFICATE OF DEATH.

18-083

E 29440

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) St. Agnes Hosp St. 28 Ward

2-FULL NAME James A. Hafner

(a) RESIDENCE NO. 431 So. Payson St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day and year): July 21st 1916

7 AGE: Years 11 Months 5 Days 29 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto

PARENTS

10 NAME OF FATHER John A. Hafner

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto

12 MAIDEN NAME OF MOTHER Annie C. Swann

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant John A. Hafner

(Address) 431 So. Payson St

Jan 25 1928 C. H. Wilson Jones, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Jan 7th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by Inquest (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

1½ hours

Struck by Auto

(Signed) Wm. A. Hafner D.

(Address) Curtis Bay Md

Jan 25 1928

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Date of Burial: Jan 7 1928

20 UNDERTAKER: John Elliott ADDRESS: 1005 Eutaw

very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29441

CERTIFICATE OF DEATH.

90 E 29441

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 729 Ensor St. St. 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Grace L. Mormann

(a) RESIDENCE NO. 729 Ensor St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Mormann.

6 DATE OF BIRTH (month, day, and year): Oct. 11, 1880

7 AGE — Years: 47 — Months: 3 — Days: 1 — If LESS than 1 day.....hrs. or....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town)

(State or country): Westminister, Md.

10 NAME OF FATHER: G. Woolery

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Westminister, Md.

12 MAIDEN NAME OF MOTHER: E. Schriver

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Beaver Dam, Md.

PARENTS

14 Informant: Mrs. Ella Bell.

(Address): 729 Ensor St

13 1928 C. HAMPSON JONES, M. D. Registrar

Per APH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Jan. 12, 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1928, to Jan 12, 1928, that I last saw alive on , 19, and that death occurred, on the date stated above, at 11 45 m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arthritis Rheumatism

(duration) 3 yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas D Peck, M. D.

1/13, 1928 (Address) 936 Mormann St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem. Date of Burial: 1/16/1928

20 UNDERTAKER: L. Vernon Lemmon. ADDRESS: 501 E. 22St.

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 29442

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29442

CERTIFICATE OF DEATH.

1329

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3609 Copley Road (St.) 15-62 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Margaret Hoenes

(a) RESIDENCE NO. 3609 Copley Road ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. 0 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Theodore G. Hoenes

6 DATE OF BIRTH (month, day, and year): Dec 28-1880

7 AGE: Years 47 | Months 0 | Days 14 15 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): "

(c) Name of employer: "

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Henry F. Foske

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Emma Müeller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Theodore G. Hoenes 3609 Copley Road

15 Filed 3 1928, 19 Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 12 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 8, 1928, to Jan 12, 1928.

that I last saw h[illegible]live on Jan 12, 1928

and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Nephritis

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Myo Fibroma Uteri

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John A Cronin, M. D.

(Address) 612 W 40 th

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Jan 14 1928

20 UNDERTAKER: Wm. J. Tickner & Sons — ADDRESS: N. Y. Ave.

R. HAMPSON JONES, M. D.

Spec.—1-12-23—M&T—500 Bks.

E 29443 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29443

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3019 St. Paul (ST.) 12-50 (WARD)

2-FULL NAME Dora Hand Evans

(a) RESIDENCE NO. 3019 St Paul ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles R. Evans.

6 DATE OF BIRTH (month, day, and year) Jan. 1 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	0	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER James K. Hand.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio.

12 MAIDEN NAME OF MOTHER Deborah Kennedy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio.

14 Informant Mr. Charles R. Evans

(Address) 3019 St. Paul St

3 1928 C. HAMPSON JONES M. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1928, to Jan 12, 1928, that I last saw her alive on Jan 12, 1928, and that death occurred, on the date stated above, at 8.50 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Thrombosis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas. R. Goldsborough M. D.

, 19 (Address) 3923 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem. DATE OF BURIAL Jan 14 1928

20 UNDERTAKER Wm Fletcher Sons ADDRESS North Pa

Spec.—1-12-23—M&T—500 Bks.

E 29444

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29444

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS 1623 St. Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Johnson

(a) RESIDENCE No. 1323 W. Lafayette St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ? 1827

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	101			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook. 07

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER ? Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) ? Unknown

12 MAIDEN NAME OF MOTHER ? Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Records

15 Filed JAN 13 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/12/ 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1928. to Jan. 12. 1928

that I last saw h alive on Jan. 12. 1928

and that death occurred, on the date stated above, at 2:00 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic.
Interstitial nephritis, chronic
Arteriosclerosis.

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General + Sub

(Signed) C. Holmes Boyd, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 1/14 1928

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Pennsylvania Ave

Note—It is very important that all questions be answered. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

Albert Snellenburg.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-08

E 29445

E 29445

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH Sinai Hospital

City of BALTIMORE: (No. Monument & Rutlas St., 15-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Albert Snellenberg

(a) RESIDENCE NO. 4018 Brookline Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? 25 yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE: Maude F. Snellenburg

6 DATE OF BIRTH (month, day, and year): Aug. 4, 1880

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	47	5	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clothing Store

(b) General nature of industry, business, or establishment in which employed (or employer): Buyer

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Germany

PARENTS

10 NAME OF FATHER Isaac Snellenburg

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Germany

12 MAIDEN NAME OF MOTHER Lena Steinberg

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Germany

14 Informant Mr. Ike Snellenburg

(Address) 2102 Linden Ave

13 1926 C. HAMPSON JONES, M. D.

19 Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 26 Jan. 12

17 I HEREBY CERTIFY, That I attended deceased from 1-7- 19 26, to 1-12 19 26, that I last saw h__ alive on 1-12 19 26, and that death occurred, on the date stated above, at 2.00 P m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

uremia — acute Cardiac Failure

(duration) ___ yrs. ___ mos. 2 ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(duration) ___ yrs. ___ mos. 7 ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? ___ Date of ___

Was there an autopsy? ___

What test confirmed diagnosis? ___

(Signed) I.A. Bernard Cohen, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Star Sinai Cem.	1/15/1926
20 UNDERTAKER	**ADDRESS**
David Sondheim	117-2011. 7th. Royal Oak

very important. See instructions on back of certificates.

STATISTICAL INFORMATION OF OCCUPATION IS

Spec.—1-10-21—M&T—1500 Bks.

65-001

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29446 — Former Residence E 29446

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 148 Eutaw Place ST., (Ward) 24

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Barry Mallon.

(a) RESIDENCE NO. Howard A Kelly Hospital ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed.

6 DATE OF BIRTH (month, day, and year) Nov 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	62	2	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Banker.

(b) General nature of industry, business, or establishment in which employed (or employer) Publicity Work.

(c) Name of employer Bankers Trust Co. N.Y.N.Y.

9 BIRTHPLACE (city or town) (State or country) U.S.A.

PARENTS

10 NAME OF FATHER Mr. Mallon.

11 BIRTHPLACE OF FATHER (city or town) (State or country) U.S.A.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Hulbert Fleet Jr.

(Address)

15 Filed JAN 13 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 19, 1927, to Jan 13, 1928, that I last saw him alive on Jan 13, 1928, and that death occurred, on the date stated above, at 10 30 A. m.

The CAUSE OF DEATH* was as follows: Chronic Lymphatic Leukaemia.

(duration) 9 yrs. mos. ds.

CONTRIBUTORY (Secondary) Anemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical & Blood.

(Signed) Hulbert Fleet Jr. M. D.

1-13, 1928 (Address) 148 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Malone New York — DATE OF BURIAL: Jan 14 1928

20 UNDERTAKER: Chas. G. Black — ADDRESS: 742 W. Northam

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29447 E 29447

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Vincents Asylum WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph S Spalding

(a) RESIDENCE No. St Vincents Asylum WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11/27/28

7 AGE: Years — Months: 1 — Days: 15 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER H. C. Spalding

11 BIRTHPLACE OF FATHER (City or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Rose Cameron

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Sisters

(Address)

15 Filed 1-3-1929 C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 11 1929 to Jan 12 1929.

that I last saw h[illegible] alive on Jan 12 1929.

and that death occurred, on the date stated above, at 9 A.M. p.m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Otitis media

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) C. Loring Johnson M. D.

1/13 1929 (Address) Medical Examiner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Catholic Cem

DATE OF BURIAL: 1/17 1929

20 UNDERTAKER: P. J. Haley & Sons

ADDRESS: 1818 Eight Ave

TION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks. See Letter in file dated 3-16-1928 J. L. Valentine M.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29448 45 E 29448

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 121 S Wolfe St. St. 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Walczak

(a) RESIDENCE NO. 121 S Wolfe St° St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Walczak

6 DATE OF BIRTH (month, day, and year) 13-1887 Jan. 11 1883

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min..
	40 45	11 0	29 1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 015

(b) General nature of industry, business, or establishment in which employed (or employer) Carpenter

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. County Md.

PARENTS

10 NAME OF FATHER Joseph Walczak

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Catherine Stasiak

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Anna Walczak

(Address) 121 S Wolfe St.

15 Filed C. HAMPSON JONES, M. D. Jan 13 1928 Per. H.K.H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Jan. 12 1928

17 I HEREBY CERTIFY, That I attended deceased from Jany 8, 1928, to Jany 12, 1928, that I last saw h alive on Jany 12, 1928, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

General Cachexia

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Rectum

(duration) 1½ yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jos. L. Valentine M. D.

Jan 13 1928 (Address) 14 So Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem

Date of Burial 1 16 1928

20 UNDERTAKER John M Weber 1802 Bond St

ADDRESS

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29449

CERTIFICATE OF DEATH.

1 PLACE OF DEATH: On Pa. R. R. tracks in front of

City of BALTIMORE: (No.) 3614 Railroad Ave. St. 13-57 Ward

REGISTERED NO. 188-001 E 29449

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME: Minnie J. Spence.

(a) RESIDENCE NO. 3654 Railroad Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White.	Widow.

3a If ~~married, widowed, or divorced~~ (or) WIFE of: George W. Spence.

6 DATE OF BIRTH (month, day, and year): June 9, 1869

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	58	7	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Tenn.

PARENTS

10 NAME OF FATHER: Philip Golliday.

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Tenn.

12 MAIDEN NAME OF MOTHER: Do not know.

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Do not know.

14 Informant: Kendall Spence. (son)

(Address): 8507 Roland Ave.

15 1928 C. HAMPSON JONES, M. D. Registrar.

By ---- APH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 12, 1928.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.
Struck by a train of the Pa. R. R. Co.
Accidental Death.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) Otto Reinhardt M. D.
(Coroner)

1/13 1928 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Savage Md Date of Burial: Jan 15 1928

20 UNDERTAKER: Chenoweth Son ADDRESS: 361 Chestnut Ave

OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 29450 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29450

CERTIFICATE OF DEATH.

154-005

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. University Hospital St. W 16 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Colbert.

(a) Residence No. 773 W. Saratoga St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black.

5-Single, Married, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Jan. 8, 1928

7-AGE. ....yrs. ....mos. 3 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John Colbert

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Louise Fleetwood

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14-

(Informant).....

(Address).....

15-

Filed JAN 14 1928 C. HAMPSON JONES, M. D., Registrar.

Per .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 11 1928

17- I HEREBY CERTIFY, That I attended deceased from Jan 8 1928 to Jan 11 1928 that I last saw h[illegible] alive on Jan 11 1928 and that death occurred, on the date stated above, at 6.45 a m

The CAUSE OF DEATH* was as follows:

Failure of Foramen Ovale to Heal to close. Acute Cardiac Dilatation Pulmonary Oedema.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Physician. Autopsy

(Signed) Knight Reynold M. D.

19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Retained at Hospital

DATE OF BURIAL, ... 19

20-UNDERTAKER,

ADDRESS

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29451

E 29451

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 17-5 D Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha Habersham

(a) RESIDENCE NO. 715 N. Charles St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): Widow

5a If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 4th 1872

7 AGE: Years 55 | Months 9 | Days 9 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Arthur Pue

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Maryland

12 MAIDEN NAME OF MOTHER: Lelia Bruffett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Marshal Dorsey

(Address) 1329 W. Royal Ave

15 Filed JAN 14 1928 C. HAMPSON JONES, M. D. Registrar

Per APH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/13/28 19

17 I HEREBY CERTIFY, That I attended deceased from 1/7/28, 19, to 1/13/28, 19, that I last saw ~~him~~ alive on 1/13/28, 19, and that death occurred, on the date stated above, at 3:20 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Anemia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H Laurence Fahrney M. D.

1/13/ 19 (8 (Address) St. Joseph Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: Jan 16 1928

20 UNDERTAKER: Henry Hankins & Son

ADDRESS: Orchard & Collins

Spec.—1-12-23—M&T—500 Bks.

E 29452

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29452

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 9-46 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin S. Miller

(a) RESIDENCE NO. 2713 Fenwick ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Miller

6 DATE OF BIRTH (month, day, and year) ? 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
67	66			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Saloon 40

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER George Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mothers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Records

15 Filed JAN 14 1928, 19 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1927, to Jan 13, 1928, that I last saw him alive on Jan. 13, 1928 and that death occurred, on the date stated above, at 2.00 A. m.

The CAUSE OF DEATH* was as follows:

Streptococcus a
generalized infection

(duration) yrs. 3 mos 1st ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Sal

(Signed) C. Holmes Wright M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sattlers Cemetery Balto Co Md DATE OF BURIAL 1/16 1928

20 UNDERTAKER George J. Ruth ADDRESS 1735 Harford Ave

Spec.—1-12-23—M&T—500 Bks.

E 29453 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29453

CERTIFICATE OF DEATH. 101-951

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPIT (St.) 8-13 (Ward) F

2-FULL NAME Joseph Coleman.

(a) RESIDENCE NO. 1119 N. Wolfe St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 11-1911

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
16	8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER George Coleman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Canis L. Litainger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant (Address) JOHNS HOPKINS HOSPIT

15 Filed JAN 14 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 12 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928, to Jan 12, 1928, that I last saw h in alive on Jan 12, 1928 and that death occurred, on the date stated above, at 9.30 P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia, rt

Acute pneumococcus Endocarditis & Meningitis. Otis.

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Chr. Endocarditis rheumatic

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Blood culture Pn. type II

(Signed) L G Stewart, M. D.

, 19 (Address) J. H-H-

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery

DATE OF BURIAL Jan. 16 1928

20 UNDERTAKER George N. Zinkler

ADDRESS 1737 E Eager st

Spec. 6-9-19—H. P. Co.—1000 Bks.

E 29454

E 29454

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159-007

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3718 Chestnut Avenue. ST.) 13-52 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Playford Nace.

(a) RESIDENCE. No. 3718 Chestnut Avenue. ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 2. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male.	white.	infant.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Jan 11/28

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0.	0.	2.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore City. Maryland.

PARENTS

10 NAME OF FATHER Howard J.Nace.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore,City. Maryland.

12 MAIDEN NAME OF MOTHER Lillie H. Nace.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore City Maryland.

14 Informant Mrs.Lillie H. Nace.
(Address) 3718 Chestnut Avenue.

14 1928 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January.13th 1928.

17 I HEREBY CERTIFY, That I attended deceased from Jan 11 1928. to Jan 13 1928.

that I last saw him alive on Jan 13 1928.

and that death occurred, on the date stated above, at 9-00. P.M.

The CAUSE OF DEATH* was as follows:

Congenital Stenosis of heart (Open interventricular septum) Cyanosis

Contributory cause (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C B Nowack M. D.

Jan 14 1928 (Address) 3343 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St,Marys Cem Hampden.

DATE OF BURIAL: 1/14/28.

20 UNDERTAKER: J."Walter Davis 3307 Paine,St

ADDRESS

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29455

CERTIFICATE OF DEATH.

31 E 29455

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1908 White St. (Ward) 20-27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Stanley

(a) RESIDENCE NO. 1908 White St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Wesley Stanley

6 DATE OF BIRTH (month, day, and year)

7 AGE

Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
49	8	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town)

(State or country): Va.

PARENTS

10 NAME OF FATHER: Felix Paige

11 BIRTHPLACE OF FATHER (city or town)

(State or country): British W. I.

12 MAIDEN NAME OF MOTHER: Mary Cook

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Va

14 Informant: John W. Stanley

(Address): 1908 White St.

15 [illegible]

4 1928 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/12/1928

17 I HEREBY CERTIFY, That I attended deceased from Apr. 14, 1926, to Jan. 12, 1928, that I last saw h[illegible] alive on Jan 11, 1928 and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Auto Toxemia

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis (duration) about 1/2 year

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) John H. Tompkins M. D.

(Address) 1012 N. Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemetery Date of Burial: Jan 14 1928

20 UNDERTAKER: Theodore G. White ADDRESS: 413 N. Bond St.

very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

Dr Fowler 1422 Fulton St

E 29456

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29456

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 606 N Pine Sand Ave St., 7-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Clara Belle Sanders

(a) Residence No. 606 N Pine Sand Ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE. W.

5-Single, Married, Widowed, or Divorced. (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE James L Sanders

6-DATE OF BIRTH (month, day and year) Nov 5. 1860

7-AGE. 67 yrs. 2 mos. 8 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. At Home

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town). (State or Country), Md

PARENTS.

10-NAME OF FATHER. Wm Craig

11-BIRTHPLACE OF FATHER (city or town). (State or Country), Md

12-MAIDEN NAME OF MOTHER. Mary Jefferson

13-BIRTHPLACE OF MOTHER (city or town). (State or Country). Md

14- (Informant). Mrs John A Fowler

(Address) 606 N Pine Sand Ave

15- Filed JAN 14 1928 C. HAMPSON JONES, M. D. Registrar.

By ARR

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 13. 1928

17- I HEREBY CERTIFY, That I attended deceased from 1924, 19 to Jan. 13. 19 28

that I last saw her alive on Jan 13. 19 28

and that death occurred, on the date stated above, at 2.55 m.

The CAUSE OF DEATH* was as follows:

Parenchymatous Nephritis

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Microscopic

(Signed) Philip B. Fowler M. D.

Jan 28, 19 (Address) 1403 William St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Cambridge Md.	1/14 19 28
20-UNDERTAKER. H. W. Cook	ADDRESS 502 E North Ave

Instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29457

CERTIFICATE OF DEATH.

E 29457

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hosp (St.) 4-30 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Duvall, Bertha L.

(a) RESIDENCE NO. Annapolis, Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (Write the word): married

5a If married, widowed, or divorced (or) WIFE of: Zach A. Duvall

6 DATE OF BIRTH (month, day, and year)

7 AGE: 48 Years: 11 Months: Days: If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housewife

(b) General nature of industry, business, or establishment in which employed (or employer): "

(c) Name of employer: husband

9 BIRTHPLACE (city or town) (State or country): Maryland.

PARENTS

10 NAME OF FATHER: W. A. Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Matilda Smithson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: University Hospital

(Address): Lombard & Greene sts.

Filed JAN 14 1928 C. HAMPSON JONES, M. D. Registrar

By MCH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-14 1928

17

I HEREBY CERTIFY, That I attended deceased from 12-29- 1927 to 1-14 1928.

that I last saw her alive on 1-14-28 19

and that death occurred, on the date stated above, at 3 50 a m.

The CAUSE OF DEATH* was as follows:

Mastriditis

unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary enfarc- unknown mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? yes Date of 12-30-27

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. B. Teague, M.D.

19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Annapolis Md.

DATE OF BURIAL: Jan 14 1928

20 UNDERTAKER: Jas. S. Taylor & Sons.

ADDRESS: Annapolis Md.

Please fill in fully. Important. See instructions on back of certificates.

Spec.–7-17-26–A Co.–200 Blks.

E 29458

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29458

CERTIFICATE OF DEATH

47

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 2115 Brookfield Ave. 13-59 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cora Brown

(a) RESIDENCE NO. 2115 Brookfield Ave Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. (If non-resident give city or town and State)

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 29 1858

7 AGE Years 69 Months 1 Days 15 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hair Dresser

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) New York (State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Theresa Richman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Simon Block

(Address) 2107 Brookfield Ave

JAN 14 1928

C. HAMPSON JONES, M. D.

Port N. District

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/14/1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1927 to Jan 14 1928

that I last saw her alive on Jan 13 1928

and that death occurred, on the date stated above, at 3.50 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver - Stomach

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) anemia & malaise

(duration) yrs. 1 mos. ds.

18 Where was disease contracted

If not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J Frederick Lentz, M. D.

19 (Address) Temple Harbor Apts.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Har Sinai Cem. Date of Burial 1/16/1928

20 UNDERTAKER: Harid Sondheim

ADDRESS 116-20 W. Mt. Royal Ave

Very important. See instructions on back of certificates. Exact statement of OCCUPATION is OF DEATH in plain terms, so that it may be properly classified.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29459 E 29459

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 27-48 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jere William Wagner

(a) RESIDENCE NO. 3224 N. Charles Street WARD

(Usual place of abode)

Length of residence in city or town where death occurred ?. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna L. Wagoner

6 DATE OF BIRTH (month, day, and year) July 30, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	6	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Retired Carpenter 015

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Westminster Maryland

PARENTS

10 NAME OF FATHER Jeremiah A. Wagoner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary A Blakeney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant (Address) Relatives.

15 Filed JAN 14 1928, 19 G. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1927, to June 13, 1928, that I last saw h[illegible] alive on June 13, 1928 and that death occurred, on the date stated above, at 4:20 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic & acute arteriosclerosis, general & cerebral hypertension

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General & Lab.

(Signed) C. Hulme Boyd, M. D.

19 (Address) , 19

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Jan 16 1928

20 UNDERTAKER John F. Denny ADDRESS 715 Light St

FROM A VERY important See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 29460 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29460

CERTIFICATE OF DEATH.

Registered No. 15-63

1-PLACE OF DEATH

City of BALTIMORE: (No. 3819 Kate Ave St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. William Horton Shoemaker

(a) Residence No. 3819 Kate Ave St., Ward.

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Hannah Shoemaker

6-DATE OF BIRTH (month, day and year) May 12/1856

7-AGE. 71 yrs. 8 mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired Grocer

(b) General nature of industry, business, or establishment in which employed (or employer). 0

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Centre Square New Jersey

PARENTS.

10-NAME OF FATHER. Samuel V Shoemaker

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Catura Horton

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Unknown

14- (Informant). Hannah Shoemaker

(Address). 3819 Kate Ave

15- Filed 1928 C. HAMPSON JONES, M. D. Registrar. APM

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 13, 1928

17- I HEREBY CERTIFY, That I attended deceased from Dec 1926 to Jan 13 1928.

That I last saw him alive on Jan 12 1928

and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis + Cardiac + Cerebral

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) A. C. Schmunk, M. D.

Jan 13, 1928 (Address) 4509 Liberty Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Lawnside Cemetery Woodstown N J	Jany 16 1928

20-UNDERTAKER. Harry N Amrack ADDRESS 4244 Ridgewood Ave

INSTRUCTIONS ON BACK OF CERTIFICATES.

Cor.—12-9-25—A Co.—200 Bks.

E 29461

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29461

CERTIFICATE OF DEATH.

161-02

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 1430 E. Madison St. 10-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carroll Smith

(a) RESIDENCE NO. 1430 E. Madison St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, ~~Married~~, Widowed, or Divorced, (write the word)
male	col	~~Single~~ MARRIED

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 10/28

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
			3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Wm. F. Smith

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Mabel Nicholson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Mother

(Address) 1430 E. Madison St.

15 Date 1-14 1928 C. HAMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1928 Jan 13/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, au- or Sy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Cerebral Hemorrhage at birth.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Breech Birth

(duration) yrs. mos. ds.

(Signed) J. H. Callen M. D.

(Coroner)

1/13/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery Date of Burial Jan. 16 1928

20 UNDERTAKER Chas. H. Johnson ADDRESS 416 N. Caroline St.

Dup

Do not write in pencil unless necessary, as it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29462 — 44 E 29462

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital (St.) 4-26 (Ward)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Katherine Maguire

(a) RESIDENCE NO. 740 N. Fayette ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a ~~If married,~~ widowed, ~~or divorced~~
~~HUSBAND~~
(or) WIFE of John A. Maguire

6 DATE OF BIRTH (month, day, and year) April - 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
70	69	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) New York
(State or country)

PARENTS

10 NAME OF FATHER William Brown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Katherine Maguire
(Address) 740 N. Fayette Ste

15 Filed 1-14 1928 G. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/13 1928

17 I HEREBY CERTIFY, That I attended deceased from 8-23, 1927, to 1-13, 1928,
that I last saw her alive on 1-13, 1928
and that death occurred, on the date stated above, at 5-40 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Oesophagus.

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) General Carcinomatosis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Oesophagoscope.

Augustine F. Van Schaick, M. D.
1927 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Jan. 16, 1928
20 UNDERTAKER	ADDRESS
J. Oakley & Sons	1827 W. North

FOR IS very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 29463 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29463

386

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [redacted] St. 23-31 WARD)

BALTIMORE CITY HOSPITALS

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas O Owings

(a) RESIDENCE No. 920 Preach Alley WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Sula O Owings

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 45 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Steveduse

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: John O Owings

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Martha ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant (Address): Friends.

15 Filed JAN 14 1928 HAMPSON JONES, Registrar

By [signature]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1 / 11 / 1928.

17

I HEREBY CERTIFY, That I attended deceased from June. 8, 1928. to June. 11, 1928

that I last saw him alive on June. 11, 1928

and that death occurred, on the date stated above, at 4:30 A m.

The CAUSE OF DEATH* was as follows:

Aneurysm of thoracic aorta & rupture.

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Syphilis.

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? General symptoms

(Signed) C. Holmes Boyd M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary DATE OF BURIAL Jan 15 1928

20 UNDERTAKER: John H. Trader ADDRESS 1037 Hanover

IMPORTANT. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 29464

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29464

CERTIFICATE OF DEATH.

117

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 15-59 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edgar Guernit-

(a) RESIDENCE NO. 2224 Penn-Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va -

PARENTS

10 NAME OF FATHER Wm Guernit-

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va -

12 MAIDEN NAME OF MOTHER Lucy Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va -

14

Informant Records -

(Address) JOHNS HOPKINS HOSPITAL

15

Filed ..... 19 .....

Par ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 9 . 1928 to Jan 11 . 1928

that I last saw him alive on Jan 11 . 1928

and that death occurred, on the date stated above, at 3 15 p m

The CAUSE OF DEATH* was as follows:

Streptococcus Peritonitis

(duration) yrs mos 4 ds

CONTRIBUTORY (Secondary) Appendicitis acute

(duration) yrs mos 5 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of Jan 7, 1928

Was there an autopsy? No

What test confirmed diagnosis? Culture. Mic Section

(Signed) George S. Finney . M. D.

1/13. 1928 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Richmond Va — DATE OF BURIAL: Jan 14 1928

UNDERTAKER James A Hayes — ADDRESS 142 Custer St

Important: See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 29465

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29465

CERTIFICATE OF DEATH.

159-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2233 N. Lefington ST., 20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert H. Rowe

(a) RESIDENCE NO. 2233 N. Lefington ST., 20 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 12-1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Albert H. Rowe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER M. E. Murray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant (Address)

15 Filed JAN 14 1928 C. HANSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1928, to Jan 14, 1928, at which time he was last alive on Jan 13, 1928, and that death occurred, on the date stated above, at 4.30A m.

The CAUSE OF DEATH* was as follows:

Jaundice

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Blue baby

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Martin E Buchanan M. D.

(Address) 2002 E Lefington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL Jan 14 1928

UNDERTAKER Harry H Nitzke

ADDRESS 1631 W Fayette St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 29466 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29466

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore General Hospital

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Madella Smith

(a) RESIDENCE NO. 628 (Usual place of abode) Denison ST. WARD

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eugene Smith

6 DATE OF BIRTH (month, day, and year) June 4 1864

7 AGE Years 63 Months 6 Days 30 29 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Indiana

PARENTS

10 NAME OF FATHER John Bulla ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) Indiana ?

12 MAIDEN NAME OF MOTHER Anna Crampton ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Indiana ?

14 Informant Merle B Smith (Address) 628 N Dennison St

15 Filed JAN 14 1928 19 For HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 8 1928, to Jan 13 1928

that I last saw her alive on Jan 13 1928

and that death occurred, on the date stated above, at 8.50 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. 1 mos 5 ds.

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Clin. Exam

What test confirmed diagnosis?

Signed: Louis J. Levy M. D.

1/13 1928 (Address) W. Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Jan 16 1928

20 UNDERTAKER George J Smith

ADDRESS 1532 Hollins

TION IS very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29467 E 29467

CERTIFICATE OF DEATH.

40

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 27-41 WARD)

2-FULL NAME Annie Eschelbrenner.

(a) RESIDENCE No. 53 Eutaw ABBS WARD Resident

(Usual place of abode)

Length of residence in city or town where death occurred 78 yrs. 0 mos. 19 ds. How long in U. S., if of foreign birth? 78 yrs. 0 mos. 19 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Dec-25-1849

7 AGE — Years: 78 Months: 0 Days: 19 (18) If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Maid

(b) General nature of industry, business, or establishment in which employed (or employer): 0?0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: John Eschelbrenner

11 BIRTHPLACE OF FATHER (city or town) (State or country): ~~Baltimore~~ ~~Md~~ York, Penna.

12 MAIDEN NAME OF MOTHER: Angelina Flosser

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant (Address): Records

15 Filed JAN 14 1928 Registrar C. HAMPSON JONES, M. D. ABBS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/18/ 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1928 to Jan. 18, 1928

that I last saw him alive on Jan 13, 1928

and that death occurred, on the date stated above, at 11:20 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

Acute

Enterocolitis. Hypostatic

(duration) 1 yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Gross & Bac

(Signed) C. Holmes Boyd, M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery — DATE OF BURIAL: Jan 16/28

20 UNDERTAKER: J. Stewart & Mowen Company — ADDRESS: 1038 W. North Ave.

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 29468 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29468

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1809 Eutaw Place ST. 14-20 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles William Saums

(a) RESIDENCE NO. 1809 Eutaw Place ST. WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 8 mos. 2 ds. How long in U. S., if of foreign birth? 70 yrs. 8 mos. 2 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

Single

6 DATE OF BIRTH (month, day, and year) May-10th. 1857

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	8	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired from

(b) General nature of industry, business, or establishment in which employed (or employer) Clerkship at

(c) Name of employer Penna. R.R.

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Charles Saums

11 BIRTHPLACE OF FATHER (city or town) T. ? ?

(State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Gesseford

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Md.

14 Informant Miss Emma V. Saums (Sister)

(Address) 1809 Eutaw Place.

15 Filed Jan 14 1928, 19 Per C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany 12 1928

17 I HEREBY CERTIFY, That I attended deceased from Jany 4, 1928, to Jany 12, 1928, that I last saw h[illegible] alive on Jany 12, 1928 and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Myocardio Insufficiency

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood, Sputa, Sputum

(Signed) W. A. Hagan M. D.

, 19 (Address) 109 N. Howard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL Jan. 14 1928

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) — ADDRESS 108 W. NORTH AVE.

THIS IS very important. See instructions on back of certificate.

Spec.–7-17-26–A Co.–200 Bks.

E 29469

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29469

CERTIFICATE OF DEATH

129

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 3417 Alto Ave St. 15-61 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Addie Rudolph Taylor

(a) RESIDENCE NO. 3417 Alto Ave. St. Ward Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 9 mos. 7 ds. How long in U. S. if of foreign birth 64 yrs. 9 mos. 7 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: George E. Taylor

6 DATE OF BIRTH (month, day, and year): April 5 1863

7 AGE — Years: 64 Months: 9 Days: 7 IF LESS than 1 day ....hrs. or ....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

PARENTS

10 NAME OF FATHER: William Rudolph

11 BIRTHPLACE OF FATHER (City or town): Chester Co.

(State or country): Penna.

12 MAIDEN NAME OF MOTHER: Annie E. Jennes

13 BIRTHPLACE OF MOTHER (city or town): Abingdon

(State or country): Maryland

14 Informant: Mr. Geo. Taylor (husband)

(Address): 3417 Alto Ave. City

15 Filed: JAN 14 1928

16 H. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 12 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 31, 1927, to Jan 12, 1928, that I last saw h[illegible] alive on Jan 12, 1928, and that death occurred, on the date stated above, at 1.10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis.

(duration) 4 yrs. mos. da.

CONTRIBUTORY (Secondary): Anemia

(duration) yrs. mos. 30 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harry H. Warner, M. D.

1-12 1928 (Address) 2604 Garrison Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — Date of Burial: Jan 14 1928

20 UNDERTAKER: Stewart & Monroe — ADDRESS: Balto.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

E 29470

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-08

E 29470

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Sydenham Hospital 2a St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruth Brown

(a) RESIDENCE NO. 784 West Saratoga St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Black

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 1, 1927

7 AGE: Years — Months: 6 — Days: 13 — IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

PARENTS

10 NAME OF FATHER: John Taylor

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Elizabeth Brown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Maryland

14 Informant: Elizabeth Brown

(Address): 784 West Saratoga St

JAN 14 1928 C. HARRISON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 13, 19 28

17 I HEREBY CERTIFY, That I attended deceased from Jan. 8, 19 28, to Jan 13, 19 28.

that I last saw h[illegible] alive on Jan. 12, 19 28.

and that death occurred, on the date stated above, at 7 45 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia - Primary

(duration) ..... yrs. ..... mos. 7 da.

CONTRIBUTORY (Secondary): Acute cardiac dilatation

(duration) ..... yrs. ..... mos. ? da.

18 Where was disease contracted

If not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) C. E. Levin, M. D.

Jan 14 19 28 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — Date of Burial: 1-14 1928

20 UNDERTAKER: Daniel Easter — ADDRESS: 916 Penn Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29471

CERTIFICATE OF DEATH.

90 E 29471

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1321 E Pratt ST. 3-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Moses Rice

(a) RESIDENCE NO. 1321 E Pratt ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 24 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: mulatto

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Miriam

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: Years 85 | Months — | Days — | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Emanuel Rice

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Pd. Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Herman Abram

(Address) 1321 E Pratt St

15 Filed JAN 15 1928 HAMILTON JONES, M. D. Registrar

By RAK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 14 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1927, to Jan. 14, 1928, that I last saw him alive on Jan 14, 1928, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

about 2 yrs

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Herman Deidel, M. D.

Jan 14 1928 (Address) 2404 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale

DATE OF BURIAL: Jan 16 28

20 UNDERTAKER: S. Levinson Bro

ADDRESS 1127 E Balto St

TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29472

CERTIFICATE OF DEATH.

118-001 ✓ E 29472

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St. 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin Hackerman

(a) RESIDENCE NO. 1807 E. Baltimore St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? 42 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Sarah Hackerman

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	68	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Joseph Hackerman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Dena

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Simon Hackerman

(Address) 1807 E. Balt St

15 Filed JAN 15 1928 HARRY JONES, M. D. Registrar

Per Bmk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-14-28 19

17 I HEREBY CERTIFY, That I attended deceased from 1-3, 19 28, to 1-14, 19 28,

that I last saw h[im] alive on 1-14, 19 28,

and that death occurred, on the date stated above, at 9:59 m.

The CAUSE OF DEATH* was as follows:

Hypertension - Arteriosclerosis

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Incarcerated Hernia, Bilateral Bronchopneumonia - Uremia

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of 1/3/28.

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) Harry Weintraub, M. D.

1/14, 1928 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Baltimore Hebrew Cem 1/15 19 28

20 UNDERTAKER — ADDRESS

Jack Lewis 1439 E. Balt St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—MAT—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29473

CERTIFICATE OF DEATH.

90

REGISTERED NO. E 29473

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1716 N. Pulaski St. 15-68 WARD)

2-FULL NAME Max Smulson

(a) RESIDENCE No. 1716 N. Pulaski St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Smulson

6 DATE OF BIRTH (month, day, and year) June 15—1880

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	6	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 045

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Leidore Smulson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Minnie Smulson (Address) 1716 N. Pulaski St.

15 JAN 15 1928 HARRY JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13 19 28

17 I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1927, to Jan. 13, 1928, that I last saw him alive on Jan. 10, 1928, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Coronary Thrombosis 12 hours

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. Allen Hoffman, M. D.

19 (Address) 2340 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rockwood DATE OF BURIAL 1/18 19 28

20 UNDERTAKER Jack Levin ADDRESS 1709 Eutaw St

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

Dr Habetur 1225 Penna Ave

E 29474

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29474

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

City of BALTIMORE (No. 644 W Fayette St. 4-25 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Morris E Snyder

(a) Residence No. 644 W Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE. W

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Harriett Snyder

6-DATE OF BIRTH (month, day and year) Oct 21, 1860

7-AGE. 67 yrs. 2 mos. 23 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer). Self

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Penna

PARENTS.

10-NAME OF FATHER. James Snyder

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Penna

12-MAIDEN NAME OF MOTHER. Louisa Eichenring

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Penna

14- (Informant) Harriett Snyder (Address) 644 W Fayette St

15- Filed JAN 15 1928 HAMILTON JONES, Registrar. By Ruth

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 14, 1928

17- I HEREBY CERTIFY, That I attended deceased from Jan 3 1928 to Jan 14 1928

that I last saw her alive on Jan 12 1928

and that death occurred, on the date stated above, at 9:30 A m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation

(Duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. N. Hatcher M. D.

1/14, 1928 (Address) 1725 Penna Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St Mary's Hompdia DATE OF BURIAL. 1/17 1928

20-UNDERTAKER. W M Cook ADDRESS 502 E Fayette

instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 29475

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 29475

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 22 General Hospital St. (Ward) 19

2-FULL NAME Thomas Y. Hughlett

(a) RESIDENCE NO. 2512 W. Franklin St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb. 14, 1869

7 AGE: Years 58 Months 10 Days 27 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): 66

(c) Name of employer: St Claire Nursery

9 BIRTHPLACE (city or town): Va. Jan. 14

(State or country)

PARENTS

10 NAME OF FATHER: Wm. Hughlett

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Va

12 MAIDEN NAME OF MOTHER: Syhania Hughlett

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Va

14 Informant: Hector F. Hughlett

(Address) 2921 Walbrook Ave

15 Filed....., 19 C. HAMPTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 13, 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) no history

(duration) .....yrs. .....mos. .....ds.

(Signed) C. H. Hennessy M. D. (Coroner)

1928 (Address) 2572 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Kilmarnock Va

Date of Burial: 1/15 1928

20 UNDERTAKER: Wm Cook

ADDRESS: 501 E Hoffman St

JAN 15 1928

Spec.—1-12-23—M&T—500 Blks.

E 29476

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001 E 29476

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2601 Fait ave. ST. 1-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Podles

(a) RESIDENCE NO. 2601 Fait ave. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 7-1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1	3	

8 OCCUPATION OF DECEASED

(a) Trade, professinn or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Jacob Podles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Catherine Bielsky

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Jacob Podles (Address) 2601 Fait ave.

15 Filed 1 5 1928 19 C. Hamilton Jones M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1928, to Jan. 14, 1928, that I last saw h alive on Jan. 14, 1928, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Bronchs - Pneumonia
Convulsions

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Andrew Simonowitz, M. D.

1/15, 1928 (Address) 2529 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem. DATE OF BURIAL Jan 16 1928

UNDERTAKER George A. Weber ADDRESS 2205 Bank

TION is very important See instructions on back of certificates. Exact statement of occupa-

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29477

CERTIFICATE OF DEATH.

E 29477

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 675 W Barre ST. 27-30 WARD)

2-FULL NAME MARY FERSUK

(a) RESIDENCE No. 675 W Barre ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 25.1926

7 AGE 1 Years 9 Months 21 Days 9 If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work No.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER J.Fersuk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russian

12 MAIDEN NAME OF MOTHER K.Senkus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithvania

14

Informant J.Fersuk

(Address) 675 W Barre Street

15 1928 C. HAMPSON JONES, M. D.

By Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/14 1928

17

I HEREBY CERTIFY, That I attended deceased from 1/3 1928, to 1/14 1928,

that I last saw h alive on 1/12 1928

and that death occurred, on the date stated above, at 1:30 A. M.

The CAUSE OF DEATH* was as follows:

acute Bronchial Pneumonia

(duration) yrs — mos 14 ds

CONTRIBUTORY (Secondary) Measles

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? History of measles 1 week before

(Signed) Dan Drucker M. D.

1/14 1928 (Address) 122 W Lee St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Jan. 15. 1928

20 UNDERTAKER: John Grebliauckas — ADDRESS: 423 S Paca St

See instructions on back of certificates.

TION is very important

Cor.—12-9-25—A Co.—200 Bks.

E 29478

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159-082 E 29478

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St. 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edmund V Feige

(a) RESIDENCE NO. 1007 E. Chase St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
		2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Edmund V. Feige

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Florence ----

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Hospital

(Address)

15 Filed _____ C. HAMPSON JONES, M. D.

By _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Heart

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) _____ M. D.

(Coroner)

1/14/28 (Address) TPI E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Baltimore Cem	1/15/28
20 UNDERTAKER	ADDRESS
Joseph Ahearn	22 Bway

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29479

CERTIFICATE OF DEATH.

E 29479
REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3031 Northern Park Way ST. WARD) 27-43

2-FULL NAME Joseph Stoll

(a) RESIDENCE No. 3631 Northern Park Way ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Theresa Stoll

6 DATE OF BIRTH (month, day, and year): Jan 6 1834

7 AGE: Years 94 Months 0 Days 7 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (City or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Germany

14 Informant (Address): Jos. Nan Gisael 3031 Northern Pkwy

15 Filed JAN 19 1928 C. HAMILTON JOHNSTON, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 13 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 28, 1927 to Jan 13 1928.

that I last saw h alive on Jan 13 1928

and that death occurred, on the date stated above, at 8 50 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema from Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Clara Jones, M. D.

Jan 15 1928 (Address) 4 205 Hospital St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park DATE OF BURIAL: 1-16 1928

20 UNDERTAKER: Est B Slade ADDRESS: 1158 Park Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-19-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29480

CERTIFICATE OF DEATH.

47 E 29480

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) Fosterton Mt Winans ST. 25-72 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary C Cissel

(a) RESIDENCE NO. Fosterton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Edward C Cissel

6 DATE OF BIRTH (month, day, and year) July 11 1876.

7 AGE Years 51 Months 6 Days 7 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington D C

PARENTS

10 NAME OF FATHER John Reitz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Louisa Schaefer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Edward C Cissel (Address) Fosterton

15 Filed JAN 15 1928 C. HALL ELLIS M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-13-1928

17

I HEREBY CERTIFY, That I attended deceased from Oct 1, 1927, to Jany 13, 1928

that I last saw h alive on Jany 13, 1928,

and that death occurred, on the date stated above, at 9 A M

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Septic Infection

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Hereford Dorsey M. D.

, 19 (Address) 1727 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Hereford Cem Baltimore Co. DATE OF BURIAL 1/17 1928

20 UNDERTAKER Osmond & Sons ADDRESS 1000 Pennsylvania Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 29481 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

E 29481

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2109 Edmondson Ave ST., 15th WARD

2-FULL NAME Ernest C Allnutt

(a) RESIDENCE NO. 2109 Edmondson Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed or Divorced. (write the word)
Male	White	Married

5a If married, widowed or divorced, HUSBAND of (or) WIFE of Lucile Allnutt

6 DATE OF BIRTH (month, day, and year) Jan 21 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	11	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance Business

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Peoples Life Ins Co

9 BIRTHPLACE (city or town) (State or country) Dawsonville Mont. Co Md

PARENTS

10 NAME OF FATHER Edw. R Allnutt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dawsonville Mont Co Md.

12 MAIDEN NAME OF MOTHER Anna Chiswell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frederick Co Md.

14 Informant Arthur W Allnutt (Address) 614 Farragut St Wash DC

15 Date JAN 15 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 13 1928. to Jan 13 1928.

That I last saw h alive on Jan 13 1928

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Rupture of a Cerebral artery (Cerebral Hemorrhage.) (duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Respiratory Collapse (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? Partial

What test confirmed diagnosis?

(Signed) Edwards Bagley Jr. M. D.

, 19 (Address) Catonsville Apts.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ellicotts Cem DATE OF BURIAL 1-16 1928

20 UNDERTAKER Beltsville Md ADDRESS W T Hilton & Son Beltsville Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—700 Bks.

E 29482

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12-002

12 E 29482

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hosp. St. 425 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie Libig

(a) RESIDENCE NO. 164 W. Franklin St WARD

(Usual place of abode)

Length of residence in city or town where death occurred 51 yrs. 11 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 ~~SEX~~ Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 25 1876

7 AGE ~~Yrs.~~ Years 51 Months 11 Days 18 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer) Houston Bros

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Libig

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Libig

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Anthony Libig (Address) 2532 W Franklin

15 Filed JAN 15 1928 19 H. Randolph Jones M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 16 1927 to Jan 12 1928

that I last saw h alive on Jan 12 1928

and that death occurred, on the date stated above, at 2 45 a.m.

The CAUSE OF DEATH* was as follows:

Cholecystitis

Cirrhosis of Liver

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Chol Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? yes Date of 2-23-27

Was there an autopsy? yes.

What test confirmed diagnosis? Hospital + Autopsy

(Signed) Fredrick Rinkenbach M.D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem

DATE OF BURIAL Jan 16 1927

20 UNDERTAKER Lilly + Guilfoyle

ADDRESS 403 E. Biddle St

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29483

CERTIFICATE OF DEATH.

129 W. Fillow

E 29483

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 244 S. Robinson ST., V WARD)

2-FULL NAME Anna E. Brune.

(a) RESIDENCE No. 244 S. Robinson ST., 1 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Francis J. Brune

6 DATE OF BIRTH (month, day, and year) Dec. 27 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25		16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work.

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Edward J. Callinan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Emma Gray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Francis J. Brune Husband (Address) 244 S Robinson St.

15 Filed Jan 14, 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12th 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1927, to Jan 12, 1928, that I last saw he alive on Jan 12, 1928, and that death occurred, on the date stated above, at 2 55 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) Gradual yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) Gradual yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace B. Tillow, M. D.

1/14, 1928 (Address) 315 S. Highland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL Jan. 16 1928

20 UNDERTAKER Lilly & Feiler Inc.

ADDRESS 403 S. Wolfe St.

TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 29484

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29484

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 912 (St.) E. Linwood Ave (Ward) 11

2-FULL NAME Sarah Jane McCally

(a) RESIDENCE. No. 912 E. Linwood Ave St. WARD.

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Henry S. McCally

6 DATE OF BIRTH (month, day and year): March 3rd 1850

7 AGE — Years: 57 | Months: 10 | Days: 12 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Wm. Collard

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Co Md

12 MAIDEN NAME OF MOTHER: Marina Morris

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co Md

14 Informant (Address): Henry S. McCally 912 E. Linwood Ave

Prepared by: C. HAMPSON JONES, M. D. Registrar

Per

JAN 15 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 13. 28

17 I HEREBY CERTIFY, That I attended deceased from Oct 16 1927 to Jan 13 1928.

that I last saw h[e] alive on Jan 13 1928.

and that death occurred, on the date stated above, at 3.05 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Path-L Chem

(Signed) M. D.

1928 (Address) 320 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Cemetery — DATE OF BURIAL: Jan 16 1928

20 UNDERTAKER: Lilly & Zeiler Inc — ADDRESS: 403 S. Howard

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

181-001
E 29485

E 29485
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

REGISTERED NO.

City of BALTIMORE: (No. 818 S Eutaw St., V-1 Ward)

2-FULL NAME Marie K Goetz

(a) RESIDENCE NO. 818 S Eutaw St. 1 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Pancratz Goetz

6 DATE OF BIRTH (month, day, and year): Sept 18 1847

7 AGE: Years 81 | Months 3 | Days 25 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town): Germany
(State or country)

PARENTS

10 NAME OF FATHER George Tellbinger

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Mary K—

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Joseph B. Goetz (Son)
(Address) 818 S. Eutaw St.

15 Filed JAN 15 1928, 19 C. HAMPTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:

Coma
Gas Poisoning (Acc)
(Duration) yrs. mos. 6hrs ds.
CONTRIBUTORY (Secondary) Asphyxia
(Duration) yrs. mos. 6hr ds.
(Signed) Jan 14 28 G. C. Stader M. D.
(Coroner)
,19 (Address) 1438 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery Date of Burial: Jan 17 1928

20 UNDERTAKER: Lilly & Geier Inc. ADDRESS: 4036 Wolfe St

This should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29486

CERTIFICATE OF DEATH.

185 Mr. Collenberg 3rd and Guilford Ave

3 E 29486

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 S. Chapel ST., 2-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eva Deinlein

(a) RESIDENCE NO. 11 S. Chapel ST., 2 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of the late John Deinlein

6 DATE OF BIRTH (month, day, and year) Sept 9th 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	4	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Henry Schultz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) John D. Deinlein (son) 11 S. Chapel St

15 Filed ..... 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12th 1928

17 I HEREBY CERTIFY, That I attended deceased from Jany 1st, 1928, to Jany 10, 1928, that I last saw h alive on , 19 , and that death occurred, on the date stated above, at 10.25 a.m.

The CAUSE OF DEATH* was as follows:

1 (a) Had fall on St. Dec. 31, 1927

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cr dily bruised + internally

(duration) 1 yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) F. H. Collenberg, M. D.

, 1928 (Address) 3101 Guilford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	Jan 16th 1928
20 UNDERTAKER	ADDRESS
Lilly + Zeiler Inc.	400 S. Mont St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 29487

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 29487

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1000 E Federal ST. 9-18 (WARD)

2-FULL NAME Delia Sailsbury

(a) RESIDENCE No. 1000 E Federal ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced (or) WIFE of Geo W Sailsbury

6 DATE OF BIRTH (month, day, and year) May 1-1872

7 AGE 55 Years 55 Months 8 Days 17 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Patrick Mc Donald

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont Know

14 Informant Geo Sailsbury

(Address) 1000 E Federal st

15 Filed JAN 15 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13 1928

17 I HEREBY CERTIFY, That I attended deceased from January 11, 1927, to January 13, 1928, that I last saw h alive on January 13, 1928, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration

Pulmonary Oedema

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) James F Walsh M. D.

, 19 (Address) 532 E 22nd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL Jan 16 1928

20 UNDERTAKER Holt J Turner — ADDRESS 1442 E Broadway

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29488

CERTIFICATE OF DEATH.

11 2 E 29488

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3665 Morley Ave., St. 70-70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank W. Ewoldt

(a) RESIDENCE NO. 3665 Morley Ave., St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Ewoldt

6 DATE OF BIRTH (month, day, and year) July 21, 1903

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	24 Yrs.	5	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto., Md.

(State or country)

PARENTS

10 NAME OF FATHER Harry Ewoldt

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Mary E. Kessler

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Mother Mary E. Ewoldt

(Address) 11th. St. Morrell Pk.

15 Filed 19

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Jan. 12, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained at Investigation (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute indigestion.

(duration) One half hour

CONTRIBUTORY (Secondary)

Jan 14 19 27 Signed Thos. B. Norton M. D. (Coroner)

(Address) 1 Cedar St., Curtis Bay, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See rules on page 3.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

--

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Louden Pk. Balto., Md. Date of Burial Jan 16 19

20 UNDERTAKER WM. COOK ADDRESS 502 E Fayette

This should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—MAT—500 Blks.

E 29489

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

E 29489

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2808 Hilldale Ave (ST.) (WARD)

2-FULL NAME Sadie Elizabeth Brown

(a) RESIDENCE NO. 2808 Hilldale Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. 5 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W.

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word) Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George L. Brown

6 DATE OF BIRTH (month, day, and year) July 14th 1851

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
76	5	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Edward E Billings

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Lelia Gurney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant George L. Brown

(Address) 2808 Hilldale Ave

Filed JAN 15 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 14th 1928

17 I HEREBY CERTIFY, That I attended deceased from January 4, 1928, to January 14, 1928, that I last saw h[illegible] alive on January 14, 1928, and that death occurred, on the date stated above, at 3 4 0 m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) [illegible] M. D.

1/14, 1928 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loraine Park Cemetery DATE OF BURIAL Jan 17th 1928

UNDERTAKER Peter Lore ADDRESS 1723 E Lafayette Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29490

CERTIFICATE OF DEATH

44 ✓ E 29490

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3015 Frederick Ave St. 20-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph G. Schwarzkopf.

(a) RESIDENCE NO. 3015 Frederick Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Schwarzkopf.

6 DATE OF BIRTH (month, day, and year): April 18, 1880

7 AGE: Years 47 Months 8 Days 25 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Janitor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Fidelity Trust Co

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Adam Schwarzkopf

11 BIRTHPLACE OF FATHER (City or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Louisa Hemp

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mary Schwarzkopf (Address) 3015 Frederick Ave

15 Filed JAN 15 1928 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Jan 13 — 1928

I HEREBY CERTIFY, That I attended deceased from Jan 3, 1928, to Jan 13, 1928,

that I last saw him alive on Jan 13, 1928

and that death occurred, on the date stated above, at 7.05 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

Bronchitis

(duration) 11 days

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Robert C. Baker M. D.

1/14/28 (Address) 2151 Wilkens Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem.

Data of Burial: [redacted] 1928

20 UNDERTAKER: Chas. W. Dill.

ADDRESS 3109 [redacted] Ave.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29491

CERTIFICATE OF DEATH.

1618 128

E 29491

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore General Hospital (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank C. Digney

(a) RESIDENCE NO. 2717 Riggs Ave. (Usual place of abode) WARD

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Grace Digney

6 DATE OF BIRTH (month, day, and year): Nov 6, 1888

7 AGE: Years 39 Months 2 Days 6 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Club Manager

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: James Digney

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Miss Dohn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Grace Digney 2717 Riggs Ave.

15 Filed JAN 15 1928 C. HAMILTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 12th 28

17 I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1927, to Jan 12 1928

that I last saw him alive on Jan 12 1928

and that death occurred, on the date stated above, at 6.45 P.M.

The CAUSE OF DEATH* was as follows:

Acute Nephritis Secondary to Septicemia

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Anemia (duration) ? yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Gpo

Did an operation precede death? Gpo Date of 1/9/28 and 1/11/28

Was there an autopsy? Gpo

What test confirmed diagnosis? Gpo Autopsy

(Signed) Louis T. Fahy, M. D.

1/12 1928 (Address) W. Baltimore Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — DATE OF BURIAL 1/16 1928

UNDERTAKER: Margaret G. Flynn — ADDRESS 1422 Light

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29492

CERTIFICATE OF DEATH.

E 29492

1-PLACE OF DEATH St Agnes Hospital REGISTERED NO. 25-12

CITY OF BALTIMORE: (No. ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Bessie Bell

(a) RESIDENCE No. Edmondson Ave & Harlem Lane ST. City WARD Balto. Co. Md
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced (or) WIFE of Louis Bell

6 DATE OF BIRTH (month, day, and year) Nov 28 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min
	50	1	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Peter Rileys

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Margaret Scarborough

13 BIRTHPLACE OF MOTHER (city or town) " " (State or country) " "

14 Informant Louis Bell
(Address) Edmondson Ave & Harlem

15 Filed JAN 15 1928 HARRY JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-14-1928

17 I HEREBY CERTIFY, That I attended deceased from 1-7, 1928, to 1-14, 1928, that I last saw h[illegible] alive on 1-14, 1928 and that death occurred, on the date stated above, at 6.20 A m

The CAUSE OF DEATH* was as follows:

Typhoid Fever —

(duration) yrs. mos 28 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Widal & old test

Augustine P Vonschul M. D.
(Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral | DATE OF BURIAL 1/17 1928

UNDERTAKER Margaret E Flynn | ADDRESS 1422 Light

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29493

CERTIFICATE OF DEATH

31 E 29493

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1840 Light St. 2324 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles H. Perkins

(a) RESIDENCE NO. 1840 Light St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of alice Woolmer Perkins

6 DATE OF BIRTH (month, day, and year) aug. 8. 1891

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min..
	36	5	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Car Inspector

(b) General nature of industry, business, or establishment in which employed (or employer) B. & O. R.R. 03

(c) Name of employer

9 BIRTHPLACE (city or town) Balto., Md.

(State or country)

PARENTS

10 NAME OF FATHER Charles Perkins

11 BIRTHPLACE OF FATHER (City or town) O Hio

(State or country)

12 MAIDEN NAME OF MOTHER Matilda Hocher

13 BIRTHPLACE OF MOTHER (city or town) germany

(State or country)

14 Informant Mrs. Perkins (wife)

(Address) 1840 Light St

15 Filed JAN 15 1926 WILLIAM H. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 12 19 28

17 I HEREBY CERTIFY, That I attended deceased from Dec. 5 19 27 to Jan. 12 19 28.

that I last saw him alive on Jan. 12 19 28.

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthenia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Fickhall Linn M. D.

1928 (Address) 1 E Read

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL, Cathedral — Date of Burial 1/16 1928

20 UNDERTAKER Margaret J. Flynn — ADDRESS 1122 Light St

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29494

CERTIFICATE OF DEATH.

129 E 29494

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balt. Gen. Hosp. ST., 23-31 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Emma Berman

(a) RESIDENCE NO. 1309 Clarkson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Berman

6 DATE OF BIRTH (month, day, and year) August 1882.

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
45	1	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER John Harmon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Josephine Graves

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Michael Berman

(Address) 1309 Clarkson

15 [illegible] Registrar

JAN 15 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 12 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1928, to Jan. 12, 1928, that I last saw h[illegible] alive on Jan 12, 1928, and that death occurred, on the date stated above, at 2-5 P m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) William H. Cleaver M. D.

, 19 (Address) South Balto. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL 1/16 1928

20 UNDERTAKER Margaret G Flynn

ADDRESS 1422 Light

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29495

CERTIFICATE OF DEATH.

161-00

E 29495

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1108 Sheilds ave ST. 17-24 WARD)

2-FULL NAME Baby James

(a) RESIDENCE No. 1108 Sheilds ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 5, 1927

7 AGE — Years: — Months: 1 — Days: 9 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: no

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: Alexander James

11 BIRTHPLACE OF FATHER (city or town) (State or country): Sumter S. C.

12 MAIDEN NAME OF MOTHER: Viola Lynn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Viola James

(Address): 1108 Sheilds ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 14 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1925, to Jan 14, 1925, that I last saw him alive on Jan 13, 1925, and that death occurred, on the date stated above, at 4 m

The CAUSE OF DEATH* was as follows:

Marasmus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Prematurity

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Med. examination

(Signed) W. Atwell Jones, M. D.

, 19 (Address) 1125 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: Jan 15 1925

20 UNDERTAKER: Dent Eastow

ADDRESS: 916 Pa ave

EDGAR JONES, M.D.

Spec.—7-17-26—A Co.—200 Bks.

Larry Woodruff

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29496

CERTIFICATE OF DEATH

101-001

E 29496

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. Gen. Hosp. St. 1-8-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Larry Woodruff

(a) RESIDENCE NO. 961 Mulberry St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1907 1-13-78

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	71	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) O'Hara

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) So. Carolina

PARENTS

10 NAME OF FATHER Lewis Woodruff

11 BIRTHPLACE OF FATHER (City or town) S. C.

(State or country)

12 MAIDEN NAME OF MOTHER Mandy Rayford

13 BIRTHPLACE OF MOTHER (city or town) S. C.

(State or country)

14 Informant Hospital Records

(Address)

Filed JAN 15 1926 19 Registrar

H. HANSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-13 1926

17 I HEREBY CERTIFY, That I attended deceased from 1-13, 1926, to 1-13, 1926, that I last saw him alive on 1-13, 1926, and that death occurred, on the date stated above, at 11:03 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Pathological

(Signed) H. Hanson Jones M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Spartanburg S. C. Date of Burial 1/15 1926

20 UNDERTAKER Daniel Easton ADDRESS 1760 Ave

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29497

CERTIFICATE OF DEATH

45 E 29497

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Md Gen Hosp St. 12-60 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick G. Gaul

(a) RESIDENCE NO. 2524 N. Charles St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Not known

6 DATE OF BIRTH (month, day, and year): 2-25-1861

7 AGE: Years 66 Months 10 Days 10 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Musician

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer: ✓

9 BIRTHPLACE (city or town)

(State or country): Baltimore

PARENTS

10 NAME OF FATHER: George P. Gaul

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Marie Kratz

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: Mr. George Gaul

(Address): 2524 N. Charles St

15 [illegible] 1928

[illegible]

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 15 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1927 to January 15, 1928

that I last saw him alive on January 15, 1928

and that death occurred, on the date stated above, at 1:29 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Recto-Sigmoid Junction

(duration) ✓ yrs. ✓ mos. ✓ da.

CONTRIBUTORY (Secondary) Intestinal obstruction e toxemia

(duration) yrs. mos. 30 da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 12-16-27, 1-4-28, 1-9-28

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

. 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemy. Date of Burial: Jan. 19 1928

20 UNDERTAKER: John C. Mitchell & Sons ADDRESS: 1900 Eutaw Place

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 29498

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE—(No.) SHEPPARD AND ENOCH PRATT HOSPITAL ST., 7-9 (WARD)

(a) RESIDENCE NO. 311 E. 26th St. Norfolk WARD.
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. (If non-resident give city or town and State) How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Susie E. Trower

6 DATE OF BIRTH (month, day, and year) June 3 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	7	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Carmine Oil Oyster Co

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER John Trower

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Alice Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 JAN 15 1928 C. HANSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 14 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1928, to Jan. 14, 1928, that I last saw h[illegible] alive on Jan. 14, 1928, and that death occurred, on the date stated above, at 0 P. m.

The CAUSE OF DEATH* was as follows:

Sarcoma of Cerebellum (Malignant)

(duration) yrs. 2 mos. 5 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 1-14-28

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Operative

(Signed) George E. Finney, M. D.

1/17/28 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Norfolk, Virginia — DATE OF BURIAL 1-15 1928

20 UNDERTAKER W. J. Tucker & Sons — ADDRESS Enna & Northern

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Blks.

E 29499

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

E 29499

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 933 Ashburton Street. St. 16-68 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen Jane Seymour.

(a) RESIDENCE NO. 933 Ashburton Street. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of late Edward C.Seymour

6 DATE OF BIRTH (month, day, and year) October 2,1855.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	72	3	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

10 NAME OF FATHER John J.Morrow

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Baltimore,MD

12 MAIDEN NAME OF MOTHER Jane Hughes

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Pittsburg,PA.

14 Informant Mrs Elsie J.Sherdan

(Address) 933 Ashburton Street.

15 Filed JAN 15 1928 16 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 12,1928. 19

17 I HEREBY CERTIFY, That I attended deceased from Jany 8, 1928, to Jany 12, 1928.

that I last saw h[illegible] alive on Jany 12, 1928

and that death occurred, on the date stated above, at 11 45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Tabular Heart disease

Mitral Regurgitation

(duration) yrs. ? mos. ds.

CONTRIBUTORY (Secondary) Dropsy & Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? None

(Signed) [illegible] M. D.

Jany 13 1928 (Address) 2320 Madison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Loudon Park Cemetery	Jan 16.1928

20 UNDERTAKER Jos Jourdens + Son ADDRESS 217 S.Paca St

IMPORTANT—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29500

101-001

E 29500

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. ST. 9-46 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. John M. Odonnell

(a) RESIDENCE NO. 922 E. North Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary J. Chambers

6 DATE OF BIRTH (month, day, and year) Jan. 29, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	74	11	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Cemetery Supt.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Howard County Maryland

PARENTS

10 NAME OF FATHER James O'Donnell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard Co. Maryland

12 MAIDEN NAME OF MOTHER Mary Maddy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard Co. Maryland

14 Informant Mrs. Mary J. O'Donnell

(Address) 922 E. North Avenue

15 Filed JAN 15 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 14 1928

17 I HEREBY CERTIFY, That I attended deceased from 1/4/, 19 28, to 1/14, 19 28,

that I last saw h[illegible] alive on 1/14, 19 28,

and that death occurred, on the date stated above, at 12:00 m.

The CAUSE OF DEATH* was as follows:

Vesical calculi

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

[illegible] (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1/6/28

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. Lawrence Fuhrman, M. D.

, 19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 1/16 19 28

20 UNDERTAKER Henry W. Myers & Son

ADDRESS 805 N. Calvert

Spec.—8-24-14—M. & T.—2000 lbks.

E 29501

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 29501

CERTIFICATE OF DEATH.

E 29501

1-PLACE OF DEATH 3217 Baker St

CITY OF BALTIMORE: (No. 3217 ST. 16-67 WARD) 90

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Edward Rock.

(Residence in Baltimore: No. 3217 Baker St. St.; 9 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)

6-DATE OF BIRTH. Oct. (Month) 29, (Day) 1913 (Year)

7-AGE. 14 yrs. 2 mos. 13 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION: (a) Trade, profession, or particular kind of work. Schoolboy (b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Virginia

PARENTS.

10-NAME OF FATHER. Edward F. Rock

11-BIRTHPLACE OF FATHER (State or Country). Indiana

12-MAIDEN NAME OF MOTHER. Ada Gillingwater

13-BIRTHPLACE OF MOTHER (State or Country). England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward F. Rock

(Address) 3217 Baker St.

15-

Filed JAN 15 1928, 191 H. M. SIMON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. January (Month) 17 (Day), 1928 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 29 1927, to Jan 17 1928, that I saw him alive on Jan 17 1928, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart disease

(Duration) 13 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chorea + Rheumatic fever

(Duration) yrs. mos. ds.

(Signed) Joseph H. Zierler M. D.

Jan 13/28 101 (Address) 112 3 Poplar Grove

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Lorraine Park

DATE OF BURIAL. Jan. 16 1928

20-UNDERTAKER John G. Connelly

ADDRESS Essex

N.B. Every item of information should be carefully supplied. AGE should be GIVEN EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 29502

E 29502

CERTIFICATE OF DEATH.

X 14-001

E 29502

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard and Greene St.) (WARD) 430

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa Kasner

(a) RESIDENCE NO. Essex, Md., ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Kasner

6 DATE OF BIRTH (month, day, and year) May 30, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	7	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Alex. Auco.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Louis Kasner

(Address) Upper Av. Essex

15 Filed JAN 15 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 15, 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1928 to Jan. 15, 1928, that I last saw her alive on Jan. 15, 1928, and that death occurred, on the date stated above, at 5:30 A.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Arterio - sclerosis -

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? - Spinal Puncture

(Signed) Charles E. Gist, M. D.

1/15, 1928 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart — DATE OF BURIAL Jan 18 1928

20 UNDERTAKER John G. Connelly — ADDRESS Essex

Manner should be clearly supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29503

CERTIFICATE OF DEATH

E 29503

REGISTERED NO.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

City of BALTIMORE: (No. Md Gutter 41-24 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Wells

(a) RESIDENCE NO. Laurel Md St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jarrett Wells

6 DATE OF BIRTH (month, day, and year): 7-12-61

7 AGE: Years 66 Months 11 Days 3

IF LESS than 1 day ....hrs. or ....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer: ✓

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: not known

11 BIRTHPLACE OF FATHER (City or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Hospital Records

(Address)

Filed JAN 15 1926 19 H. Wood Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 15 1926 19

17 I HEREBY CERTIFY, That I attended deceased from June 14, 19 26, to June 15, 19 26, that I last saw her alive on June 15, 19 26, and that death occurred, on the date stated above, at 6:53 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia
& Emphysema

(duration) ....yrs. ....mos. 21 ds.

CONTRIBUTORY (Secondary): Carcinoma duodenum - extension

(duration) ....yrs. ....mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 1-14-26

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Wood Jones M. D.

19 (Address) Mt Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dorsey Hill Funeral — Date of Burial: Jan 18 19 26

20 UNDERTAKER: Elwood R Fisher — ADDRESS: Laurel

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29504

CERTIFICATE OF DEATH.

E 29504

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 10-14 WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Jones.

(a) RESIDENCE No. 1000 E. Chase ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER J. James Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Margaret Cribb

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant (Address) Records.

15 Filed JAN 15 1928, 19 HARRY JONES, C. D. For Ruth Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13 1928

17

I HEREBY CERTIFY, That I attended deceased from Mar. 24, 1927, to Jan 13, 1928, that I last saw him alive on Jan. 13, 1928 and that death occurred, on the date stated above, at 5:00 P m

The CAUSE OF DEATH* was as follows:

myocarditis chronic & acute
arteriosclerosis
Hemiplegia, right

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? General Symptoms

(Signed) C. Howard Boyd M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Salem. N. Carolina

DATE OF BURIAL Jan 15 1928

20 UNDERTAKER George F. Ruth

ADDRESS 1735 Harford Ave.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 29505 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 29505

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto General Hospital WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Hawkins Houston

(a) RESIDENCE NO. 2108 Railroad ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1926 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1882

7 AGE: Years 46; Months; Days; If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Steven Houston

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Sarah Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Annie Harris

(Address) 2108 Railroad ave

15 JAN 16 1928 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 14 1928

17

I HEREBY CERTIFY, That I attended deceased from December 10 1927, to January 14, 1928, that I last saw her alive on January 14, 1928 and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of oesophagus

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of January 10, 1928

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Paul Schenker M. D.

, 19 (Address) West Balto General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem DATE OF BURIAL: Jan 16 1928

20 UNDERTAKER: Daniel Carter ADDRESS: 916 Pa ave

Illegible should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—MAT—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29506

CERTIFICATE OF DEATH.

E 29506

90.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 23-31 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward A. Sears

(a) RESIDENCE NO. 918 S. Stanwood ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER A. E. Sears

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Caroline ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Records.

Filed JAN 16 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Mar. 23, 1926 to June 13, 1928.

that I last saw him alive on June 13, 1928

and that death occurred, on the date stated above, at 5:00 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) hypertrophy of heart

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & Evidence

(Signed) C. Hampson Jones M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Jan 16 1928
20 UNDERTAKER	ADDRESS
John F. Denny	715 Light

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 29507

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29507

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 1150 Myrtle ave (St.) (17-24) (Ward)

REGISTERED NO. 101

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Mary Nash

(a) RESIDENCE No. 1150 Myrtle St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas. Clower Nash

6 DATE OF BIRTH (month, day, and year): May 25 1861

7 AGE: Years 76 Months 7 Days 18 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Joshua Burgess

11 BIRTHPLACE OF FATHER (city or town) (State or country): Anne Arundel Co Md

12 MAIDEN NAME OF MOTHER: Ellen Briggs

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Anne Arundel Co Md

14 Informant: Chas Nash (Address) 1150 Myrtle ave

15 Filed JAN 16 1928, 19 HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-13 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 4, 19 28, to Jan 13, 19 28

that I last saw h[illegible] alive on Jan 13, 19 28

and that death occurred, on the date stated above, at 7.21 m.

The CAUSE OF DEATH was as follows*: Chronic Pneumonia Bilateral

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Accel Nephritis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Place of Duty

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical X-ray

(Signed) Wm F. Peters M. D.

, 19 (Address) 16 W. Mt. Vernon Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dulaney's Valley Cem. Baltimore DATE OF BURIAL: Jan 16 19 28

20 UNDERTAKER: Edward H. Kennedy ADDRESS: 711 Cathedral St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29508

CERTIFICATE OF DEATH.

101-901

E 29508

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (a) 1128 N. Edmondson Ave. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles E. Ford

(a) RESIDENCE NO. 1231 Gilmor St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1890

7 AGE: Years 38 Months Days IF LESS than 1 day .....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town): Virginia

(State or country)

PARENTS

10 NAME OF FATHER: Howard Nash

11 BIRTHPLACE OF FATHER (City or town)

(State or country)

12 MAIDEN NAME OF MOTHER: Rosa Nash

13 BIRTHPLACE OF MOTHER (City or town)

(State or country)

14 Informant: Sylvia Stoall

(Address) 2227 Madison Ave.

15 Filed JAN 16 1928 C. HARRISON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 12 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Jan 12, 1928 (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) and that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

1 Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) No history

(duration) yrs. mos. ds.

(Signed) J. H. Hennis M. D.

19 (Address) 2572 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cem. Date of Burial Jan 14 1928

20 UNDERTAKER: Samuel H. Hemsley ADDRESS: W. Balto

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29509

CERTIFICATE OF DEATH.

1928 **E 29509**

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 313 E. 30th. St.) (12-50 WARD)

2-FULL NAME Edward Moon Frazier

(a) RESIDENCE NO. 313 E. 30th ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mc-Mary E. Frazier

6 DATE OF BIRTH (month, day, and year) Oct. 29 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	61	2	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Edward Moon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ruth Edew

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Florence S. Hill

(Address) 4108 Hunterwood Road

15 Filed JAN 16 1928 HARRISON JONES, M. D. Registrar

Per RMC

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14 1928

17 I HEREBY CERTIFY, That I attended deceased from 20 years, 19 , to Jan 14, 19 28.

that I last saw her alive on Jan 14, 19 28,

and that death occurred, on the date stated above, at 5.15 P m.

The CAUSE OF DEATH* was as follows:

Embolism following fracture of Left femur.

Dr. Coroner J. J. Hornsey 5.00

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Pagets disease: Left Kidney filled with calculi

mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? History

(Signed) C. N. Gabrill, M. D.

19 (Address) 2413 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Jan 16 1928

20 UNDERTAKER Dulin Undertaking Home ADDRESS 1900 Eutaw

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29510

CERTIFICATE OF DEATH.

90 ✓

E 29510

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1619 Covington St. St. 24-33 Ward

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Milligan.

(a) RESIDENCE NO. 530 E. Clement St. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, HUSBAND of (or WIFE of) Mary Milligan.

6 DATE OF BIRTH (month, day, and year) October 30, 1868

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	59	2	14	13

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter. 6 0

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland.

PARENTS

10 NAME OF FATHER James H. Milligan.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Levisa. -------

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland.

14 Informant Mary Milligan. (wife)

(Address) 530 E. Clement St.

15 Filed ..... 19 ..... C. HARRY JONES, M. D. Registrar

By .....

JAN 16 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 13, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute dilatation of the Heart.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Fernandes M. D.

(Coroner)

1/16 1928 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem. Date of Burial Jan 16 1928

20 UNDERTAKER C. Hamilton Evans ADDRESS 356 E. Fort Ave.

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 29511 100-001 **E 29511**

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1835 S. Chas ST. (WARD) 23-34 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jeanette Pace

(a) RESIDENCE NO. 1835 S. Charles ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 6/1919

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	8	2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓ 600

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Chas Pace

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Jeanette Kyle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Jeanette Pace 1835 S Chas St

15 Filed JAN 18 1928 C. H. JONES, M. D., Registrar.

By ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14 1928

17 I HEREBY CERTIFY, That I attended deceased from March 15, 1927 to Jan 14, 1928, that I last saw h[illegible] alive on Jan 13, 1928 and that death occurred, on the date stated above, at 4 a m

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) ... yrs. ... mos. 21 ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart & Exhaustion (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) M. L. Lichtenberg M. D.

1/17/1928 (Address) 2224 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem	Jan 17 1928

20 UNDERTAKER A. Howard Evans ADDRESS 308 E Fayette

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

JAN 18 1928

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29512

CERTIFICATE OF DEATH.

E 29512

188-003

26-42

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Wueslein

(a) RESIDENCE NO. 5010 Glennwood Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 24/1908

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	19	2	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Martin Wueslein

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Msl

12 MAIDEN NAME OF MOTHER Catherine Gickert

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Father

(Address)

15 Filed JAN 16 1928 19 C. Hampton Jones, M. D. Register

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull at base. Accidently struck by automobile at Belair road & fairmount Ave

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Jones M. D. (Coroner)

1/16/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial Jan 18 1928

20 UNDERTAKER John L. Kerrigan ADDRESS 157 N. Luzerne

A. B.—WHITE PRINTING AND STATIONERY CO.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29513

E 29513

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1439 N; Patterson Park Ave ST., 8-16 WARD)

2-FULL NAME Karl Gartner

(a) RESIDENCE NO. 1439 N; Patterson Park Ave ST., WARD

(Usual place of abode).

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Baumann

6 DATE OF BIRTH (month, day, and year) Sept 8 th 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	75	4	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Dry goods

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER Henry Gartner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Dahl

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Anna Gartner (Address) 1439 N. Ppk Ave

15 Filed JAN 16 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1917 to Jan 13 1928, that I last saw h alive on Jan 12 1928, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Cardiac Hoemmorhage

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) [illegible] M. D.

Jan 14 1928 (Address) 1301 N Pat Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem — DATE OF BURIAL Jan 16 28

20 UNDERTAKER John Ulrich — ADDRESS 2008 Orleans

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29514

CERTIFICATE OF DEATH.

× 90 ✓

E 29514

REGISTERED NO.

1-PLACE OF DEATH Enroute to

City of BALTIMORE: (No. John Hopkins Hos St., 7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Saunders

(a) RESIDENCE NO. 336 Allison st N.W. St. Washington D.C. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Morris Saunders

6 DATE OF BIRTH (month, day, and year): 1873

7 AGE — Years: 55 — Months: — — Days: — — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 021

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Russia

PARENTS

10 NAME OF FATHER: Joseph Landsman

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Russia

12 MAIDEN NAME OF MOTHER: Minkam

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Russia

14 Informant: Jos Levy

(Address): 1290 S Rutland ave

15 Filed JAN 16 1928 (19) C. HAMILTON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 15 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis (Chr)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) History of Heart Troub

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Bonn M. D.

(Coroner)

1/26/28 (Address) 508 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Herrn Rus — Date of Burial: 1/16 1928

20 UNDERTAKER: Jack Louis — ADDRESS: 1129 Eutaw St

N. B.—WRITE PLAINLY, WITH UNFADING INK.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Blks.

Shochet.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

118-001

E 29515

REGISTERED NO. **E 29515**

1-PLACE OF DEATH

City of BALTIMORE: (No. Rinni Hospital St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida Shochet

(a) RESIDENCE NO. 2104 E. Pratt St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	married

5a If married, widowed or divorced HUSBAND of (or) WIFE of A. S. Shochet

6 DATE OF BIRTH (month, day, and year) Feb 6 1874

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	53	11	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia.

PARENTS

10 NAME OF FATHER Solomon Eisenberg

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Esther Jerusalem

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant A. S. Shochet

(Address) 2104 E. Pratt St.

Filed JAN 16 1928 HARRISON JONES, M. D.

Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (month, day, and year) 1-15-28 19

17

I HEREBY CERTIFY, That I attended deceased from 1-14, 1928, to 1-16, 1928,

that I last saw h.. alive on 1-15, 1928,

and that death occurred, on the date stated above, at 8 50 P m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

Hypotension, Arteriosclerosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Incarcerated Inguinal Hernia Emphysema, Chronic Bronchitis

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Henry Weintraub, M. D.

, 19 (Address) Rinni Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rodef Road Date of Burial 1/17 1928

20 UNDERTAKER Jack Levinson ADDRESS 939 Eastern

Don should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 29516

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29516

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1306 Greenmount Ave. WARD) 10-15

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Beasey L. Shea

(a) RESIDENCE NO. 1306 Greenmount ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James L. Shea

6 DATE OF BIRTH (month, day, and year) Nov. 14, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Hugh Kilmurry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Jane Murry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant James L. Shea (Address) 1306 Greenmount Ave

15 Filed JAN 16 1928 C. H. [illegible] Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) January 14th 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 24th 1926 to Jan 14th 1928 that I last saw h[illegible] alive on Jan 6th 1928 and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Larynx

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Breast

(duration) 3 yrs. 0 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Edema Exam

(Signed) [illegible] M. D.

1/16/28 (Address) 401 E 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Mary's Texas, Md	Jan 17 1928

19 UNDERTAKER Rida Mudefield ADDRESS 914 Greenmount Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29517

CERTIFICATE OF DEATH.

11-001 ✓

E 29517

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 E. Eager St. 17-50 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen McDonough

(a) RESIDENCE No. 204 E. 22nd. ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) May 16, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	7	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Chas. McDonough

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Lally

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Maria Hamilton
(Address) 204 E 22nd

15 Filed JAN 16 1928, 19 Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13. 1928

17 I HEREBY CERTIFY, That I attended deceased from Jany 7, 1928, to Jany 13, 1928, that I last saw her alive on Jany 13, 1928, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

1/15, 19 28 (Address) 108 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. DATE OF BURIAL: Jan. 17, 28

20 UNDERTAKER: Elmer W. Conklin ADDRESS: 524 E. Eager St.

Station should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29518

E 29518

CERTIFICATE OF DEATH.

REGISTERED NO. 89

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1412 Woodall St (St.) 24-33 (Ward)

2-FULL NAME Albert R. Stroge

(a) RESIDENCE NO. 1412 Woodall St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Neubert

6 DATE OF BIRTH (month, day, and year) Dec. 27 1877

7 AGE: 50 Years 51 | Months — | Days 15 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Meat

(c) Name of employer Shaffer, Co.

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Albert Stroge

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mrs Mary Stroge (Address) 1412 Woodall St.

15 Filed JAN 16 1928

12 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12 1928

17 I HEREBY CERTIFY, That I attended deceased from June 2, 1928, to Jan 12 1928, that I last saw him alive on Jan 12 1928 and that death occurred, on the date stated above, at 5:40 a.m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Embolism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. H. Campbell M. D.

1/14, 1928 (Address) 1644 N. Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — DATE OF BURIAL: Jan 16 1928

UNDERTAKER: Chas. L. Stevens — ADDRESS: 1501 E Fort Ave

C. HARRISON JONES, M. D.

Registrar

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29519

159-002

CERTIFICATE OF DEATH.

159 E 29519

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1614 Norwood Ave St. 8-45 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Margaret Anderson

(a) Residence No. 1614 Norwood Ave St. Ward

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced, (Write the word): baby

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): 1-9-28

7-AGE: ....yrs. ....mos. 7 6 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: baby old

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Md

PARENTS

10-NAME OF FATHER: James Anderson

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Balto Md

12-MAIDEN NAME OF MOTHER: Helen Dangler

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Md

14-

(Informant) Ann Anderson

(Address) 1614 Norwood Ave

15-

Filed JAN 16 1928 HAMILTON JONES, M. D. Registrar.

per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 1-15-28

17- I HEREBY CERTIFY, That I attended deceased from 1-9, 1928 to 1-15, 1928

that I last saw her alive on 1-15, 1928

and that death occurred, on the date stated above, at 1117 m.

The CAUSE OF DEATH* was as follows:

Patent Foramen Ovale

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical signs

(Signed) David Miller M. D.

1/15, 1928 (Address) 1500 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemty

DATE OF BURIAL: Jan 16 1928

20-UNDERTAKER: George J. Rutter

ADDRESS: 1735 Harford Ave

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29520

CERTIFICATE OF DEATH.

90 E 29520

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3407 Keene Ave Ward) 43

2-FULL NAME John Martin Haller

(a) RESIDENCE NO. 3407 Keene Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? 43 yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Haller

6 DATE OF BIRTH (month, day, and year): March 8/1855

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	72	10	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer): Retired 10 yrs

(c) Name of employer: Kuhlenbach

9 BIRTHPLACE (city or town)

(State or country): Germany

PARENTS

10 NAME OF FATHER: Conrad Haller

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Unknown

14 Informant: Margaret Haller

(Address): 3407 Keene Ave

15 Filed 19 C. Harrison Jones

Registrar

JAN 16 1928

By RHC

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 14/1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocarditis

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) [signature], M. D.

(Coroner)

1/14/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

Date of Burial: Jan. 17 1928

UNDERTAKER: Frederick Sasse

ADDRESS: Govans Fullerton

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29521
1-PLACE OF DEATH

CERTIFICATE OF DEATH

129 E 29521
REGISTERED NO.

City of BALTIMORE: (No. 1127 Sarah Ann St.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Jones

(a) RESIDENCE NO. 1127 Sarah Ann St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. — mos. — ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emerton Jones

6 DATE OF BIRTH (month, day, and year) — 1886

7 AGE	Years	Months	Days	IF LESS (than 1 day ... hrs. or ... min..
	42	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Wife of
(b) General natore of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Blacksmith
(State or country) Virginia

PARENTS

10 NAME OF FATHER "Don't know"

11 BIRTHPLACE OF FATHER (City or town)
(State or country)

12 MAIDEN NAME OF MOTHER Sallie Hawes

13 BIRTHPLACE OF MOTHER (city or town) Blacksmith
(State or country) Virginia

14 Informant Emerton Jones
(Address) 1127 Sarah Ann

15 Filed ..... 19 ..... Registrar

JAN 16 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/12 1928

17 I HEREBY CERTIFY, That I attended deceased from July 10 1927 (to 1/13 1928, that I last saw h[illegible] alive on 1/12 1928, and that death occurred, on the date stated above, at 5 30 P m.

The CAUSE OF DEATH* was as follows:
Uraemia
(duration) — yrs. — mos. 3 ds.
CONTRIBUTORY (Secondary) Hemoglobin 7 grams
Chronic Nephritis
(duration) — yrs. — mos. — ds.

18 Where was disease contracted
If not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Uremia
(Signed) D. W. Scrudder, M. D.
1/14, 1928 (Address) 122 W 4th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mount Calvary	Jan 17, 1928

20 UNDERTAKER Wm. R. A. Elliott ADDRESS 1225 Eastland

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29522

CERTIFICATE OF DEATH.

129 E 29522

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1611 E Madison St., 7-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm Henry Locksley

(a) RESIDENCE No. 1611 E Madison St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	C	Married.

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Estella Locksley

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	approx 40	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Bottling Plant.

(c) Name of employer Rogster's Ginger Ale Co.

9 BIRTHPLACE (city or town) (State or country) King & Queen Co Va.

PARENTS

10 NAME OF FATHER Joseph Locksley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Hester Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Gladys Locksley (daughter) (Address) 1611 E Madison St

Filed JAN 16 1928 THOMAS JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 13 1928

17 I HEREBY CERTIFY, That I attended deceased from July . 1927 to Jan 13 . 1928 . that I last saw him alive on Jan 12 . 1928 . and that death occurred, on the date stated above, at 6.25 A.m.

The CAUSE OF DEATH* was as follows:

Myocarditis and Arteriosclerosis Nephritis.

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Generalized Anasarca

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) R. J. Gosling M. D.

1/14 1928 (Address) 1429 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: King & Queen Co. DATE OF BURIAL: Jan 16 1928

20 UNDERTAKER: Mrs R. G. Elliott ADDRESS: 1125 Walbrook

IMPORTANT—Should be carefully supplied. Any blanks should be filled EXACTLY. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 29523 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 29523

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 229 E. Lafayette Ave ST. 17 WARD)

2-FULL NAME Grace Perrin

(a) RESIDENCE NO. 229 E. Lafayette Ave ST. WARD 12th

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Peter Perrin

6 DATE OF BIRTH (month, day, and year): December 7th 1873

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
54	1	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Joseph Furst

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Sophia Helmung

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: J. Henry Furst

(Address): 229 E. Lafayette Ave.

15 Filed JAN 16 1928, 19 C. H. WILSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 14th 28

17 I HEREBY CERTIFY, That I attended deceased from Jan 4, 1928, to Jan 14th, 1928, that I last saw h[illegible] alive on Jan 14th, 1928, and that death occurred, on the date stated above, at 10½ P m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary): Heart failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Reginald L. Tonry M. D.

1/16, 1928 (Address) 414 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Jan 17 1928

20 UNDERTAKER: J. Pahy & Sons — ADDRESS: 1027 N. Gay St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 29524

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29524

CERTIFICATE OF DEATH

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE (No. 25-12 ST., WARD) REGISTERED NO. 58-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rev. James P. Carey

(a) RESIDENCE NO. 601 Capitol St. Washington DC ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
85				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Priest

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER William Carey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Eleanor Cooney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Rev. Jas. P. Carey

(Address) 601 Capitol St. Washington

15 Filed JAN 16 1928 H. L. WILSON, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-14 1928

17 I HEREBY CERTIFY, That I attended deceased from 1-6- 1928 to 1-14 1928,

that I last saw him alive on 1-14 1928

and that death occurred, on the date stated above, at 6.40 P. m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Blood Exam

(Signed) Francis L. Delaglincca, M. D.

, 19 (Address) St Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Cathedral	Jan. 17 1928
UNDERTAKER	ADDRESS
Martin Fahey & Sons	1827 W. North

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 7-17-26 4 Cs. 200 Bks.

E 29525

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001

REGISTERED NO. E 29525

1-PLACE OF DEATH

City of BALTIMORE: (No. Aged Women's Home 18-26 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma M. Vogt

(a) RESIDENCE NO. 1404 W Lexington St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Jan 7 1836

7 AGE: Years 92 Months Days 8 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Germany

(State or country)

PARENTS

10 NAME OF FATHER: Frederick E Vogt

11 BIRTHPLACE OF FATHER (City or town): Germany

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Germany

(State or country)

14 Informant: Mrs M E Baker

(Address) 1404 W Lexington St

15 Filed JAN 16 1928 19 H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 15, 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1928 to Jan. 15, 1928

that I last saw h[illegible] alive on Jan. 15, 1928

and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(daration) yrs. mos. 5 da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Data of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edwin C. Jopson M. D.

, 19 (Address) 1115 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem.

Date of Burial: 1/17 19 28

20 UNDERTAKER: George J Smith

ADDRESS 1532 Hollins

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 29526

90 E 29526

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Aged Mens Home St. 19-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas R Webb.

(a) RESIDENCE NO. 1400 W Lexington St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 17, 1832

7 AGE: Years 95 Months 9 Days 29. IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Hatter.

(b) General nature of industry, business, or establishment in which employed (or employer): Do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Clauson Webb.

11 BIRTHPLACE OF FATHER (City or town) (State or country): Conn.

12 MAIDEN NAME OF MOTHER: Laura Meyers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: Mrs Mary Forstall

(Address) 1400 W Lexington

Filed JAN 16 1928 C. H. Reese Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Jan. 16, 1928

17 I HEREBY CERTIFY, That I attended deceased from March 15 19 27 to Jan 16, 19 28.

that I last saw him alive on Jan 16 19 28.

and that death occurred, on the date stated above, at 6-20 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edwin O Jarrell M. D.

, 19 (Address) 1115 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — Date of Burial: Jan 17 19 28

20 UNDERTAKER: George E Smith — ADDRESS: 153 Collins

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29527

CERTIFICATE OF DEATH.

188-003

E 29527

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hospital 11-20 (Ward)

2-FULL NAME Robert Demarco

(a) RESIDENCE NO. 1004 Linden Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 6 1917

7 AGE: Years 10 Months 4 Days 7 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Student

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Md

(State or country)

PARENTS

10 NAME OF FATHER Salvatore Demarco

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Italy

12 MAIDEN NAME OF MOTHER Virginia Depo

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Italy

14 Informant Laurence Demarco

(Address) 1004 Linden Ave

Filed JAN 10 1928 Hamilton Jones M. D. Registrar

For

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: (Over)

Fracture of skull

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) automobile accident

(duration) yrs. mos. ds.

(Signed) E. J. Hennessy M. D. (Coroner)

1928 (Address) 2572 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem Date of Burial Jan 9 1928

20 UNDERTAKER: Geo H. Frank & Son ADDRESS 811 N Howard St

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29528

CERTIFICATE OF DEATH.

74-201 E 29528

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital (St.) 40-N (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME SARAH (Sallie) Egan

(a) RESIDENCE NO. 920 E. Chase ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) December

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	60	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Dale Co Ala

PARENTS

10 NAME OF FATHER Martin Egan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine O'Connor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mary O'Connor (Address) 1819 N. Gilmor St.

15 Filed JAN 16 1928 HAMILTON JONES, M. D. Registrar

Per —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14 — 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1928, to Jan 14, 1928, that I last saw her alive on Jan 14, 1928, and that death occurred, on the date stated above, at 9 00 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

Uremia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Cert. Sclerotic Cardio. Vascular Disease (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Sheldon Eastland M. D.

, 19 (Address) 2736 N. Calvert St. (Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Joseph Cem. Texas Md DATE OF BURIAL Jan 16, 1928

20 UNDERTAKER Chas. F. Evans & Son ADDRESS 1111 W. Mt Royal Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001

E 29529

PLACE OF DEATH

CERTIFICATE OF DEATH.

E 29529

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. 804 N. Belnord St. 1-3 Ward)

2-FULL NAME Paul Sleckta

(a) RESIDENCE NO. 804 N Belnord St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 15 28

7 AGE — Years | Months | Days | IF LESS than 1 day ...hrs. or ...min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Balto

PARENTS

10 NAME OF FATHER Anthony Sleckta

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Balto

12 MAIDEN NAME OF MOTHER Josephine Stazila

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Balto

14 Informant Anthony Sleckta

(Address) 804 N Belnord Ave

Filed JAN 16 1928 HARRISON JONES, M. D.

Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 19 28

17

I HEREBY CERTIFY, That I attended deceased from Jan 15 28 to Jan 16 19 28

that I last saw him alive on Jan 17 19 28

and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia Bilat

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Reynolds M. D.

(Address) 801 N Belnord Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: Jan 16 19 28

20 UNDERTAKER: Paul Creighton — ADDRESS: 1406 Eutaw

DO NOT USE ABBREVIATIONS. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 29530

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29530

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1900 Patterson Place (Ward) 8-16

2-FULL NAME Michael Baumgartner

(a) RESIDENCE NO. 1900 Patterson Place Ward

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louise Baumgartner

6 DATE OF BIRTH (month, day, and year) Oct 7th 1867

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60 yr.	3	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Germany.

PARENTS

10 NAME OF FATHER Michael Baumgartner

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Germany

14 Informant: Adam Baumgartner

(Address) 703 N. Patterson Park Ave

Filed JAN 16 1928, 19

EDMUND JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15th 1928

I HEREBY CERTIFY, That I attended deceased from Sept, 1927, to Jan 14th, 1928

that I last saw h~~im~~ alive on Jan 14th, 1928

and that death occurred, on the date stated above, at 1 10 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Oesophagus

uncertain

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death! (Yes) Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. J. Tankersley, M. D.

, 19 (Address) 1191 N. Milton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem

Date of Burial 1/17 1928.

20 UNDERTAKER: Leo J. Cook

ADDRESS 1723 Patterson Pk Ave

Don should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 29531

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29531

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST., 15-63 WARD) 161

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliz. Jane Strain

(a) RESIDENCE NO. 2389 Fremont ST., Avenue WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: /

6 DATE OF BIRTH (month, day, and year): 1/5/26

7 AGE: Years | Months | Days: 11 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: 0

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Mercy Hospital Baltimore, Md.

PARENTS

10 NAME OF FATHER: Edward Strain

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER: Eliz. Hoffman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Mercy Hospital

(Address) W. Eutaw St.

15 JAN 6 1928

C. HAMPSON JONES, M. D.

Registrar

Per 19

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/16 1928

17 I HEREBY CERTIFY, That I attended deceased from 1-4-28, 19, to 1-15-28,

that I last saw h alive on 1-15-28,

and that death occurred, on the date stated above, at 8:20 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Duration 11 yrs. 1 mos. 12 ds.

CONTRIBUTORY (Secondary) Respiratory Paralysis

(duration) yrs. mos. 1 hr.

18 Where was disease contracted if not at place of death? at Hospital

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? By findings

(Signed) Em Robinson, M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park. Vernon Lemmon

DATE OF BURIAL: 1/16 1928

20 UNDERTAKER: C Vernon Lemmon.

ADDRESS: 501 E. 22 St.

CAUSE OF DEATH to plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 29532

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29532

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. Balto Md ST. 76-37 WARD)

REGISTERED NO. 100

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Townsville

(a) RESIDENCE NO. Unknown ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Black

5 Single, Married, Widowed, or Divorced, (write the word) Unknown

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
52				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Balto City Hospitals Balto Md.

15 Filed JAN 16 1928 19 C. HAMPSON JONES, M. D. Registrar

P. 2074 ACM

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1—14 1928

17 I HEREBY CERTIFY, That I attended deceased from 8-26 1925 to 1-14 1928

that I last saw h[illegible] alive on 1—13 1928

and that death occurred, on the date stated above, at 7.05 A M.

The CAUSE OF DEATH* was as follows:

Cardiac failure, Terminal Broncho Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Psychosis with Cerebral Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Clinical findings

(Signed) Henry Feldman M. D.

19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL JAN 16, 1928

20 UNDERTAKER Commissioner Health.

ADDRESS

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 29533

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29533

CERTIFICATE OF DEATH.

REGISTERED NO. 12/4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1542 Gorsuch St. WARD)

2-FULL NAME Clarence L. Boerboer.

(a) RESIDENCE NO. 1542 Gorsuch Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Emma. S. Boerboer

6 DATE OF BIRTH (month, day, and year): Jan 27.-1877

7 AGE: Years 50. Months 11 Days 18 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profesalon or particular kind of work: Rest. Keeper,

(b) General nature of Industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Ephraim S Boerboer.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Minerva Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mrs. Emma. S. Boerboer.

(Address) 1542 Gorsuch Ave

Filed JAN 16 1928 C. HARRISON JONES, M. D. Registrar

By AKW

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 14th 1928.

17 I HEREBY CERTIFY, That I attended deceased from Aug-1 1927. to Jan 14th 1928.

that I last saw him alive on Jan. 14 1928

and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(R. Side)

(duration) yrs mos 4 ds.

CONTRIBUTORY (Secondary): Nephritis

(duration) yrs 7 mos. ds.

18 Where was disease contracted (if not at place of death)?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. C. Keese, M. D.

(Address) 5600 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cem.

DATE OF BURIAL: Jan 17th 1928

20 UNDERTAKER: John F. Conway & Son

ADDRESS: 901 Hollins St

TION is very important See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

29534

HEALTH DEPARTMENT—CITY OF BALTIMORE

29534

CERTIFICATE OF DEATH

1-PLACE OF DEATH Providence Hospital REGISTERED NO. 2226.

City of BALTIMORE: (No. 413 N Biddle St., 14th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Foster

(a) RESIDENCE NO. 1426 Argyle Ave. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. H. Foster

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE 61 Years Months Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 37

(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md

PARENTS

10 NAME OF FATHER Geo. Shaw

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Wm H. Foster

(Address) 1426 N. Gilmor

15 JAN 16 1928 C. HANSON JONES, M. D. Registrar

Per CRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Jan. 15 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 14 1928, to Jan. 15 1928, that I last saw h[illegible] alive on Jan. 14th 1928, and that death occurred, on the date stated above, at 12:10 A m.

The CAUSE OF DEATH* was as follows:

Terminal Pneumonia

a (acute)

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) many yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Hospital.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Ex.

(Signed) Ernest C Miller, M. D.

, 19 (Address) 5001 Penna. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem. Date of Burial 1/18 19

20 UNDERTAKER George A. Gibson ADDRESS 61 S. Eutaw

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 29535

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

57 E 29535

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) West Balt Hospital St., (Ward) 846

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred L Pfeffer

(a) RESIDENCE NO. 694 W Lombard St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: W

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 7 1914

7 AGE: Years 13 Months 1 Days 7 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Student

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Wm J Pfeffer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Margaret R Murphy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

PARENTS

14 Informant Wm J Pfeffer (Address) 694 W Lombard

15 Filed JAN 16 1928 C. HAMPSON JONES, M. D. Per ARR Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 11 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Coroner, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. J. Hannon D. (Coroner)

19 (Address) 25 N Paca St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem Date of Burial 1/17 1928

20 UNDERTAKER Geo A Tuley & Son ADDRESS Fulton & Lyon

Filed JAN 16 1928

Per ARR Registrar

Cor.—12-9-25—A Co.—200 Bks.

E 29535

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

57 E 29535

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) West Balt Hospital St., (Ward) 846

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred L Pfeffer

(a) RESIDENCE NO. 694 W Lombard St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: W

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 7 1914

7 AGE: Years 13 Months 1 Days 7 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Student

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Wm J Pfeffer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Margaret R Murphy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

PARENTS

14 Informant Wm J Pfeffer (Address) 694 W Lombard

15 Filed JAN 16 1928 C. HAMPSON JONES, M. D. Per ARR Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 11 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Coroner, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. J. Hannon D. (Coroner)

19 (Address) 25 N Paca St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem Date of Burial 1/17 1928

20 UNDERTAKER Geo A Tuley & Son ADDRESS Fulton & Lyon

Filed JAN 16 1928

Per ARR Registrar

and should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 29536

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29536

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2804 Elsinor Avenue ST. 15-61 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Loomis Dorsey

(a) RESIDENCE No. 2804 Elsinor Avenue ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Welby Dorsey

6 DATE OF BIRTH (month, day, and year) Sept. 13, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	4	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) Hillsdale (State or country) Maryland

PARENTS

10 NAME OF FATHER George T. Loomis

11 BIRTHPLACE OF FATHER (city or town) Windsor (State or country) Conn.

12 MAIDEN NAME OF MOTHER Lucy Sheppard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Massachusetts

14 Informant Chas. W. Dorsey (Address) 2804 Elsinor Avenue

15 1928

19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 16 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 25 1927 to Jan. 16 1928.

that I last saw her alive on Jan. 16 1928.

and that death occurred, on the date stated above, at 1.20 P. m.

The CAUSE OF DEATH* was as follows:

Malignant Endocarditis

(duration) yrs. 2 mos 10 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis with valvular trouble

(duration) 15 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Clinical symptoms

(Signed) Anton T. Robinson M. D.

Jan 16 1928 (Address) 836 Park Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery

DATE OF BURIAL 1/19/28

20 UNDERTAKER

ADDRESS 1003 W. Baltimore St

Cor.—12-9-25—A Co.—200 Bks.

E 29537

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 29537

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) Mercy Hospital. St. 20-24 (Ward)

2-FULL NAME Mary Eichhorn.

(a) RESIDENCE NO. 1927 E. Lombard St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 3 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow.

3a If ~~married, widowed, or~~ ~~divorced~~ (or) WIFE of John Eichhorn.

6 DATE OF BIRTH (month, day, and year) September 26, 1852

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	75	3	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.

(State or country)

PARENTS

10 NAME OF FATHER John Feldmann.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Anna Rusk. (daughter.

(Address) 337 E. 30th St.

JAN 16 1926 C. HAMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 14, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental fall down steps. Probable fracture of Pelvis. Acute Nephritis, Uraemia. Broncho pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M Leonhardt M. D.

(Coroner)

1/16 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, State (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 1927 E. Combard St. Jany. 3, 1926

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery Date of Burial Jan. 17 1926

20 UNDERTAKER Kelly & Sieber ADDRESS 1111 E. Monument St.

Do not write in spaces below. Physician in attending should be careful. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT--CITY OF BALTIMORE

E 29538

CERTIFICATE OF DEATH.

3/27/28 H.S.

E 29538

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2522 Ashland ave ST., 7-12 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Irene M. Burton

(a) RESIDENCE NO. 2522 Ashland ave ST., WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (HUSBAND of or) WIFE of Larkin E. Burton

6 DATE OF BIRTH (month, day, and year) Sept. 26th 1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	21	3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md. (State or country)

PARENTS

10 NAME OF FATHER Edward Cosgrove

11 BIRTHPLACE OF FATHER (city or town) Balto. Md (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md (State or country)

14 Informant Larkin E. Burton Husband (Address) 2522 Ashland ave

15 Filed JAN 16 1928, 19.. G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1927, to Jan 14, 1928, that I last saw her alive on Jan. 13, 1928, and that death occurred, on the date stated above, at 9.40 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ... yrs. 6 mos ?H.? ds.

CONTRIBUTORY (Secondary) .....

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. D. Lipsey, M. D.

, 19 (Address) 432 S. Patterson Pk. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL Jan 19 1928

20 UNDERTAKER Lilly & Zeiler & Co.

ADDRESS 403 S. Wolfe St.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

(Gwin) ✓

E 29539

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29539

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1501 N. Bethel (ST.) 8-17 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah V. Gwin

(a) RESIDENCE NO. 1501 N. Bethel ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: C. Lamb.

6 DATE OF BIRTH (month, day, and year): Sept. 11. 1870

7 AGE: Years 57. Months 4 Days 3

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Silas Howard

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penn.

12 MAIDEN NAME OF MOTHER: Mary E. Guy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Thomas E. Lamb

(Address): 1501 N. Bethel St.

C. HAMPSON JONES, M. D. Registrar

Jan 16 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-14-28

17 I HEREBY CERTIFY, That I attended deceased from 1-14, 1928, to 1-14, 1928,

that I last saw her alive on 1-14-28

and that death occurred on the date stated above, at 6:30 a.m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

Nephritis, Nephritis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary): Pul Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Undetermined

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Ted Runnells M. D.

(Address) 800 N. 16th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore County. DATE OF BURIAL: Jan 17 1928

20 UNDERTAKER: George J. Ruth ADDRESS: 727 Harford

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 29540

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29540

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2932 Elliott ST., 11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Roy. Wells

(a) RESIDENCE NO. 2932 Elliott ST., 1 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced (HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 6 1928

7 AGE: Years | Months | Days 9 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant old

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Chas. R. Wells

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penna

12 MAIDEN NAME OF MOTHER: Mary E. Hill

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Chas. R. Wells

(Address): 2932 Elliott St.

15 Filed 6 1928 C. HAMPSON JONES, M. D. Registrar

Per RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 14, 1928, to Jan 15, 1928,

that I last saw h in alive on Jan 14 1928

and that death occurred, on the date stated above, at 7.40 a m.

The CAUSE OF DEATH* was as follows:

Premature delivery at 8 months of pregnancy

(Concurrent)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cyanosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

1/15/1928 (Address) 1045 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Trinity Cemetery

DATE OF BURIAL: Jan 17 1928

20 UNDERTAKER: Lilly & Feiler Inc.

ADDRESS: 403 S. Wolfe St.

CAUSE OF DEATH—Exact statement of DISEASE or CONDITION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 29541

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29541

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2932 Elliott ST., 1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Brendall Wells

(a) RESIDENCE NO. 2932 Elliott ST., 1 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Jan 6th 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	8	9

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Chas. R. Wells.

11 BIRTHPLACE OF FATHER (city or town) Penna
(State or country)

12 MAIDEN NAME OF MOTHER Mary E. Hill

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Chas. R. Wells.
(Address) 2932 Elliott St

15 Filed 1-16 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15th 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 14, 1928, to Jan 15, 1928, that I last saw him alive on Jan 15, 1928, and that death occurred, on the date stated above, at 7 30 a. m.

The CAUSE OF DEATH* was as follows:

One of twins
Premature delivery - abt 8th mo
of pregnancy

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) cyanosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. F. Wright, M. D.

1/15, 1928 (Address) 1045 S. Edwards Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cemetery

DATE OF BURIAL Jan 17 1928

20 UNDERTAKER Lilly & Zeiler Inc.

ADDRESS 403 S. Wolfe St.

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 29542

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29542

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balty City Hospital (WARD) 3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gertrude Williams

(a) RESIDENCE NO. 521 S. 15th ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles H. Wartman

6 DATE OF BIRTH (month, day, and year): Aug 31, 1889

7 AGE: Years 38 | Months 4 | Days 14 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Wm Paul.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Augusta

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Charles H. Wartman (Address) 521 S. 15th St

15 Filed JAN 16 1928, 19. G. HARRISON JONES, Registrar. By ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-14 1928

17 I HEREBY CERTIFY, That I attended deceased from 12-28, 1927, to 1-14, 1928, that I last saw h[illegible] alive on 1-14, 1928, and that death occurred, on the date stated above at 12:30 m.

The CAUSE OF DEATH* was as follows: Pneumonia Lobar

(duration) Immediate ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hospital

Did an operation precede death? No Date of 12-29-27

Was there an autopsy? no

What test confirmed diagnosis? Clinical Signs

(Signed) [illegible] M. D.

. 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Jan. 17, 1928

20 UNDERTAKER: Henry Sander & Sons Inc — ADDRESS: 1710 Fleet St.

TION is very important See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

(White)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29543

E 29543

101-00

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1658 Norwood Ave St., 8-4 Ward)

2-FULL NAME Edward Henry Colvin

(a) RESIDENCE NO. 1658 Norwood Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word): Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~: Fanny White

6 DATE OF BIRTH (month, day, and year): June 21 1884

7 AGE: Years 43 Months 7 Days 12 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Car Repairer

(b) General nature of industry, business, or establishment in which employed (or employer): Railroad 13

(c) Name of employer: Pennsylvania R.R.

9 BIRTHPLACE (city or town): Washington DC

(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town): Unknown

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Unknown

(State or country)

14 Informant: Fanny White

(Address) 1658 Norwood

C. HAMPSON JONES, M. D.

Registrar

Per RKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 7 1928, to Jan 14, 1928, that I last saw him alive on Jan 14 1928 and that death occurred, on the date stated above, at 5.50 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J Colvin, M. D.

1/15 1928 (Address) 413 Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Date of Burial 1/17/28

20 UNDERTAKER Harry A Weitzke ADDRESS 1031 Lombard St

1 6 1928

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

E 29544

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001

E 29544

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 2830 Frederick Ave. St. 20-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma M. Davis

(a) RESIDENCE NO. 2830 Frederick Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Late Harry E. Davis

6 DATE OF BIRTH (month, day, and year) May 4, 1864

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min..
	63	8	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER David Snyder

11 BIRTHPLACE OF FATHER (City or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Mr. George F. Davis

(Address) 2698 Dulaney St.

15 Filed C. HARRISON JONES M. D. Registrar

1 6 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

1/16/28

17 I HEREBY CERTIFY, That I attended deceased from 1/12/28, 19..., to 1/16/28, 19..., that I last saw h[illegible] alive on 1/16/28, 19..., and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac failure

(duration) yrs. mos. 1 ds.

CONTRIBUTORY Bronchopneumonia

(Secondary)

(duration) ...yrs. ...mos. 1 ds.

18 Where was disease contracted

if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? None

(Signed) F. H. Davis, M. D.

1/16/28 (Address) 3758 Hall

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — Date of Burial 1/18/28

20 UNDERTAKER Harry Hewitt — ADDRESS 1536 Lombard

Do not should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

(Philip Magruder)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29545

CERTIFICATE OF DEATH

129 E 29545

1-PLACE OF DEATH

City of BALTIMORE: (No. [illegible] Ward) 1928

REGISTERED NO.

2-FULL NAME Philip Magruder

(a) RESIDENCE NO. 1533 W. Lombard St Ward

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. — mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 Color or R[illegible] white

5 Single, Married, Widowed, or Divorced. (write the word) single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 7 1875

7 AGE Years 52 Months 6 Days 9

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stockroom

(b) General nature of industry, business, or establishment in which employed (or employer) Elect Co 266

(c) Name of employer Balto Gas & Elect Co

9 BIRTHPLACE (city or town) Woodstock

(State or country) Va

PARENTS

10 NAME OF FATHER Philip H Magruder

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Anna Ott

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Baptist Record

(Address)

15 Filed [illegible] 1928 Registrar [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1928, to Jan 16, 1928, that I last saw h[illegible] alive on Jan 16, 1928, and that death occurred, on the date stated above, at 3 35 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs and Expectoration of Tuberculosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

. 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodstock Va.

Date of Burial 1/17/28

20 UNDERTAKER Harry A Withe

ADDRESS 1533 W Lombard St

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

29546

HEALTH DEPARTMENT—CITY OF BALTIMORE

29546 E

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 6409 Rosemont Ave. 27-42 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME McHenry Bowen

(a) RESIDENCE NO. 6409 Rosemont Ave. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (~~or WIFE of~~): Mollie J. Bowen

6 DATE OF BIRTH (month, day, and year): Aug. 23-1850

7 AGE: Years 77 | Months 4 | Days 22 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): 076

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Md.

PARENTS

10 NAME OF FATHER: Kilery Bowen

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Lilian Beverly

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md.

14 Informant: Mollie J. Bowen

(Address): 6409 Rosemont Ave

15 1928 Filed ..... C. HAMPSON JONES, M. D.

Per ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Jan. 15- 1928

17 I HEREBY CERTIFY, That I attended deceased from December 30, 19 27, to January 15, 19 28,

that I last saw h~~im~~ alive on Jan 14, 19 28,

and that death occurred, on the date stated above, at 5 40 p. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Chronic Nephritis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? No.

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? .....

(Signed) John A. Schemmit, M. D.

, 19 (Address) 1337 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. Date of Burial: Jan. 17 1928

20 UNDERTAKER: Wm. A. Black ADDRESS: 927 N. Broadway

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 29547

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29547

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1826 N. Mount ST. 15-21 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Frances Lyters

(a) RESIDENCE NO. 1826 N. Mount ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, Widowed, or divorced HUSBAND of (or) WIFE of: Bender Winder

6 DATE OF BIRTH (month, day, and year): 12-11-1871

7 AGE: Years 56 Months 1 Days 3 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): St Marys Co Maryland

PARENTS

10 NAME OF FATHER: Wm. Wellington

11 BIRTHPLACE OF FATHER (city or town) (State or country): St. Marys Co Maryland

12 MAIDEN NAME OF MOTHER: Julia Dyson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): St Marys Co. Maryland

14 Informant (Address): John L. Lyters 1826 N. Mount

15 Filed JAN 16 1928 C. HARRISON JONES, M. D. Registrar

By [signature]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-14 1928

17 I HEREBY CERTIFY, That I attended deceased from 12-30-1927 to 1-14-1928.

that I last saw her alive on 1-14-1928

and that death occurred, on the date stated above, at 4.15 P. M.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary): myocarditis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs & symptoms

(Signed) John C. L. Lampher, M. D.

, 19 (Address) 1405 N. Mount

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: 1/17 1928

20 UNDERTAKER: Thomas E. Kelson

ADDRESS: 1303 Pennsylvania Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 29548

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 29548

REGISTERED NO. 19-27

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH: Standard Phosphate Co.

City of BALTIMORE: (No.) Curtis Bay. (St.) (Ward)

2-FULL NAME: James W. Harris.(C)

(a) RESIDENCE NO. 1701 W. Lexington St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred -- yrs. 8 mos. -- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Married.

5a If married, XXXXXXXXXXXX HUSBAND of XXXXXXXX Pearl Harris.(C)

6 DATE OF BIRTH (month, day, and year) November 21, 1894

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
	88	1	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina.

PARENTS

10 NAME OF FATHER Willis Harris.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina.

12 MAIDEN NAME OF MOTHER Harriett Whitley.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina.

14 Informant Pearl Harris.(C) wife.

(Address) 1701 W. Lexington St.

JAN 17 1928

H. HANSON JONES, M. D., Registrar

By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 14, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signature) Otto Reinhardt M. D.

(Coroner)

1/16 1928 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ...yrs., ...mos., ...ds. In the State ...yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon P. O. Date of Burial Jan 17th 28

20 UNDERTAKER A. Jones ADDRESS W. L. Gilson

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29549

CERTIFICATE OF DEATH.

1601-001

E 29549

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital (ST.) 30-72 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby boy Bloecher.

(a) RESIDENCE NO. 411 Arbutus Ave. Halethorpe
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced. (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1-16-28

~~7 AGE~~ Years	Months	Days	If LESS than 1 day, ... hrs. or 30 min.
2/12 hrs	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) 000

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER Fred Bloecher.

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER Sarah.

13 BIRTHPLACE OF MOTHER (city or town) Va.
(State or country)

14 Informant Fred Bloecher.
(Address) 411 Arbutus Ave

15 Filed JAN 17 1928 H. HALL Halethorpe
Registrar Ralph E. Jones

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-16 1928

17 I HEREBY CERTIFY, That I attended deceased from 1-16, 1928, to 1-16, 1928

that I last saw ~~him~~ alive on 1-16, 1928

and that death occurred, on the date stated above, at 5 P m

The CAUSE OF DEATH* was as follows:

Premature (6 mos. gestation)

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY
(Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. L. Dadagliacca, M. D.

, 19 (Address) St Agnes' Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon P K. DATE OF BURIAL: Jan 17th 1928

20 UNDERTAKER: C. Jones ADDRESS: 111 S. Eden

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

See Letter on file from Dr Raymond Wing dated 1-20-1928

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29550

CERTIFICATE OF DEATH.

E 29550

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL (St.) 9-5 (Ward)

REGISTERED No. 10

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Tony Carmella Galeano

(a) RESIDENCE No. 115 Lloyd (St.) 1015 Fiant (Ward) 4L IV

(Usual place of abode)

Length of residence in city or town where death occurred 5yrs. 5mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or ~~Divorced~~, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 22 Oct 1 1927

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt

PARENTS

10 NAME OF FATHER Joseph Galeano

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Carmella Galeano May Carmella

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant

(Address)

15 Filed [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 13 1928, to Jan 15 1928,

that I last saw her alive on Jan 15 1928

and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Raymond Wing M. D.

1-15, 1928 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Vincent Cem — DATE OF BURIAL: Jan 17th 1928

20 UNDERTAKER: D. Frank V. Peretore — ADDRESS: 2415 E Balto

TION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 29551

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 29551

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 709 N. Eden ST. 10-13 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Washington Gunby

(a) RESIDENCE NO. 709 N. Eden ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. dys. How long in U. S., if of foreign birth? yrs. mos. dys.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	colored	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hester Gunby

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Henry Gunby

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Eliza Downey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mary Dunn (Address) 709 N. Eden St.

15 Filed JAN 17 1928 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 16 1928

17 I HEREBY CERTIFY, That I attended deceased from 1-10 1928, to 1-16 1928, that I last saw him alive on Jan 16 1928, and that death occurred, on the date stated above, at 8-15 a. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. 4 mos. dys.

CONTRIBUTORY (Secondary) Acute myocarditis

(duration) yrs. mos. 5 dys.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. L. Berry M. D.

, 19 (Address) 1520 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Leakey Cemetery DATE OF BURIAL Jan 19 1928

20 UNDERTAKER Chas. H. Johnson ADDRESS 416 N. Caroline St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

Guess

E 29552 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29552

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS 24-33 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julius Cyrus

(a) RESIDENCE No. 422 Sanders ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. 7 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 12 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	7	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Paperhanger

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore.
(State or country) Maryland

PARENTS

10 NAME OF FATHER Julius Cyrus

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Magdalina ?

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant (Address) Records

15 Filed JAN 17 1928 C. HALLOCK JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/14/1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 5 , 1928, to Jan 14 , 1928, that I last saw him alive on Jan 14, 1928, and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic + acute
arteriosclerosis.
Hypostatic pneumonia.

(duration) yrs. mos 1 8 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Gross + Sect

(Signed) C. Hallock Jones M. D.

. 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery DATE OF BURIAL Jan 17 1928

20 UNDERTAKER F. R. Wehrheit ADDRESS 1850 W. Balto St

ATTENTION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29553

CERTIFICATE OF DEATH.

E 29553

REGISTERED NO. 179

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. West Backe Hospital Ward)

2-FULL NAME Joseph. S. Gaglione

(a) RESIDENCE NO. 2332 Lanvale Ave. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. 2 mos. 15 ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct 31 1921

7 AGE — Years: 6 — Months: 2 — Days: 15 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore md

PARENTS

10 NAME OF FATHER Stephen Gaglione

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore md

12 MAIDEN NAME OF MOTHER Margaret Vendetti

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore md

14 Informant Stephen Gaglione

(Address) 2332 Lanvale Ave

15 Filed ..... 19 ..... HARRY JONES, M. D. Registrar

OCT 7 1925

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

3rd degree burns of body

(duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) (Accidental.) (Coroner's Case)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Hennessy (Coroner) M. D.

(Address) 25 Redwood St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Holy Redeemer Cem. Jan 18 1926

20 UNDERTAKER Jos Joerdens Son ADDRESS 217 S. Bond

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29554

CERTIFICATE OF DEATH.

90 E 29554

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2907 Presstury ST. 15-67 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William T. Van Lill

(a) RESIDENCE No. 2907 Presstury ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life time yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy McCauley Van Lill

6 DATE OF BIRTH (month, day, and year) Nov 11-1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
X	75	2	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerical

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Henry M Van Lill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Elizabeth A Airey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germantown Ohio

14 Informant H. Grant Van Lill

(Address) 2907 Presstury St

Filed JAN 17 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 3 1926 to Jan 15 1926, that I last saw him alive on Jan 15 1926, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency with decompensation and heart failure

(duration) yrs. X mos. 12 ds.

CONTRIBUTORY (Secondary) Prostatitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wesley Cole, M. D.

1/16 1926 (Address) 2 W Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Jan 17 1926

20 UNDERTAKER H. Allen Gruber ADDRESS 370 Cathedral

CAUTION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 29555 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 29555

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS 3-4 ST. WARD)

2-FULL NAME Mary Stewart

(a) RESIDENCE No. 209 S. Oretha ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant .....
(Address) Records

Filed 1/ 1928 C. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/14/ 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1927 to Jan. 14, 1928.

that I last saw h[illegible]live on Jan. 14, 1928

and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

myocarditis, chronic & acute
arteriosclerosis hypertension
hemiplegia - right

(duration) yrs. 4 mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Symptoms & Aut.

(Signed) C. Wilmer Brough, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury	Jan 18 1928

20 UNDERTAKER John W Henderson

ADDRESS 1502 E monument

THIS is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29556

CERTIFICATE OF DEATH.

181-001

E 29556

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2872 Pelham Ave St. 8-45 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna K. Bruggemann

(a) RESIDENCE NO. 2872 Pelham Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Herman A. ~~August~~ Bruggemann

6 DATE OF BIRTH (month, day, and year): Aug 16/1894

7 AGE — Years: 33 — Months: 4 — Days: 28 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework at home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Balto., Md.

PARENTS

10 NAME OF FATHER: Nichols Appel

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Balto., Md.

12 MAIDEN NAME OF MOTHER: Mary Kratz

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Balto., Md.

14 Informant: Herman Bruggemann

(Address): 2872 Pelham Ave

Filed JAN 17 1928, By H. Hanson Jones, M. D., Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 14/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating Gas Asphixiation

Gas range burner(one) accidentally turned on or failed to light it.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Packer M. D.

(Coroner)

1/16/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery Date of Burial: 1/17/28

20 UNDERTAKER: E. C. Fanning & Son ADDRESS: 1938 E. Lafayette Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29557

E 29557

CERTIFICATE OF DEATH.

124

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 aisquith St. St.) 5-8 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Cohen

(a) RESIDENCE NO. 124 aisquith St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? 72 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	white	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Harry Cohen

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Harry Cohen (Address) 124 Jaisquith St

15 Filed JAN 17 1928 H. Hamilton Jones, Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/16 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug. 12th 1927, to Jan. 16th 1928, that I last saw h alive on Jan. 16th 1928, and that death occurred, on the date stated above, at 11.25 P m.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial nephritis

Bronchial asthma chr. Bronchitis

Arterio Sclerosis, Emphysema

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical. Lab.

(Signed) R.C. Michelson, M. D.

Jan. 17 1928 (Address) 2230 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery DATE OF BURIAL 1-17- 1928

20 UNDERTAKER D. Jack Levine, 1719 E Balto. St. ADDRESS

ATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29558

CERTIFICATE OF DEATH.

90

E 29558

REGISTERED NO.

(If death occurred in hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore General Hospital (Street)

2-FULL NAME Mr. Wolf Miller

(a) RESIDENCE NO. 177 W. Pratt ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? 14 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Minnie Miller

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	50	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Nathan Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Louis Katz

(Address) 741 N. Franklin

Filed JAN 17 1926 HARRY JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 14 1928 to Jan 16 1928

that I last saw him alive on Jan 16 1928

and that death occurred, on the date stated above, at 8 A M

THE CAUSE OF DEATH* was as follows:

Rheumatic Cardio Vascular Disease

Myocardial Insufficiency

? (duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Clin Exam.

What test confirmed diagnosis?

1/16, 1928 (Signed) Louis T. Levy, M. D.

(Address) W. Balto & Hop

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mehren Russell & Co DATE OF BURIAL 1/17 1928

UNDERTAKER Jack Lewis ADDRESS 1439 Eutaw

FROM is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29559

CERTIFICATE OF DEATH.

164

E 29559

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 N Charles ST. 11-7 WARD)

2-FULL NAME Lucy Brayton Hopkins

(a) RESIDENCE No. 605 N Charles ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): Widow

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Late Louis A Hopkins

6 DATE OF BIRTH (month, day, and year): March 24th 1838

7 AGE: Years 84 Months 9 Days 22 If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Corbin Brayton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Mary Tomlin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: C. B Latham (Address) 201 Fairway Avenue

15 Filed JUN 17 1928 E. HARPER JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 16th 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1st, 1928, to June 16th 1928, that I last saw h[illegible] alive on June 16th, 1928 and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:

Gradual failure from age (absolutely no other pathological condition)

(duration) yrs. mos 16 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. H. Jones M. D.

(Address) 1515 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Gilsmount Cem

DATE OF BURIAL: June 18 1928

20 UNDERTAKER: Henry Hopkins & Co

ADDRESS: Druid Hill Ave

FOR INFORMATION AS TO HOW TO FILL OUT THIS CERTIFICATE, SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29560

CERTIFICATE OF DEATH.

100 001

E 29560

1-PLACE OF DEATH Baltimore, Md

CITY OF BALTIMORE: (No. 2020 Eutaw Place 14-20 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Henry Allen

(a) RESIDENCE NO. 2020 Eutaw Place ~~ST.~~ WARD
(Usual place of abode)
Length of residence in city or town where death occurred 4 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fanny Raymond allen

6 DATE OF BIRTH (month, day, and year) Dec 19. 1843

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	4	— 17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Merchant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Detroit Mich.

PARENTS

10 NAME OF FATHER Orville Stoddard allen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Detroit Mich

12 MAIDEN NAME OF MOTHER Sarah Ann Heath

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ~~Gabonille NY~~ Greenwich N.Y.

14 Informant Fanny Raymond Allen
(Address) 2020 Eutaw Place

15 Filed JAN 17 1928 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1927. to Jan 16 1928.
that I last saw him alive on Jan 16 1928
and that death occurred, on the date stated above, at 11,55 P m

The CAUSE OF DEATH* was as follows:

Cerebral arteriosclerosis

(duration) 8 yrs — mos — ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) — yrs — mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Charles F. Mystrom, M. D.

1/17, 1928 (Address) 141 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Detroit Michigan — DATE OF BURIAL Jan 18 1928

20 UNDERTAKER HENRY W. JENKINS & SONS CO. — ADDRESS Oakland & Gallows

TION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Eks.

E 29561 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29561

CERTIFICATE OF DEATH.

99-201

1-PLACE OF DEATH — Registered No.

City of BALTIMORE, (No. 931 Montpelier St., 9-46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Schreiber

(a) Residence No. 931 Montpelier St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: M

4-COLOR OR RACE: W

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE: Gertrude Schreiber

6-DATE OF BIRTH (month, day and year): Feb 2. 1842

7-AGE: 85 yrs. 11 mos. 13 ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

14- (Informant) Henry Schreiber Jr (Address) 931 Montpelier St

15- Filed APR 17 1928 H. HANSON JONES, M. D. Registrar. Asst

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Jan 15, 1928

17- I HEREBY CERTIFY, That I attended deceased from Dec 24th 1927 to Jan 15th 1928 that I last saw h[illegible] alive on Jan 14th 1928, and that death occurred, on the date stated above, at 3:15 P. m.

The CAUSE OF DEATH* was as follows: Hypostatic Pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Bronchitis.

(Duration) yrs. mos. 12 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) [illegible] M. D.

1/16/28 19 (Address) 406 E 25th St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Western — DATE OF BURIAL: 1/18 19 28

20-UNDERTAKER: W. A. Cook — ADDRESS: 512 North Ave

instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 29562 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

75-001

E 29562

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1536 N. Washington St. 8-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella C. Webb

(a) RESIDENCE NO. 1536 N. Washington St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Richard Webb

6 DATE OF BIRTH (month, day, and year) April 1/1863

7 AGE	Years	Months	Days	IF LESS than 1 day....hrs. or....min.
	64	9	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) "

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Richard Webb

(Address) 1536 N. Washington St

15 Filed JAN 17 1928 HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemiplegia (duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. J. Pallmer (Coroner) M. D.

1/16/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dallsmore Date of Burial Jan 17 1928

20 UNDERTAKER J. W. Cook ADDRESS 502 E North Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

Hines

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29563

CERTIFICATE OF DEATH.

E 29563

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 330 E 20th St. 12-50 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henrietta C. Hines

(a) Residence No. 330 E 20th St., Ward

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX F.

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of T. Burgess

6-DATE OF BIRTH (month, day and year) Nov 20 1850

7-AGE 87 yrs. 1 mos. 16 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country), Md

PARENTS.

10-NAME OF FATHER, Thomas Burgess

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Caroline Hayes

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Mrs. Emma Burgess

(Address) 330 E 20th St

15-

Filed JAN 11 1926 Registrar.

Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 16 1926

17- I HEREBY CERTIFY, That I attended deceased from Oct 26 1925 to Jan 16 1926

that I last saw her alive on Jan 16 1926

and that death occurred, on the date stated above, at 3.30 PM.

The CAUSE OF DEATH* was as follows:

Carcinoma of Sigmoid

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) ?

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam.

(Signed) Geo Hunger M.D.

1/16/26 (Address) 401 E 20th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Jan 19 1926

DATE OF BURIAL,

20-UNDERTAKER, Wm Cole

ADDRESS 502 E Fayette

instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 29564 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29564

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt City Hospitals WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Wallace

(a) RESIDENCE NO. 31 E Montgomery St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Wallace

6 DATE OF BIRTH (month, day, and year): ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	72	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: ? O'Connor

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Jas. Wallace

(Address) 1130 Mosher Ave

15 JAN 17 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-15-1928

17 I HEREBY CERTIFY, That I attended deceased from 1-13-1928 to 1-15-1928

that I last saw her alive on 1-15-1928

and that death occurred, on the date stated above, at 10:05 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Cervix Uteri Laceration, Malignant Ulceration

(duration) [illegible] yrs. [illegible] mos. [illegible] ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1-14-28

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) [illegible] M. D.

, 19 (Address) Balt City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL CREMATION OR REMOVAL	DATE OF BURIAL
St Patricks	1-19 1928

20 UNDERTAKER: E & B Hark ADDRESS: 115 E West St

THIS is very important See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29565

CERTIFICATE OF DEATH.

E 29565

REGISTERED NO.

1-PLACE OF DEATH Enroute

City of BALTIMORE: (No. Johns Hopkins Hospital St. 26-37 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ada Haddock

(a) RESIDENCE NO. 504 S. 18th St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Haddock

6 DATE OF BIRTH (month, day, and year) July 20/1900

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	27	5	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Page Co., Va.

PARENTS

10 NAME OF FATHER Lester Seekford

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Virgie Cubbige

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Virgie Seekford

(Address) 504 S. 18th St

15 Filed JAN 17 1928 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage due to bullet shot wound in abdomen. Probably accident a l

(Inquest Jan 17/28)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. Hoff Catens M. D.

(Coroner)

1/16/27 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem Date of Burial Jan 18 1928

20 UNDERTAKER John Welch ADDRESS 2005 Eutaw

OF DEATH is particularly requested, as the value of it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 29566

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29566

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Bon Secour Hospital

CITY OF BALTIMORE: (No. 19-28 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Katherine Donoghue

(a) RESIDENCE NO. 1607 W Lombard ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jere Donoghue

6 DATE OF BIRTH (month, day, and year) Nov. 23 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	1	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Michael Lavin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant George J Donoghue (Address) 1607 W Lombard St

15 Filed JAN 17 1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 13 1928 to Jan 16 1928, that I last saw her alive on Jan 16 1928, and that death occurred, on the date stated above, at 1.50 P m.

The CAUSE OF DEATH* was as follows:

Senility

Pleuro-pneumonia Rt Lung

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) George O Eaton M. D.

, 19 (Address) Bon Secour Hospl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cumberland Md	Jan 19 1928

20 UNDERTAKER George J Smith ADDRESS 532 Hollins

HOW IS VERY important—See INSTRUCTIONS ON BACK OF CERTIFICATE.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29567

CERTIFICATE OF DEATH.

E 29567

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital Ward)

2-FULL NAME Dommie Core.(C)

(a) RESIDENCE NO. Do not know. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	30			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) South Carolina.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Josephine Hughes.(C)

(Address) 1523 W. Lexington St.

15 Filed JAN 17 1928 HANSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 24, 1927 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Crushed about the legs and body Accidentally run over by B. & O. R. R. freight cars.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Leonhardt M. D.

(Coroner)

1/17 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? McCormick siding, Light St. between Farre and Conway. Dec. 24, 1927

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Date of Burial Jan 17 1928

20 UNDERTAKER John H. Toadvine and Bell ADDRESS 1027

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. –7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29568

CERTIFICATE OF DEATH

100-001

REGISTERED E 29568

1-PLACE OF DEATH

City of BALTIMORE; (No. 1804 W Baltimore St. 20-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Hartman

(a) RESIDENCE NO. 1804 W Baltimore St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: H. N. Hartman

6 DATE OF BIRTH (month, day, and year): June 16 1860

7 AGE: Years 67 Months 6 Days 30

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balt

PARENTS

10 NAME OF FATHER Thomas Landner

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Theresa Brown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant H. N. Hartman
(Address) 1804 W Baltimore

15 Filed ..... 19 ..... Registrar

JAN 1 1928 C. [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 15 1928

17 I HEREBY CERTIFY, That I attended deceased from [illegible] 19 [illegible] to [illegible] 19 [illegible],

that I last saw h[illegible] alive on [illegible] 19 [illegible],

and that death occurred, on the date stated above, at 6/45 0 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. mos 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

1/16/28 19 (Address) 1806 W Balt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: Jan 19 28

20 UNDERTAKER: Wendell Diffendal — ADDRESS: 378 Penna

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 29569

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1929

E 29569

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3505 Garrison ST. 15-64 WARD)

2-FULL NAME Norman M. Parrott

(a) RESIDENCE NO. 3505 Garrison ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs 7 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 3/74

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	53 ~~54~~	7	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Secretary advertising clubs

(b) General nature of industry, business, or establishment in which employed (or employer) retired 609

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER John W. Parrott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Jennie Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mrs Jennie J. Parrott

(Address) 3505 Garrison

15 Filed JAN 17 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15 1928

17 I HEREBY CERTIFY, That I attended deceased from Apr 15, 1926, to Jan 15, 1928, that I last saw h— alive on Jan 14, 1928, and that death occurred, on the date stated above, at 1.30 a. m.

The CAUSE OF DEATH* was as follows:

Nephritis
Hypertension

(duration) Ab 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) yrs. mos. 1/4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual tests

(Signed) H E Krug M. D.

1/15, 1928 (Address) 4025 Edmondson ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Pk Cemetery

DATE OF BURIAL Jan 17 1928

20 UNDERTAKER Wm J Tucker Sons

ADDRESS Ft Pa Ave

IT IS VERY important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 29570 HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001

CERTIFICATE OF DEATH.

E 29570

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2819 Woodwood Rd ST., 41-43 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna K. Flitt

(a) RESIDENCE No. 2819 Woodwood Rd ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis August Emmanuel Flitt

6 DATE OF BIRTH (month, day, and year): Oct 25. 1868

7 AGE: Years 59 | Months 7 | Days 7 1/2 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Biedenkopf Hessen Germany

PARENTS

10 NAME OF FATHER: Mr Hessen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Margaret Flitt Wallgut

(Address) 1337 Argonne Terrace Phila

JAN 17 1928

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 15 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 8, 1928, to Jan 15 1928.

That I last saw her alive on Jan 15 1928

and that death occurred, on the date stated above, at 6.45 P m.

The CAUSE OF DEATH* was as follows:

Exhaustion + Toxaemia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Influenzal Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Sumwalt, M. D.

Jan 16 1928 (Address) 72 06 Harford ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem

DATE OF BURIAL: 1-18 1928

20 UNDERTAKER: W. J. Jenkins Son & Roberts

ADDRESS

Spec.—1-12-23—M&T—500 Bks.

BACHMAN ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

45 E 29571

E 29571

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No.) Lombard & Greene ST. 21-29 WARD)

2-FULL NAME Augusta Bachman

(a) RESIDENCE NO. 724 Washington Blvd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Bachmann

6 DATE OF BIRTH (month, day, and year) Oct 13, 1862

7 AGE — Years 65 — Months 3 — Days 3 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Herman Erdbrink

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Carrie A. Sandrock

(Address) 724 Wash. Blvd

15 Filed JAN 17 1928 C. HAMPTON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-16 1928

17 I HEREBY CERTIFY, That I attended deceased from 1-15 1928, to 1-16 1928,

that I last saw her alive on 1-16 1928,

and that death occurred, on the date stated above, at 3.00 P. m.

The CAUSE OF DEATH* was as follows:

Complete Intestinal Obstruction

probably malignancy

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? yes Date of 1-16-28

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings of Autopsy

(Signed) Henry Vincent David, M. D.

1-16 1928 Address University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Jan 19 1928

20 UNDERTAKER Mrs. Mrs. John W. Templeton Son — ADDRESS 801 W. Fayette

Spec.—1-12-23—M&T—500 Bks.

Turau

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29572

CERTIFICATE OF DEATH.

E 29572

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph Hospital ST. 8-45 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Turau

(a) RESIDENCE NO. 3022 Chesterfield Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. 8 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary A. Turau

6 DATE OF BIRTH (month, day, and year): May. 8 - 1859

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
68	8	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Produce Bussiness

(b) General nature of industry, business, or establishment in which employed (or employer): Retired 45

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Fred Turau.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mary A. Turau J.

(Address) 3022 Chesterfield Ave

15 Filed JAN 17 1928 H. HANSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/15/28 19

17

I HEREBY CERTIFY, That I attended deceased from 1/11/28, 19, to 1/15/28, 19,

that I last saw him alive on 1/15/28, 19,

and that death occurred, on the date stated above, at 7:30 P. m.

The CAUSE OF DEATH* was as follows:

typhoid fever

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) anemia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? U. S. Health Dept Wash. D.C.

(Signed) H Lawrence Fabian, M. D.

, 19 (Address) St. Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cem.	Jan. 18. 1928
20 UNDERTAKER	ADDRESS
Thos. McJohn Kemp's Son	W. Fayette St

BALTIMORE, MD.

January 17,1928

Registrar of Vital Statistics,
Baltimore City Health Depart.,
Baltimore., Md.

Dear Sir:

I wish to call your attention to the report of death of Louis (Tour n) Tureau, 3022 Chesterfield Ave., who died at the St.Joseph Hospital on January 15,1928 was reported to you as due to Typhoid fever.

A specimen of blood sent to the U.S.Health Department in Washington for test as to the existance of Tuloremia has been reported as positive. Will you please correct the cause of death as due to

1.Tuloremia.

2.Myocarditis (myocardial Failure)

Very truly yours,

Isadore A.Siegel

Isadore A.Siegel.M.D.

P.S. all Widal Tests were reported as negative.

Spec.–7-17-26—A Co.—200 Bks.

E 29573

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 ✓

E 29573

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 307 Presstman st 11th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John S. Carlings

(a) RESIDENCE NO. 307 Presstman st Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Katie Carlings

6 DATE OF BIRTH (month, day, and year): March 2, 1872

7 AGE — Years: 55 — Months: 10 — Days: 12

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Poster

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Calvert Co. Md

PARENTS

10 NAME OF FATHER: Daniel Carlings

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Cornelius Moore

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Katie Carlings 307 Presstman st

15 Filed ..... 19 ..... Registrar .....

JUL 17 1928 [illegible] Jones

Copy

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 17 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 11 1927 to June 17 1928 that I last saw h[illegible] alive on June 14 1928 and that death occurred, on the date stated above, at 1200 N m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

Renal Disease ?

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

What was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) W. J. Carr M. D.

(Address) 515 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — Date of Burial: June 19 1928

20 UNDERTAKER: Samuel Hamilton Wade — ADDRESS 573

IF DEATH IS FROM VIOLENCE, so that it may be properly classified, EXACT statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 29574

31 E 29574

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 818 N. Milton Av St. 7-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alonzo Howell Mace

(a) RESIDENCE NO. 818 N. Milton Av St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced, HUSBAND of ~~(or WIFE of)~~ Lillian E. Mace

6 DATE OF BIRTH (month, day, and year) November 25 / 1883

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
	44	1	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Printer

(b) General natore of industry, business, or establishment in which employed (or employer)

(c) Name of employer Simpson & Doetle

9 BIRTHPLACE (city or town)

(State or country) Md

PARENTS

10 NAME OF FATHER Millard F. Mace

11 BIRTHPLACE OF FATHER (City or town) Balto

(State or country) Md

12 MAIDEN NAME OF MOTHER Florence Allen

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country)

14 Informant Lillian E. Mace

(Address) 818 Milton Av

15 Filed JAN 17 1928, 19 ; MAURICE BILLS, A. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 15 / 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 14 1927, to Jan 16 1928, that I last saw h.. alive on Jan 15 1928, and that death occurred, on the date stated above, at 7.40 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Intestine

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(doration) yrs. 10 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) Geo. Turner Strayhorn III M. D.

11/16/28 (Address) 4016 Roland Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Mem. Date of Burial 1/18 1928

20 UNDERTAKER Philip Herwig ADDRESS 2016 Orleans

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29575

CERTIFICATE OF DEATH

E 29575

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2706 Fleetwood (St.) 71 (Ward) 11-00

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Magdalena Epstein

(a) RESIDENCE No. 2706 Fleetwood Ave (St.) (Ward)

(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ the late Angelbert Epstein

6 DATE OF BIRTH (month, day, and year) Feby 20 - 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	10	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Ludwig Mayer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dorothea

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Anthony Epstein

(Address) 2706 Fleetwood Ave

Filed JAN 17 1928 C. HAMPSON JONES, Registrar

Pln

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 14th, 1928, to Jan 16th, 1928

that I last saw h alive on Jan 16th, 1928

and that death occurred, on the date stated above, at 12 noon

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Chr. Cardiac Hypertrophy

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) George A Evans, M. D.

, 19 (Address) 28 W 25 St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL May 19 1928

20 UNDERTAKER Chas. J. Turner Sons — ADDRESS W. Baltimore

Spec—12-23-21—E.B.R.S.—400 Bks.

E 29576

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29576

STILLBIRTH No.

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No.

City of BALTIMORE: (No. 1106 Madison Ave St. 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Green

(a) Residence No. 1106 Madison Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black.

5-Single, Married, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1/15/28

7-AGE. ....yrs. ....mos. ....ds.

If LESS than 1 day, 4 hrs. or 10 min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Baltimore Md.

PARENTS:

10-NAME OF FATHER. John Green

11-BIRTHPLACE OF FATHER (city or town) (State or Country) South Carolina

12-MAIDEN NAME OF MOTHER. Elizabeth Hawthorne

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) South Carolina

14-

(Informant)

(Address)

15-

Filed 1-17 1928 C. HAMPSON JONES, M. D. Registrar.

Per JOHNS

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 1/15/28

17- I HEREBY CERTIFY, That I attended deceased from 1/15 1928 to 1/15 1928 that I last saw h alive on 1/15 1928 and that death occurred, on the date stated above, at 11 55 a.m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jno. T. Hebbitts M. D.

19 (Address) University Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL

DATE OF BURIAL JAN 17 1928

20-UNDERTAKER.

Address

Commissioner Health,

Per Wm. E. Woodall

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29577

CERTIFICATE OF DEATH.

161-002

E 29577

1-PLACE OF DEATH

City of BALTIMORE: (No. 235 N. Durham St St. 6-9 Ward)

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Hartridge

(a) RESIDENCE NO. 235 N. Durham St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	col	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 16/28

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or 1 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Langston Hartridge

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Annie Matthews

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Wash. D.C.

14 Informant Father

(Address)

15 Filed 1 7 1928 19 2083 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Jan 16/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Cerebral Hemorrhage

at Birth over

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Calvert M. D.

(Coroner)

1/16/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 19

20 UNDERTAKER ADDRESS

Commissioner Health.

JOHNS HOPKINS HOSPITAL JAN 17 1928

H. HANSON JONES M. D.

Reg. Wm. R. WOODALL

very important. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Bks.

E 29578

HEALTH DEPARTMENT--CITY OF BALTIMORE

E 29578

CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE: (No. Wm Gen 1915-18 St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Steinfeldt

(a) RESIDENCE NO. 1727 Bentalou St Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S. if of foreign birth? yrs. — mos 5 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 29 1927

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
—	—	—	14/5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Edward Steinfeldt

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Rosetta Southerland

13 BIRTHPLACE OF MOTHER (city or town) Cambridge Md

(State or country)

14 Informant Hospital Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed JAN 17 1928 — 2087 — C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 9, 19 27, to Jan 13, 19 28,

that I last saw h alive on Jan 13, 19 28,

and that death occurred, on the date stated above, at 7 45 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Disease of Newborn

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Edema of Lungs

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) A. McGehee Harris, M. D.

, 19 (Address) 1211 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

20 UNDERTAKER — ADDRESS

very important. See instructions on back of certificates.

Spec.–7-17-26–A Co.–200 Bks.

E 29579

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 29579

REGISTERED NO. 161-08

1-PLACE OF DEATH

City of BALTIMORE: (No. 1307 Oakland Ave. 10th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Saunders

(a) RESIDENCE NO. 307 Oakland Ave Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: C

5 Single, Married, Widowed, or Divorced, (write the word): Bo

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1-17-28

7 AGE Years Months Days IF LESS than 1 day 0 hrs. or 10 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Grace Saunders

11 BIRTHPLACE OF FATHER (City or town) Baltimore Md

(State or country)

12 MAIDEN NAME OF MOTHER Edith Fisher Saunders

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md

(State or country)

14 Informant Eva Jones

(Address) 307 Oakland Ave

17 1928 19 C. HANSON JONES M. D. Registrar

2089

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17 19 28

17 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1928, to Jan 17, 1928, that I last saw h[illegible] alive on Jan 17, 1928 and that death occurred, on the date stated above, at 11:20 A m.

The CAUSE OF DEATH* was as follows:

Premature Delivery

Stat Aeunes

(duration) yrs. mos. 0 ds.

CONTRIBUTORY (Secondary)

(doration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? [illegible]

What test confirmed diagnosis? Physical

(Signed) [illegible] M. D.

19 1928 (Address) 307 Oakland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible] Date of Burial 19

20 UNDERTAKER [illegible] ADDRESS

JOHNS HOPKINS HOSPITAL

Commissioner Health.

JAN 17 1928

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

(noble)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29580 E 29580

CERTIFICATE OF DEATH.

X 72

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 14-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Noble

(a) RESIDENCE NO. Pennsylvania Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Stephen Noble

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Sizzie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant (Address) Records JOHNS HOPKINS HOSPITAL

15 Filed 1-7-1928, 19 2093 RKM Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/14/1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 9, 1928. to Jan 14, 1928.

that I last saw him alive on Jan 14, 1928

and that death occurred, on the date stated above, at 9:30 A m.

The CAUSE OF DEATH* was as follows:

Tabes Dorsalis

Pulmonary Tuberculosis

Pulmonary Tuberculosis

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General + Path

(Signed) C. Holmes Siegel, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. *See reverse side for additional space.

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL 1-19-1928

20 UNDERTAKER Jno. H. Johnson Jr. Commissioner of Health

ADDRESS JAN 17 1928

HARRISON JONES, M. D.

ST. Wm. E. WOODALL

Spec—12-23-21—E.B.R.S.—400 Eks. 1910 Eutaw

E 29581 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 29581

1-PLACE OF DEATH

City of BALTIMORE: (No. 1018 N Appleton St. Ward) Registered No. 16-2290

2-FULL NAME George Marsh

(a) Residence No. 1018 N Appleton St., Ward

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX M

4-COLOR OR RACE, N.

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary Marsh

6-DATE OF BIRTH (month, day and year) March 10, 1839

7-AGE. 88 yrs. 10 mos. 6 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Balto Md

PARENTS.

10-NAME OF FATHER. Geo Marsh

11-BIRTHPLACE OF FATHER (city or town) (State or Country). England

12-MAIDEN NAME OF MOTHER. Mckenzie

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Balto Md

14- (Informant) Estelle B Mckenzie

(Address) 1018 N Appleton St

15- Filed 1 1928 C. HANSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 16 1928

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 1928 to Jan 16 1928

that I last saw h. alive on Jan 15 1928

and that death occurred, on the date stated above, at 12.8 m.

The CAUSE OF DEATH* was as follows:

Myocardial softening

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Arterio sclerosis

(Duration) 10 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Lewis Hollstein M. D.

. 19 (Address) 1813 Eutaw Pl.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet DATE OF BURIAL 1/18 19 28

20-UNDERTAKER Wm Cook ADDRESS 502 E North Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29582 E 29582

CERTIFICATE OF DEATH.

31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1543 N. Fulton ST. 15-21 WARD)

2-FULL NAME Annie Robinson

(a) RESIDENCE NO. 1543 N. Fulton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 2 1909

7 AGE: Years 18 Months 9 Days 14 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Private Switchboard Operator

(b) General nature of industry, business, or establishment in which employed (or employer): Ind Dept Hospital

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: John Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Ellen King

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: John Robinson

(Address): 1543 N. Fulton

15 Filed 7 1928 C. HARRISON JONES, M. D. Registrar

Per RNA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 16 1928

17 I HEREBY CERTIFY, That I attended deceased from March 23, 1927, to Jan 16, 1928, that I last saw h[illegible] alive on Jan 16, 1928, and that death occurred, on the date stated above, at 10 5 m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Tuberculosis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John O'Neill M. D.

1/17, 1928 (Address) 936 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: 1/19. 1928.

20 UNDERTAKER: Wm Cook

ADDRESS: 502 E Mulb

Spec—12-23-21—E.B.R.S.—400 Bks.

29583

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29583

CERTIFICATE OF DEATH.

90

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 610 N. Calvert St., 11-15 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah West

(a) Residence No. 610 N. Calvert St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX. F

4-COLOR OR RACE. W

5-Single, Married, Widowed, or Divorced. (Write the word.) Widowed

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Unknown

6-DATE OF BIRTH (month, day and year) ? ? 1837

7-AGE. 90 yrs. 91 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Md

PARENTS.

10-NAME OF FATHER. Nathan Rathell

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Md

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md

14- (Informant) Charles E. Wheeler

(Address) 1803 Walbrook Ave

15- Filed JAN 17 1928 107 C. HARRISON JONES, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 16 1928

17- I HEREBY CERTIFY, That I attended deceased from Oct 20th 1927 to Jan 16 1928

that I last saw her alive on Jan 16 1928

and that death occurred, on the date stated above, at 4:05 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) Do not know yrs. mos. ds.

CONTRIBUTORY (Secondary) Gangrene left foot & leg

(Duration) yrs. 15 mos. ds.

18-Where was disease contracted if not at place of death? at place & death

Did an operation precede death? No Date of None

Was there an autopsy? No

What test confirmed diagnosis? Only Clinical findings

(Signed) C. P. Smith M.D.

Jan 17 1928 (Address) 920 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loraine DATE OF BURIAL. Jan 19 1928

20-UNDERTAKER. W. M. Cook ADDRESS 502 E. North Ave

Spec.—1-12-23—M&T—500 Blks.

(Ellen Anne Harper) ✓

E 29584

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29584

CERTIFICATE OF DEATH.

× 51

1-PLACE OF DEATH Union Memorial Hospital

REGISTERED NO. 12-49

CITY OF BALTIMORE: (No. Woodbrook Station ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen Anne Harper (~~Ellen Anne~~ Windsor)

(a) RESIDENCE NO. Charles St. Ave. ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Dec. 19, 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	0	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William S. Harper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Grace Buckannon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Father

(Address)

15 JAN 7 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1927, to Jan. 15, 1928,

that I last saw her alive on Jan 15, 1928

and that death occurred, on the date stated above, at 7:40 P m

The CAUSE OF DEATH* was as follows:

Acute rheumatic fever

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ✓

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? N/o Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wallace Alexander Goldie, M. D.

19 (Address) Union Memorial Hosp. Bal

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL 1/18, 1928

20 UNDERTAKER Henry C. Dyer & Son

ADDRESS R. Calvert

Spec.—12-9-25—A Co.—200 Bks.

E 29585

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49

E 29585

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2022 Kennedy Ave. St., 9-46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma L Bursnall

(a) RESIDENCE NO. 2022 Kennedy Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William Bursnall

6 DATE OF BIRTH (month, day, and year): Sept. 1, 1869,

7 AGE: 58 Years 57 | Months 4 | Days 15 | IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home, 27

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Maryland

PARENTS

10 NAME OF FATHER: John Harris,

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Penna.

12 MAIDEN NAME OF MOTHER: Emma Pettite

13 BIRTHPLACE OF MOTHER (city or town): Balto.

(State or country): Maryland

14 Informant: William Bursnall

(Address) 2022 Kennedy Ave.

Filed 1928 C. ELLISON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/16 1928

17 I HEREBY CERTIFY, That I attended deceased from 12/4 1927, to 1/16, 1928,

that I last saw h[illegible] alive on 1/16, 1928,

and that death occurred, on the date stated above, at 8 40 A. m.

The CAUSE OF DEATH* was as follows:

Mediastinal Sarcoma

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? X-Ray & Gland

(Signed) , M. D.

1/16, 1928 (Address) 2210 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet Cemetery Date of Burial: Jan 18 1928

20 UNDERTAKER: Wm. C. Black ADDRESS: 927 N. Broadway

very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 29586

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 29586

REGISTERED NO. 26-39 170

1-PLACE OF DEATH Nr Preston & Potomac Sts

City of BALTIMORE: (No. ~~628 N. Highland Ave~~ St. ____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lee J. Streckfus

(a) RESIDENCE NO. 628 N. Highland St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. 6 mos. /ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Al Streckfus

6 DATE OF BIRTH (month, day, and year) July 11/2879

7 AGE	Years	Months	Days	IF LESS than 1 day ____ hrs. or ____ min.
	48	6	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Canton Box Factory

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Geo J. Streckfus

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Margaret Kelly

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Carrie A. Streckfus

(Address) 628 N. Highland Ave

15 1928 16 HARRISON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Probably 1/12/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol Shot Wound in ~~Left~~ Temple

Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [signature] M. D.

(Coroner)

1/16/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery Date of Burial Jan 18 1928

20 UNDERTAKER Lilly & Zeiler Inc. ADDRESS 4008 Wash Ave.

Very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 29587 (1665)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29587 (1901)

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 1-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie Bose

(a) RESIDENCE NO. 621 S- Hallo (5 Decker ave) ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant.

6 DATE OF BIRTH (month, day, and year): 12-30-27

7 AGE: Years | Months: 2 wks. | Days: 14 17 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work:

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md -

PARENTS

10 NAME OF FATHER: James Bose

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Annie Lackl

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Reuds -

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 7-1928 C. HAMPSON JONES, M. D. Registrar

By RRK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 17 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 13 1928 to Jan 17 1928.

that I last saw alive on Jan 17 1928

and that death occurred, on the date stated above, at 12 20 p m

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos 18 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Allan Blaxome, M. D.

, 19 (Address) The Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cemetery

DATE OF BURIAL: Jan. 18 to 1928

20 UNDERTAKER: Lilly - Zeiler

ADDRESS: 4033 Wolfe St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 29588

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 29588

1-PLACE OF DEATH

City of BALTIMORE: (No. 807 Vincent St. 16-22 Ward)

Registered No.

2-FULL NAME John Williams Jr

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 807 Vincent St.
(Usual place of abode)

Length of residence in city or town where death occurred 2 mos. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Baby

6-DATE OF BIRTH (month, day and year) Nov 4 1927

7-AGE. 2 mos. 7 ds.
If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. John Williams

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Georgia

12-MAIDEN NAME OF MOTHER. Pauline Fries

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). N C

14-
(Informant) John Williams
(Address) 807 Vincent St

15-
1928 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 16/28

17- I HEREBY CERTIFY, That I attended deceased from Jan 14 1928 to Jan 16 1928 that I last saw h[illegible]live on Jan 16 1928 and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) [illegible] 2 ds.

CONTRIBUTORY (Secondary) Under nourished

(Duration) [illegible] yrs. [illegible] mos. [illegible] ds.

18-Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Not an official

(Signed) John C Stewart M. D.

Jan 17, 1928 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Zion Cemetery

DATE OF BURIAL. Jan 18 1928

20-UNDERTAKER. Mrs. Katie R. Williams

ADDRESS 322 N. Schroeder St

Per [illegible]

Spec.—1-12-23—M&T—500 Blks.

E 29589 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29589

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hosp (St.) 27-53 (Ward) 101-00

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Thomas Symington (Clara)

(a) RESIDENCE No. 220 Ridgewood Rd Roland Pk ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unk yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married~~ Widowed, or ~~Divorced~~ (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mr. Thomas Symington

6 DATE OF BIRTH (month, day, and year): Dec 18th 1863

7 AGE: Years 64 | Months | Days 29. | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Richmond, Va

PARENTS

10 NAME OF FATHER: Randolph

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Anna King

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Georgetown

14 Informant: Patient

(Address): Union Memorial Hospital

15 Filed: JUN 18 1928 Registrar: R. Ulf

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 17 1928

17 I HEREBY CERTIFY, That I attended deceased from 1-7-28, 19 , to 1-17, 1928.

that I last saw her alive on 1-17, 1928

and that death occurred, on the date stated above, at 6.05 Pm

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar.

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Pyelitis

(duration) 15 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. J. Geraghty, M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem

DATE OF BURIAL: June 19 1928

20 UNDERTAKER: Lewis Jenkins & Co

ADDRESS: Odem Md

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29590

E 29590

STILL BIRTH No. 16464

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 320 S. Robinson St., 2nd Ward)

2-FULL NAME Infant Goepfert

(a) RESIDENCE NO. 320 S Robinson St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (Write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 16 28

7 AGE: Years ____ Months ____ Days ____ IF LESS than 1 day 2 hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): ____

(c) Name of employer: ____

9 BIRTHPLACE (city or town): Baltimore

(State or country): ____

PARENTS

10 NAME OF FATHER Joseph Goepfert

11 BIRTHPLACE OF FATHER (city or town): Baltimore

(State or country): ____

12 MAIDEN NAME OF MOTHER Helen Swoszkowska

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country): ____

14 Informant: Joseph Goepfert

(Address) 320 S Robinson

JAN 18 1928

C. HARRISON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 16 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 16 28 to Jan 16 28

that I last saw h__ alive on Jan 16 28

and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Prematurity Birth

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) ____

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? ____ Date of ____

Was there an autopsy? ____

What test confirmed diagnosis? ____

(Signed) William J. Ryan M. D.

19 (Address) 1 Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: Jan 17 1928

20 UNDERTAKER: Frank Crockson — ADDRESS: 1916 Eastlander

Per ____

very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29591

CERTIFICATE OF DEATH.

66

E 29591

REGISTERED NO.

1-PLACE OF DEATH — Pronounced dead at Mercy Hospital

City of BALTIMORE: (No. ____ St., 10th Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Odie Carter.(C)

(a) RESIDENCE NO. 785 Ajax St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. 5 mos. 16 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) July 30, 1901

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	26	5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer. Odd

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore, Md.

(State or country)

PARENTS

10 NAME OF FATHER: Jefferson Carter.(C)

11 BIRTHPLACE OF FATHER (city or town): Baltimore, Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Birdie Rogers.(C)

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Baltimore, Md.

14 Informant: Birdie Rogers.(C) mother

(Address): 785 Ajax St.

JAN 16 1928

Filed ____ C. [illegible] Registrar

Per ____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) January 15, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) (duration) ____ yrs. ____ mos. ____ ds.

(Signed) Otto Reinhardt M. D.

(Coroner)

1/16 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery Date of Burial: Jan. 19 1928

20 UNDERTAKER: Chas. H. Johnson & Son ADDRESS: 1 N. Carrollton Av.

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29592

CERTIFICATE OF DEATH.

3 E 29592

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1309 N. Dallas ST. (8-17 WARD)

2-FULL NAME Mamie Simmons

(a) RESIDENCE NO. 1309 N Dallas ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	single.

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 4, 1908

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	6	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundry

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer St Joseph's Hospital

9 BIRTHPLACE (city or town) (State or country) Lincolnton N.C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER Jamie Simmons

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant Lizzie Allen (aunt) (Address) 1309 N Dallas St

15 Filed JAN 18 1928 THAYER JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1927. to Jan 15. 1928.

that I last saw h[illegible] alive on Jan 14. 1928.

and that death occurred, on the date stated above, at 3.15 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) uncertain.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? uncertain

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) [illegible] M. D.

1/16/28 (Address) 1429 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calvary Cem	Jan 18. 1928

20 UNDERTAKER Mrs R A Elliott ADDRESS 1725 Ashland Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29593
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

100-001

E 29593

REGISTERED NO.

City of BALTIMORE: (No. 904 N. Eilmont St. 16-22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Hawkins, Jr.

(a) RESIDENCE NO. 904 Eilmont St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... dy. (If non-resident give city or town and State) How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: C

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug 24, 1927

7 AGE — Years: — Months: 4 — Days: 23 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto.

(State or country): Md.

PARENTS

10 NAME OF FATHER: John Hawkins Sr.

11 BIRTHPLACE OF FATHER (city or town): Balto.

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Rose Johnson

13 BIRTHPLACE OF MOTHER (city or town): Balto.

(State or country): Md.

14 Informant: Mother

(Address): 904 Eilmont St.

15 Filed JAN 18 1928 G. HAMILTON JONES, M. D. Registrar

Per ...

Very Important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/17/1928

17 I HEREBY CERTIFY, That I attended deceased from 1/16/1928, to 1/17/1928, that I last saw him alive on 1/17/1928, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia (Primary)

(duration) ...yrs. ...mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ... Date of ...

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Wallace Hawkins, M. D.

1928 (Address) 912 N. Eilmont St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — Date of Burial: 1/18 1928

20 UNDERTAKER: Lemmel W. Chase & Son — ADDRESS: 1400 Park Ave

Spec.—1-12-23—M&T—500 Bks.

E 29594

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29594

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph C. A. Wyniger or Josef Eusebius Rudi

(a) RESIDENCE No. 726 Woodbourne Ave ST., WARD Isolation

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ (Rosa) Mrs Joseph Wyniger

6 DATE OF BIRTH (month, day, and year) Oct 10 1885

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	3	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Contractor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Switzerland

10 NATIONALITY Eusebius Rudi ~~Joseph~~ Wyniger

PARENTS

11 BIRTHPLACE OF FATHER (city or town) (State or country) Switzerland

12 MAIDEN NAME OF MOTHER Anna Josepha Mrs Weldy Wyniger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Switzerland

14 Informant Rosa Wyniger

(Address) 726 Woodbourne ave

15 Filed JAN 18 1928 C. HARVEY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1928, to Jan 17, 1928.

that I last saw him alive on Jan 17, 1928

and that death occurred, on the date stated above, at 3.25 Am

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia Entire L Lung

& Lower Lobe L Lung

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Septicaemia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Yes

(Signed) Frank K. Morris, M. D.

, 19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Mary's Govans Town Md.	Jan 20 1928
UNDERTAKER Henry H Jenkins & Sons	ADDRESS McCulloh & Orchard

Spec.—1-12-23—MAT—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10 29595

CERTIFICATE OF DEATH.

101-B 29595

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 6-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Brown

(a) RESIDENCE No. 116 N. Chapel ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 22 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(if non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	Col-	Baby

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3-26-26

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	22 Mos	9	19	

8 OCCUPATION OF DECEASED Baby

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Spencer Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Carolina

12 MAIDEN NAME OF MOTHER Elmira Hale

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Carolina

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed JAN 18 1928 C. HAMILTON JONES, M. D.

Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan-15 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan-12, 1928, to Jan-15, 1928, that I last saw h[illegible] alive on Jan-15, 1928, and that death occurred, on the date stated above, at 5:30 p m.

The CAUSE OF DEATH* was as follows:

Acute primary pneumonia right lung and left lung. (Contributory) Lobar.

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Bilateral otitis media

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? None.

(Signed) J. S. Bennett M. D.

Jan 16 1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury cemetery	Jan 18 1928
20 UNDERTAKER Edward Bryan	ADDRESS 1631 orleans st

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29596

CERTIFICATE OF DEATH.

91-007

E 29596

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2537 Francis ST. 13-59 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Edward Griffin

(a) RESIDENCE NO. 2537 Francis ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. 4 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Neal W. Griffin

6 DATE OF BIRTH (month, day, and year) Sept 15, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	4	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Car cleaner

(b) General nature of industry, business, or establishment in which employed (or employer) 078

(c) Name of employer U. R. & E. Co Baltimore Md.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Wilmer A. Insley

(Address) 2537 Francis St.

15 Filed JAN 18 1928 C. HAMPSON JONES, M. D. Registrar

Del

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 17 1928

17

I HEREBY CERTIFY, That I attended deceased from July, 1927, to Jan 17, 1928, that I last saw h[illegible] alive on Jan 17, 1928, and that death occurred, on the date stated above, at 1.45 P m.

The CAUSE OF DEATH* was as follows:

Cerebro Sclerosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Coronary Thrombosis

(duration) yrs. mos. 1½ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Hubert Gehrmann, M. D.

Jan 19 1928 1316 E Pratt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem

DATE OF BURIAL Jan 20 1928

20 UNDERTAKER Wm J Tuckerman Sons

ADDRESS North Ave

Spec.—1-12-23—M&T—500 Bks.

Cascio

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29597

CERTIFICATE OF DEATH.

46 E 29597

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals ST. 1-3 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Blanche Cascio

(a) RESIDENCE No. 215 S Collington Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles J Cascio

6 DATE OF BIRTH (month, day, and year): Dec 4 1888

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
39	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): New York

PARENTS

10 NAME OF FATHER: Hartman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not Known

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

14 Informant: Charles J Cascio
(Address) 215 S Collington Ave

15 Filed JAN 18 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 17 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 6 1928 to Jan 17 1928

that I last saw h alive on Jan 17 1928

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

Contributory

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) H Blackwell M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	Jan 20 1928

20 UNDERTAKER: W M Roulson

ADDRESS: 230 N. Eutaw

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 29598

E 29598

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 304 S Bond ST. 3-4 WARD)

2-FULL NAME ANNE MIKALSKI

(a) RESIDENCE NO. 304 S Bond ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 12. 1926

7 AGE 1 Years 3 Months 1 5 Days If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work..... No.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Julus Mikalski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russian

12 MAIDEN NAME OF MOTHER Barbar Suptcik

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russian

14 Informant Julus Mikalski
(Address) 304 S Bond Street

15 Filed JAN 18 1928 H. [illegible] Jacobs M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 17 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1928, to Jan 17, 1928.

that I last saw her alive on Jan 17, 1928

and that death occurred, on the date stated above, at 7. a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
ca 3 days.

(duration) yrs mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Frantz Januszeski M. D.

1/7, 1928. (Address) 2431 Fait Ln

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Russian Indepedet — DATE OF BURIAL: Jan. 18. 1928

20 UNDERTAKER: John Greblianckas J.G. — ADDRESS: 423 S Paca St

Cor.—12-9-25—A Co.—200 Bks.

E 29599

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

66

E 29599

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Bonnail Hospital (Street) 27-55 Ward

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F. Hanson

(a) RESIDENCE NO. 5311 Denmore ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: C

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Carrie Depon

6 DATE OF BIRTH (month, day, and year): 1889

7 AGE: Years 39 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Md

PARENTS

10 NAME OF FATHER: Carr Depon

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md

12 MAIDEN NAME OF MOTHER: Rachel Green

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

14 Informant: Edna Jenkins

(Address) 5301 Denmore ave

15 Filed 1926 C. HAMILTON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/14 1928

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry, thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry, find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) M. D. (Coroner)

1/16 1928 (Address) 1632 Rolandave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem Date of Burial: Jan 17 28

20 UNDERTAKER: Dennis Kanon ADDRESS: 916 Ostend

Very important. See instructions on back of Certificate.

Spec.—1-12-23—M&T—500 Bks.

209424

29600

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 90

REGISTERED NO. E 29600

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Conner

(a) RESIDENCE No. 3502-36th St. Washington D. C ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alberta

6 DATE OF BIRTH (month, day, and year) 5-7-83

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	8	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work See Washington Boulevard

(b) General nature of industry, business, or establishment in which employed (or employer) 09

(c) Name of employer

9 BIRTHPLACE (city or town) Washington D. C (State or country)

PARENTS

10 NAME OF FATHER Jos. Conner

11 BIRTHPLACE OF FATHER (city or town) (State or country) D. C.

12 MAIDEN NAME OF MOTHER Mara Hunter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed NOV 16 1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 19, 1927, to Jan 18, 1928, that I last saw him alive on Jan 18, 1928, and that death occurred, on the date stated above, at 7 20 m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure 5 (History)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller M. D.

11/18/1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery Greenwood Wash D C

DATE OF BURIAL Jan 18 1928

20 UNDERTAKER Robt J Turner

ADDRESS 1 to 7 Broadway

Cor.—12-9-25—A Co.—200 Bks.

E 29601

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29601

CERTIFICATE OF DEATH.

90

28-65

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 4204 Dalrymple St., 28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Yetta Buchoff

(a) RESIDENCE NO. 4204 Dalrymple St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? 33 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Max Buchoff

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
	49	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Russia

(State or country)

PARENTS

10 NAME OF FATHER Jacob London

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah —

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Max London

(Address) 4204 Dalrymple Ave

15 Filed JAN 18 1926 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Coroner (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. T. Kennedy M. D.

(Coroner)

Jan 18 1926 (Address) 2572 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Woodmere Cem., Hebrew Rd. Caroll 1-18 1926

20 UNDERTAKER ADDRESS

Jos R Levin, 1439 Balto

Spec.—12-5-25—A Co.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29602

CERTIFICATE OF DEATH.

49 E 29602

REGISTERED NO.

1-PLACE OF DEATH Sinai Hosp.

City of BALTIMORE: (No. Monument 2200 St. 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Max Demming

(a) RESIDENCE NO. 2272 E Baltimore St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of: Freda Demming

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE — Years: 59 — Months: — Days: — IF LESS than 1 day.....hrs. or.....min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Teacher

(b) General nature of industry, business, or establishment in which employed (or employer): Hebrew-School

(c) Name of employer

9 BIRTHPLACE (city or town): [illegible]

(State or country): Russia

PARENTS

10 NAME OF FATHER: Samuel Demming

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Russia

12 MAIDEN NAME OF MOTHER: Rachael —

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Russia

14 Informant: [illegible] Lewis

(Address): 1439 Baltimore St.

15 Filed [illegible] 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 17 1928

17 I HEREBY CERTIFY, That I attended deceased from 11-24-27 1928, to Jan 17, 1928,

that I last saw h— alive on Jan 17, 1928,

and that death occurred, on the date stated above, at 12 02 m.

The CAUSE OF DEATH* was as follows:

Cerebral Tumor

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Cerebral Tumor

(duration) yrs. 6 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of Jan 12

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Dr R J Cohen M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Mt. Carmel — Date of Burial: 1-18 1928

20 UNDERTAKER: Jack Lewis — ADDRESS: 1431 E Baltimore

Spec.—1-12-23—M&T—500 Bks.

E 29603

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29603

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1027 E Madison St. 10-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hester Hill

(a) RESIDENCE No. 1027 E. Madison ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	C	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Bernard Hill

6 DATE OF BIRTH (month, day, and year) 1876.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Jermiah Perrun

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary J. Wallace

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Bernard Hill (Address) 308 Bethel court

15 Filed 1-6-1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 2, 1927. to Jan 16, 1928.

that I last saw h[illegible]ive on Jan 16, 1928

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Terminal Pneumonia

(duration) yrs. mos 20 ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) [illegible], M. D.

19 [illegible] (Address) 508 Lorman St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem

DATE OF BURIAL 1/19 1928

20 UNDERTAKER Byron & Wright

ADDRESS 1218 McElderry St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29604

CERTIFICATE OF DEATH.

129 E 29604

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1112 S. Carey ST. 21-29 WARD)

2-FULL NAME Charles F. Daugherty.

(a) RESIDENCE NO. 1112 S Carey. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. 10 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah P. Barker.

6 DATE OF BIRTH (month, day, and year) March 4th 1855.

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72.	10	12.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Charles Daugherty.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Mrs Sarah P. Daugherty 1112 S Carey St

15 JAN 18 1928 H. FRANCIS JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16th 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1927, to Jany 16, 1928 that I last saw h— alive on Jany 16, 1928 and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Theodore Dorn M. D.

, 19 (Address) 622 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

16 PLACE OF BURIAL, CREMATION OR REMOVAL St Patrick Cemetery

DATE OF BURIAL Jan. 19, 1928

20 UNDERTAKER John F. Cowan & Son.

ADDRESS 908 Hollins St

Spec.—1-12-23—M&T—500 Blks.

29605

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 29605
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 Hollins ST. 18-29 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie L. Bockelman.

(a) RESIDENCE NO. 1004 Hollins ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo. D. Bockelman

6 DATE OF BIRTH (month, day, and year): Dec. 2. 1889

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
38	1	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Wm. Sloyle

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Anna Fogel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: Mr. Geo D. Bockelman
(Address) 1004 Hollins St.

15 Filed 1-18-1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 17th 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1927, to Jan 17, 1928, that I last saw her alive on Jan. 17, 1928, and that death occurred, on the date stated above, at 5:45 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(duration) 1 yrs. 6 mos 1 ds.

CONTRIBUTORY (Secondary): None

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam.

(Signed) John Norton, M. D.

1/17/28 (Address) 888 N. Lemmon St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. DATE OF BURIAL: Jan 20th 1928

20 UNDERTAKER: John J. Cowan & Son ADDRESS: 90 Hollins St.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 29606

100-001

E 29606

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arabella Schutt

(a) RESIDENCE No. 2322 Madison ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —?

6 DATE OF BIRTH (month, day, and year) ? 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Saleswoman 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant (Address) Records

15 Filed JAN 18 1928 HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/16/1928

17

I HEREBY CERTIFY, That I attended deceased from Dec. 29. 1927. to Jan. 16. 1928

that I last saw him alive on Jan. 16. 1928

and that death occurred, on the date stated above, at 12:45 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Symptoms & Gross

(Signed) C. Holmes Boyd M. D.

. 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel Cemetery	Jan 18 1928

20 UNDERTAKER George W. Zirkler

ADDRESS 1737 E. Eager st

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29607

E 29607

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balt. Gen Hospital ST. 21-29 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George August Allen

(a) RESIDENCE NO. 1400 Hull st. ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 4 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
50		9	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) fisherman

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md (State or country)

PARENTS

10 NAME OF FATHER William Allen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Bonnetmons Wesley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mrs Catherine Brazer (Address) 1627 Bowman St.

Filed JAN 18 1928 H. [illegible] Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1928, to Jan 16, 1928, that I last saw h[illegible]alive on Jan 16, 1928, and that death occurred, on the date stated above, at 3:40 P m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical picture

(Signed) Frederic R. D. Wurtz M. D.

(Address) 12 S Light St. Balt. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL Jan 19 1928

20 UNDERTAKER Chas. L. Stevens — ADDRESS 1301 E Pont, Md.

Spec.—1-10-21—M&T—1500 Blks.

E 29608

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44

E 29608

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2517 Garrison ave. ST. 15-61 WARD)

2-FULL NAME Florence O. Kemm

(a) RESIDENCE No 2517 Garrison ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of "

6 DATE OF BIRTH (month, day, and year) Sept 22. 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	3	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerical

(b) General nature of industry, business, or establishment in which employed (or employer) U.S. F.V.G.C.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER John A. Kemm

11 BIRTHPLACE OF FATHER (city or town) Va (State or country)

12 MAIDEN NAME OF MOTHER Julia A. Lee

13 BIRTHPLACE OF MOTHER (city or town) Va. (State or country)

14 Informant Annie J. Kemm (Address) 2517 Garrison ave.

15 Filed JAN 18 1928 Hamilton Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 19, 1927, to Jan 16, 1928, that I last saw her alive on Jan 16, 1928, and that death occurred, on the date stated above, at 2.20 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma stomach

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical + laboratory

(Signed) Grant Edward, M. D.

, 19 (Address) 214 Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet Cemetery — DATE OF BURIAL Jany 19 1928

20 UNDERTAKER, John C. Mitchell Sons — ADDRESS 1700 Eutaw Place

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29609

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

23-34 101-001

E 29609

REGISTERED NO.

City of BALTIMORE: (No. 1530 Light St. St.) Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis D. Perone

(a) RESIDENCE NO. 1530 Light St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. 11 mos. 9 ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 8 1912

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	15	11	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER Louis Perone

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Margaret Giles

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant Mrs. Giles

(Address) 1530 Light St

15 Filed JAN 18 1928 19 C. MARION JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1928 January 17,

17 I HEREBY CERTIFY, That I attended deceased from Jan. 7 1928, to Jan 17, 1928, that I last saw him alive on Jan 17, 1928, and that death occurred, on the date stated above, at 5.00 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia,

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart. 2 hrs.

(duration) yrs. mos. ds.

18 Where was disease contracted ?

If not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Findings

(Signed) Allen W. Finley M. D.

, 19 (Address) 1412 Light St. Balto City

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem Date of Burial 1/19 1928

20 UNDERTAKER L. Few McCully ADDRESS 130 E. Fort

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29610

CERTIFICATE OF DEATH.

13 E 29610

1-PLACE OF DEATH Franklin Square Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. Baltimore St. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Emma Woodall

(a) RESIDENCE NO. 1308 James St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Noble L Woodall

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
52.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer.

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Jacob Kramm

11 BIRTHPLACE OF FATHER (city or town) (State or country) N Y

12 MAIDEN NAME OF MOTHER Emma Gontzer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N Y

14 Informant Noble L Woodall (Address) 1308 James St

15 Filed JAN 18 1928 H. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/16 1928.

17 I HEREBY CERTIFY, That I attended deceased from 12/3/27, 19 , to 1/16/28, 19 ,

that I last saw her alive on 1/16/28, 19 ,

and that death occurred, on the date stated above, at 12 45 p. m.

The CAUSE OF DEATH* was as follows:

Erysipelas

12/3/27 6 (duration) 1/16/28 mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? yes Date of 12/5/27

Was there an autopsy? no

What test confirmed diagnosis? Clinical Signs

(Signed) W Wallace Walker, M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London P K. DATE OF BURIAL 1/17 1928

20 UNDERTAKER Leo Ruell & Son ADDRESS 711 Wash Blvd

Spec.—1-12-23—M&T—500 Bks.

E 29611

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 29611
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 682 W Mulberry ST., 17-25 WARD)

2-FULL NAME Bertha Young Hart

(a) RESIDENCE No. 682 W. Mulberry ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N C.

PARENTS

10 NAME OF FATHER Bob Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Bob Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N C

14 Informant Sadie Smith
(Address) 682 W Mulberry St

15 Filed N 18 1928 THOMAS JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 18 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1928, to Jan. 18, 1928, that I last saw her alive on Jan. 17, 1928, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Asthma + Chronic Nephritis (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? N. C.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Positive

(Signed) Dr. W Runsaw, M. D.
1-18, 1928 (Address) 708 Enson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL Jan 19 1928

20 UNDERTAKER Wm Forbes ADDRESS 916 Dover

Spec.–7-17-26—A Co.—200 Bks.

E 29612

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 E 29612

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1617 E. Oliver St. 8-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George P. Hudgins

(a) RESIDENCE NO. 1617 E Oliver St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. — mos. — ds. How long in U. S. if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Jan. 16 1900

7 AGE: Years 28 | Months — | Days — | IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Thomas E. Hudgins

11 BIRTHPLACE OF FATHER (City or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Katherine Brandau

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Mr. Thomas E. Hudgins

(Address): 1617 E. Oliver St

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 16 19 28

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1927 to Jan 16 1928

that I last saw him alive on Jan 15 1928

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Pul. Tuberculosis (duration) ... yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation (duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted

If not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical & Laboratory data

(Signed) [illegible] M. D.

(Address) 800 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — Date of Burial: Jan 19 1928

20 UNDERTAKER: Henry Adler Son — ADDRESS: 1501 E Eager St

Very Important: See Instructions on Back of Certificate.

JAN 19 1928

Spec.–7-17-26—A Co.—200 Bks.

E 29613

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 29613

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 902 N. Central Ave St. 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pauline Mitchelling

(a) RESIDENCE NO. 902 N. Central Ave St. 10 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. — mos. — ds. How long in U. S. if of foreign birth 38 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced (or) WIFE of late Herman Mitchelling

6 DATE OF BIRTH (month, day, and year) Dec. 21 1841

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	86	—	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (City or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mrs. Elizabeth C. Holzer

(Address) 902 N. Central Ave

JAN 18 1928

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 17 1928

17 I HEREBY CERTIFY, That I attended deceased from June 1 1928 to Jan 17 1928.

that I last saw her alive on January 14 1928.

and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, mitral regurgitation

(duration) yrs. Some mos. ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical symptoms.

(Signed) Thos. M. Smyth M. D.

1/17 1928 (Address) 1435 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Date of Burial Jan 20 1928

20 UNDERTAKER Henry Hauck Son ADDRESS 501 E Eager St

Very Important. See instruction on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29614

CERTIFICATE OF DEATH

101-001

E 29614

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 129 Maryland Ave Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Schafer

(a) RESIDENCE NO. 129 Maryland Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, ~~Widowed, or Divorced~~ (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Francis Schafer

6 DATE OF BIRTH (month, day, and year): Dec 23/1856

7 AGE: Years 71 Months Days 24 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balt md

(State or country)

PARENTS

10 NAME OF FATHER: Frederick Wortman

11 BIRTHPLACE OF FATHER (City or town): Germany

(State or country)

12 MAIDEN NAME OF MOTHER: Amelia Mahner

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Germany

14 Informant: Sophie E Schafer

(Address) 129 Md Ave

15 Filed JAN 18 1928, 19[illegible] C. H. Jones M. D. Registrar

P[illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 17 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1928, to Jan. 17, 1928, that I last saw h[illegible] alive on Jan. 17, 1928, and that death occurred, on the date stated above, at 6 45a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Pulmonary edema.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Typical organ.

(Signed) C. Willis Compton M. D.

19 (Address) 237 Gist Ave, Westport, City

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Date of Burial: Jan 20 1928

UNDERTAKER: Williamhal ADDRESS: 5026 North Ave

Very Important. See instructions on back of Certificate.

Spec.—1-12-23—M&T—500 Bks.

E.29615 HEALTH DEPARTMENT—CITY OF BALTIMORE E.29615

CERTIFICATE OF DEATH.

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene St. 12-51 WARD)

2-FULL NAME Louis Baumann or Baum

(a) RESIDENCE NO. 407 W 24th St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) April 16 - 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	9	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ice Wagon

(b) General nature of industry, business, or establishment in which employed (or employer) Helper

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Lewis Baum

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Christina

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

PARENTS

14 Informant Christian Baum
(Address) 4416 Roslin Ave

15 Filed JAN 31 1928, 19.. C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 16, 1928, to Jan 17, 1928, that I last saw him alive on Jan 17, 1928, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Hemiplegia (left side) due to Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis & Hypertension (duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Charles E. Lief M. D.

1/17, 1928 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Louden Park — DATE OF BURIAL Jan 19 1928

20 UNDERTAKER Josiah Syfer — ADDRESS 1600 W. Fayette

Spec.—1-12-23—M&T—500 Bks.

29616

HEALTH DEPARTMENT—CITY OF BALTIMORE

29616

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 540 Orkney ST., 17-24 WARD) 29

2-FULL NAME Estell Jones

(a) **RESIDENCE** No. 540 Orkney ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Charles Jones

(Address) 540 Orkney JOHNS HOPKINS HOSPITAL

15 Filed JAN 18 1928, 19 C. HARRISON Jones 2095 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 16, 1928, to Jan 17, 1928, that I last saw h[illegible] alive on Jan 17, 1928, and that death occurred, on the date stated above, at 8.30 A m.

The CAUSE OF DEATH* was as follows:

Endocarditis & Nephritis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) H. Glaser M. D.

, 19 (Address) 1915 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

Commissioner Health.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29617

CERTIFICATE OF DEATH.

90E 29617

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 300 Bethel Court St., 4-7 Ward)

2-FULL NAME Marie Mitchell

(a) RESIDENCE NO. 300 Bethel Court St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): Single Mar.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years: 75 or mo. Months: ____ Days: ____ IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: 087

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant: Found dead

(Address)

15 Filed 1-18, 1928 C. EARLSON JONES, M. D.

THE MORGUE. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

Coronary Artery Disease

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

Jan 17, 1928 (Signed) [illegible] M. D. (Coroner)

(Address) 1029 Carrollton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: PUBLIC CEMETERY Date of Burial: JAN 18 1928

20 UNDERTAKER ADDRESS

Commissioner of Health.

Spec.—6-8-19—H. P. Co.—1000 Bks.

E 29618 HEALTH DEPARTMENT—CITY OF BALTIMORE VE 29618

CERTIFICATE OF DEATH. 161-001

1-PLACE OF DEATH

REGISTERED NO. 15-21

CITY OF BALTIMORE: (No. 1802 Pusbury ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ~~Still birth~~ Hopkins

(a) RESIDENCE. No. 1802 Pusbury ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (Write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan. 17, 1928

7 AGE: Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Edgar Roland Hopkins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Annapolis, Md.

12 MAIDEN NAME OF MOTHER: Edna Rebstock

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md.

14 Informant: Edna Hopkins

(Address): 1802 Pusbury St. HAHNS

15 Filed: 1-19-1928 C. HARRISON JONES, M. D. Registrar

D-OCM 2096

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 17, 1928

17 I HEREBY CERTIFY, That I attended deceased from ~~—~~, 19—, to ~~—~~, 19—,

that I last saw h~~im~~ alive on Jan. 17, 1928,

and that death occurred, on the date stated above, at 3 45 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) yrs. 4 1/2 mos. ds.

CONTRIBUTORY (Secondary) (Location & cause)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John D. Dunn, M. D.

(Address) 1517 N. Dulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: HOPKINS HOSPITAL — DATE OF BURIAL: JAN 18 1928

20 UNDERTAKER: Commissioner Health. — ADDRESS

Spec.—1-12-23—M&T—500 Blks.

E 29619

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29619

CERTIFICATE OF DEATH.

46.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals 7-12 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Viola Johnson (Chester St.)

(a) RESIDENCE NO. 813 N Chester ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: 35 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Launderer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland.

10 NAME OF FATHER: Sam Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant

(Address) JOHNS

Filed 1928 C. HAMPSON JONES, M. D. Registrar

Form No. 1208-7

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 13 1928

17 I HEREBY CERTIFY, That I attended deceased from 5-21-, 1927, to 1-13, 1928.

that I last saw h[illegible] alive on 1-13, 1928

and that death occurred, on the date stated above, at 12 35 m.

The CAUSE OF DEATH* was as follows: Carcinoma of Vulva

(duration) yrs. 1 mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) H Bayne-Jones, M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER: Commissioner Health

ADDRESS

JAN 18 1928

[illegible] WM. K. ROSSAL[illegible]

Spec.—1-10-21—M&T—1500 Blks.

E 29620

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29620

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1824 W Saratoga ST. 70-27 WARD)

REGISTERED NO. 52

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph E Trott

(a) RESIDENCE NO. 1824 W Saratoga ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, ~~Widowed, or Divorced~~, (write the word): Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~: Annie A Trott

6 DATE OF BIRTH (month, day, and year): Dec 20 1855

7 AGE: Years 70 — Months — Days 27 — If LESS than 1 day, hrs. or min. 28

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Police Sergeant 16

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Calvert Co Md

PARENTS

10 NAME OF FATHER: Samuel Trott

11 BIRTHPLACE OF FATHER (city or town) (State or country): Calvert Co Md

12 MAIDEN NAME OF MOTHER: Barbara Gibson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Calvert Co Md

14 Informant: Mrs Annie A Trott

(Address): 1824 W Saratoga St

15 JAN 18 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): JAN 17 19 28

17

I HEREBY CERTIFY, That I attended deceased from Jan 1, 1925, to Jan 17, 1928.

that I last saw h alive on Jan 17, 1928,

and that death occurred, on the date stated above, at 11.45 P m.

The CAUSE OF DEATH* was as follows:

Arthritis Deformans.

(duration) 8 or 9 yrs. — mos — ds.

CONTRIBUTORY (Secondary) (Uremia) due to arteriosclerosis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) M Bowman Stood M. D.

1/18, 1928 (Address) 626 N. Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wesley

DATE OF BURIAL: JAN 20 19 28

20 UNDERTAKER: Geo W Little

ADDRESS

Spec.—1-10-21—M&T—1500 Blks.

E 29621 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29621

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH Home

CITY OF BALTIMORE: (No.) 3407- No. Calvert ST. 12 44 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Cyril D. Lewis

(a) RESIDENCE NO. 3407- No. Calvert ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Margaret B. Lewis

6 DATE OF BIRTH (month, day, and year) Oct 21- 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	3	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Asst Manager Fertilizer

(b) General nature of industry, business, or establishment in which employed (or employer) Royster Guano Co

(c) Name of employer Company

9 BIRTHPLACE (city or town) ..... (State or country) Wales

PARENTS

10 NAME OF FATHER John D. Lewis

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Wales

12 MAIDEN NAME OF MOTHER Mary Jenkins

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Wales

14 Informant Margaret B Lewis (Address) 3407 So. Calvert St.

15 Filed Jan 17 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 17 1928

17 I HEREBY CERTIFY, That I attended deceased from May 14, 1927, to Jan. 17, 1928.

that I last saw him alive on Jan. 17, 1928

and that death occurred, on the date stated above, at 9.55 A. m.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. da.

18 Where was disease contracted — if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Urine examination

(Signed) A. M. Queen M. D.

Jan 17 1928 (Address) Catonsville, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hartford Conn.

DATE OF BURIAL 1/19 1928

20 UNDERTAKER William Cook

ADDRESS 501 E North Ave

JAN 19 1928

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29622

CERTIFICATE OF DEATH.

188-802 E 29622

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph's Hospital St., 76-2 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Dillingham

(a) RESIDENCE NO. 9 S. East Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of C. Albert Dillingham.

6 DATE OF BIRTH (month, day, and year) March--1864.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	63.	10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER John H. Duncan.

11 BIRTHPLACE OF FATHER (city or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Vigina Morgan.

13 BIRTHPLACE OF MOTHER (city or town) Va.

(State or country)

14 Informant C. Albert Dillingham, (Hus.)

(Address) 9 S. East Ave.

Filed 1928 C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Failure due to Frac Hip & wrist. Accidently struck by street car at Gay & Lexington Sts Jan 10/28

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Paten (Coroner) M. D.

(Address) 508 E. North Ave.

1/18/28, 19

*State the Disease Causing Death, or in deaths From Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Pk Cem Date of Burial Jan 19, 1928

20 UNDERTAKER A. Howard Evans ADDRESS 38 E Fort Ave

RPN

Spec. -7-17-26—A Co.—200 Bks.

E 29623

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49 E 29623

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 902 Eastern ave St. 3-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucey Zanellotti

(a) RESIDENCE NO. 902 Eastern ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. if of foreign birth? 21 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Zanellotti

6 DATE OF BIRTH (month, day, and year): July 11 1884

7 AGE: Years 43 Months 6 Days 5 If LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Domenico Imaglino

11 BIRTHPLACE OF FATHER (City or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Mary Folgoni

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant (Address): John Zanellotti 902 Eastern ave

8 1928 C. HARRISON JONES, M. D. Registrar

Date

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 16 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1928, to Jan 16, 1928, that I last saw her alive on Jan 16, 1928, and that death occurred, on the date stated above, at 9.50 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Lungs.

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X-Ray

(Signed) Eugene L. Pessagno M. D.

1, 17, 1928. (Address) 514 Drury Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: Jan 19 1928

20 UNDERTAKER: Kendall Diffel & Son — ADDRESS: 378 Dunn

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29624

CERTIFICATE OF DEATH.

57 E 29624

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2802 Simpson St., 9-46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John W. Smallwood

(a) RESIDENCE NO. 2802 Simpson St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	C	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Cora E. Smallwood

6 DATE OF BIRTH (month, day, and year) November 12 — 1874

7 AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
53	2	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Prince George Co

(State or country) Maryland

PARENTS

10 NAME OF FATHER Joseph Smallwood

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Prince George Co

12 MAIDEN NAME OF MOTHER Matilda Howard

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Prince George Co

14 Informant Mrs. Cora E. Smallwood

(Address) 2802 Simpson St.

15 Filed C. HARRISON JONES, M. D.

1928 P.M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Jan 16, 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 13 1928, to Jan 16 1928.

That I last saw him alive on Jan 16, 1928.

and that death occurred, on the date stated above, at 9 10 m.

The CAUSE OF DEATH* was as follows:

Diabetis Mellitis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Disordered System

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) G. E. Hall, M. D.

19 (Address) 426 East 23 St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Asbury Cemetery — 1-19-1928

20 UNDERTAKER — ADDRESS

Mrs. Thos. G. Bailey 1421 Jefferson

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29625

CERTIFICATE OF DEATH

90

E 29625 REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1010 N Calvert St., 11-15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Algernon Duval Atkinson

(a) RESIDENCE NO. 1010 N Calvert St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Wh

5 Single, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

5a If married, ~~widowed or divorced~~ HUSBAND of (or) ~~WIFE of~~: Patty T. Atkinson

6 DATE OF BIRTH (month, day, and year): Nov 26 1870

7 AGE: Years 57 Months 1 Days 22 IF LESS than 1 day ...hrs. or ...min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Physician

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md.

PARENTS

10 NAME OF FATHER: J. C. Atkinson

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Virginia Duval

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Baltimore Md

14 Informant: Mrs. E. Lee Taylor

(Address): 1010 N. Calvert St.

15 FILED: JAN 18 1928 By: ARB

C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 18 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 14, 1925, to Jan 18, 1928, that I last saw him alive on January 18, 1928, and that death occurred, on the date stated above, at 11:50 A.M.

The CAUSE OF DEATH* was as follows:

Myocarditis, acute dilatation of the heart

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Emphysema - Acute Bronchitis (duration) ... yrs. mos. Six ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? — Date of

Was there an autopsy? no

What test confirmed diagnosis? Condition of heart + lungs

(Signed) Thos. R. Boggs M. D.

1/18, 1928 (Address) 1013 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem

Date of Burial: Jan 20 1928

20 UNDERTAKER: Henry Justice & Sons

ADDRESS: N. Howard St.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 29626

HEALTH DEPARTMENT—CITY OF BALTIMORE

Dec. 28. 1928

E 29626

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1216 Brentwood St. 1015 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gerard Paul Le Doyen

(a) Residence No. 1216 Brentwood St. St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): S

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Mar 17 1927

7-AGE, yrs. 10 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles C. LeDoyen

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Flora Ritter

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Co.

14-

(Informant) Mrs. Rommell (Aunt)

(Address) 758 Linwood St

15-Filed 1928 C. HANSON JONES, M. D. 197 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 17 1928

17- I HEREBY CERTIFY, That I attended deceased from Jan 16 1928 to Jan 17 1928 that I last saw h[illegible] alive on Jan 17 1928 and that death occurred, on the date stated above, at 9:30 A.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) measles

(Duration) yrs. mos. 6 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) L. A. Lahey M. D.

19 (Address) 351 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Loraine Cemetery DATE OF BURIAL, 1-20 1928

20-UNDERTAKER, Wm Cook ADDRESS 502 E North Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

E 29627 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29627

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. 160

City of BALTIMORE: (No. 27 Hafer St St. 20-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hazel Miller

(a) Residence No. 27 Hafer St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec 18-1927

7-AGE. 0 0 29 yrs. 1 mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. Garlon Miller

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Ora M. Maddox

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Balto Md

14- (Informant) Garlon Miller

(Address) 27 Hafer St.

15- Filed 1928 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 17-28

17- I HEREBY CERTIFY, That I attended deceased from 9 Jan 1928 to 17 Jan 1928

that I last saw h[illegible] alive on 17 Jan 1928

and that death occurred, on the date stated above, at 1080 P. m.

The CAUSE OF DEATH* was as follows:

Marasmus

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Dehydration

(Duration) yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. Lauce Hooker M. D.

18 Jan 1928 (Address) 2550 Frederick

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Cross Harford Rd

DATE OF BURIAL. 1/19 1928

20-UNDERTAKER. Wm Cook

ADDRESS 502 E North

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29628

CERTIFICATE OF DEATH.

E 29628

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Baltimore City Hospital Ward 21-48

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Cutean

(a) RESIDENCE NO. Wilson Ave St. Ward Baltimore County, Md.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. dys. How long in U. S., if of foreign birth? yrs. mos. dys.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 16 1921

7 AGE: Years 6 Months 4 Days 2 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer): School Girl

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore

PARENTS

10 NAME OF FATHER Ellie Kuten

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Hungary

12 MAIDEN NAME OF MOTHER Ester Busck

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Hungary

14 Informant Mrs Ester Cutean

(Address) Wilson Ave

15 Filed 1928 C. HARRISON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Chronic

Nurse 2nd & 3rd degree Burns

Brooks, Planum (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

Signed J. G. Hodes M. D.

(Coroner)

19 (Address) 143 N. Gay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart of Mary Date of Burial Jan 21 1928

20 UNDERTAKER: John M Weber ADDRESS 1803 Bank

Cor.—12-9-25—A Co.—200 Bks.

E 29629

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 29629

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1614 Aliceanna St. St. 2-4 Ward)

2-FULL NAME Frank Adamski

(a) RESIDENCE NO. 1614 Aliceanna St. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct 9 1868

7 AGE: Years 59 Months 3 Days 8 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer): Labor

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Poland

PARENTS

10 NAME OF FATHER Anthony Adamski

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Eva Adamski

(Address) 1614 Aliceanna St.

15 Jan 18 1928 C. HANSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 17 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. 1 ds.

Jan 18 1928 (Signed) C. Hanson Jones M. D.

(Address) 1437 N. 13 way

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Jan 20 1928 Date of Burial

20 UNDERTAKER: John M Weber ADDRESS 1803 Bank

Spec.—1-10-21—M&T—1500 Blks.

E 29630

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 29630

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1100 N. Monroe (St.) 1822 (WARD)

2-FULL NAME Peter G. H. Frantz

(a) RESIDENCE No. 1100 N. Monroe St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Laura Frantz

6 DATE OF BIRTH (month, day, and year): Feb 22 1852

7 AGE: Years 76. Months 10 Days 24 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: William Frantz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs. Rosa Holtz (Address) 1100 N. Monroe St

15 Filed JAN 28 1928 G. HAMPSON JONES, M. D. Registrar

By ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 18 28

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1927 to Nov 1 1927 that I last saw h[illegible] alive on Nov 1 1927 and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Heart Disease

(duration) yrs. [illegible] mos. [illegible] ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis: Symptoms & Physical Examination

(Signed) Wallace Cox M. D.

1/27, 1928 (Address) 541 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Jessup Cemetery

DATE OF BURIAL: Jan 30 1928

20 UNDERTAKER: Jacob Tyler

ADDRESS: 1600 W. North Ave

Spec.—1-12-23—M&T—500 Bks.

E 29631

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 E 29631

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. 9-7-30 WARD)

2-FULL NAME Henry Williams

(a) RESIDENCE NO. 606 McCormick st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? Unknown yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1896

7 AGE

Years	Months	Days	If LESS than 1 day.... hrs. or.... min.
31			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Jamaica

PARENTS

10 NAME OF FATHER Joseph Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Jamaica

12 MAIDEN NAME OF MOTHER Margaret ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Jamaica

14 Informant (Address) Hospital Records

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 13, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1927, to Jan. 13, 1928, that I last saw him alive on Jan. 13, 1928, and that death occurred, on the date stated above, at 10 p. m.

The CAUSE OF DEATH* was as follows:-

Thoracic aneurysm

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Syphilis

unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy & Clinical

(Signed) L. E. Maddox M. D.

1-16-28 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount

DATE OF BURIAL 1/18 1928

UNDERTAKER H. J. Lahey & Sons

ADDRESS 21 S. Eutaw St.

Spec.—1-10-21—M&T—1500 Blks.

E 29632

HEALTH DEPARTMENT—CITY OF BALTIMORE

1001
100 E 29632

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) [illegible] ST. [illegible] WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Curry

(a) RESIDENCE NO. 1640 Jackson ST., 74 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced. (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 30 1893

7 AGE Years 35 Months 4 Days 17

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer, Ind

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Wm A Curry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto & right Md

12 MAIDEN NAME OF MOTHER Emma Curley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Mrs Wm A Curry 1640 N Jackson St

15 FILED 8 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/17 1928

17

I HEREBY CERTIFY, That I attended deceased from 1-16 1928 to 1-17 1928.

that I last saw h alive on 1-17 1928

and that death occurred, on the date stated above, at 10 40 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

Augustine J. Timmins M. D.

(Address) St Agnes Hospital

*State the Disease causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem

DATE OF BURIAL 1/20 1928

20 UNDERTAKER J. T. Lakey & Sons

ADDRESS 181 E Lafayette Ave

Spec.—I 12-23—MAT—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29633

CERTIFICATE OF DEATH.

90 E 29633

27-53

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 Longwood Road, Roland Park WARD)

2-FULL NAME Annie G. Phillips

(a) RESIDENCE NO. 207 Longwood Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel K. Phillips

6 DATE OF BIRTH (month, day, and year) May 20, 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	7	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

PARENTS

10 NAME OF FATHER Joseph M. Oliver

11 BIRTHPLACE OF FATHER (city or town) (State or country) Corsica

12 MAIDEN NAME OF MOTHER Ann Kerr

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mrs. Clare O. Fechtig

(Address) 207 Longwood Road

8 1928 C. HAMPSON JONES, M. D.

By RPH Registrar

Via B. & O. Railroad Escort - Dr. Robert Fechtig

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/17 1928

17

I HEREBY CERTIFY, That I attended deceased from 1/27, 19..., to 1/17, 19 28,

that I last saw h[illegible] alive on 1/16, 19 28,

and that death occurred, on the date stated above, at 3A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) J. J. Frame, M. D.

1/17 19 28 (Address) 2929 Mc Elderry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Old Cathedral Cem. Philadelphia, Pa.

DATE OF BURIAL 1/19 19 28

20 UNDERTAKER Henry U. Mears & Son

ADDRESS 805 N. Calvert

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

186-003

E 29634

CERTIFICATE OF DEATH.

E 29634

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital. St., 7-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert F. Eastwood.

(a) RESIDENCE NO. 2382 Jefferson St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. 9 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	White.	Married

3a If married, widowed or divorced, WIFE (or HUSBAND) of Maggie M. Eastwood.

6 DATE OF BIRTH (month, day, and year) March 31, 1872

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	55	9	16 15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fumigator, do

(b) General nature of industry, business, or establishment in which employed (or employer) Baltimore City

(c) Name of employer Health Department.

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER George Eastwood.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Portsmouth, Va.

12 MAIDEN NAME OF MOTHER Sarah Stevenson.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Portsmouth, Va.

14 Informant Maggie M. Eastwood. (wife)

(Address) 2382 Jefferson St.

Filed 19 1928 C. HUNTER JONES, M. D. Registrar

By WMK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 16, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest. (Inquest, autopsy or inquiry.) find that said deceased came to n/s death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.
Automobile accident.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. Hunter Jones M. D.
(Coroner)

1/18 19 28 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? Gallaway & Madison St. Jany. 15, 1928

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery Date of Burial Jan 19 28

UNDERTAKER Wm. C. Miller & Son ADDRESS 2354 Jefferson

Spec.—1-12-23—MAT—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29635

CERTIFICATE OF DEATH.

E 29635

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 507 N. Belnord Ave.

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

2-FULL NAME Gabrielle E. Young

(a) RESIDENCE No. 507 N. Belnord Ave. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6½ yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 3, 1899

7 AGE: Years 28 | Months 6 | Days 3 | If LESS than 1 day, ... hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Factory

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Greif Bro.

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER George Young

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER Annie Brandfleck.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Christina Heatherich

(Address) 33 Gillens Ave. Catonsville

15 Filed 19 1928

C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 16 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1927, to Jan. 16, 1928

that I last saw her alive on Jan. 16 1928

and that death occurred, on the date stated above, at 5 05 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 1 yrs. 6 mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L. C. Schibud, M. D.

, 19 (Address) 507 N. Belnord Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: Jan 19 28

20 UNDERTAKER: Wm C. Miller & Son — ADDRESS: 2334 E. Pratt

IMPORTANT—In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 5-11-26 A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29636

CERTIFICATE OF DEATH

129

REGISTERED NO. E 29636

1-PLACE OF DEATH

City of BALTIMORE: (No. 907 N. Carrollton Ave. Ward)

2-FULL NAME Christiana Gibson

(a) RESIDENCE NO. 907 N. Carrollton Ave. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug 28 1858

7 AGE: Years 69 Months 4 Days 18 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) Richmond

(State or country) Va

PARENTS

10 NAME OF FATHER Geo Hopkins

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Mary Mallory

13 BIRTHPLACE OF MOTHER (City or town)

(State or country) Va

14 Informant Edgar Gibson

(Address) 907 N Carrollton Ave

Filed JAN 19 1928

RAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1926 to Jan. 16 1928

that I last saw her alive on 19

and that death occurred, on the date stated above, at Jan 15 28 10-30 A.M.

The CAUSE OF DEATH* was as follows:

Cardio Vascular Renal Disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) W. J. Carr, M. D.

Jan. 17 1928 (Address) 515 Mosher St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL CREMATION OR REMOVAL Mt Zion Cem Date of Burial 1/19 28

UNDERTAKER Samuel A Handy & Bro

ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

Sand.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29637

CERTIFICATE OF DEATH.

90 E 29637

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Motherhouse of Notre Dame St. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Angelica Sand

(a) RESIDENCE No. Lafayette St. Oakland Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 22 1850

7 AGE: Years 77; Months; Days 26; If LESS than day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): St. Louis, Mo.,

PARENTS

10 NAME OF FATHER: John Sand

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Schulte

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Sister M. Dionysia Notre Dame

(Address): Lafayette St. City

15 Filed 19 1928 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 18 1928

17

I HEREBY CERTIFY, That I attended deceased from January 14, 1928 to January 18, 1928 that I last saw her alive on January 18, 1928 and that death occurred, on the date stated above, at 1.10 P. m.

The CAUSE OF DEATH was as follows:

Arteriosclerosis-Myocarditis

Pneumonia Bronchial

Acute dilatation of Heart

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) J. J. Kirby M. D.

1928 (Address) 110 E Hoffman Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Notch Cliff Md — DATE OF BURIAL: Jan 20 1928

20 UNDERTAKER: Frank A. Fink — ADDRESS: 910 N. Gay St.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29638

CERTIFICATE OF DEATH.

149 E 29638

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 400 N. Stricker St ST., 14-27 WARD)

2-FULL NAME Annie Fiddle

(a) RESIDENCE No. 400 N Stricker St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Julus Fiddle

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE — Years: 38 — Months: — — Days: — — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Yehuda Rivkin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Sarah Rivkin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Julus Fiddle (Address) 400 N Stricker St

15 Filed 19 1928 H. A. [illegible] M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 18 1928

17

I HEREBY CERTIFY, That I attended deceased from Jany 10, 1928, to Jany 18, 1928, that I last saw her alive on Jany 18, 1928, and that death occurred, on the date stated above, at 1 a.m.

The CAUSE OF DEATH* was as follows:

~~I~~ Cardio Respiratory failure

(duration) — yrs. — mos 1 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia & Puerperium (duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Jno. S. Cliff M. D.

1/18, 1928 (Address) 922 n Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale Co — DATE OF BURIAL: 1/19 19 28

20 UNDERTAKER: Jack Lewis — ADDRESS: 1134 Eutaw St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29639

CERTIFICATE OF DEATH.

161-002

E 29639

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 1566 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Kamanitz

(a) RESIDENCE No. 2410 Ruth Street ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years | Months | Days | If LESS than 1 day, 4 hrs. or 24 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Isaac L Kamanitz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Shirley Fox

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records
(Address)

Filed JAN 19 1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JAN 19 28

17

I HEREBY CERTIFY, That I attended deceased from 1-18-28, to 1-18-28.

that I last saw him alive on 1-18-28.

and that death occurred, on the date stated above, at 12:20 P.M.

The CAUSE OF DEATH* was as follows:

Crushed Abdomen
Birth Injury - non-operative

(duration) yrs. 0 mos. hours

CONTRIBUTORY (Secondary) Respiratory Paralysis

(duration) yrs. mos. hours

18 Where was disease contracted if not at place of death? Mercy Hospital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Post mortem findings

(Signed) W. H. Hamilton M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mehren Hebrew Rests — DATE OF BURIAL: 1/19 1928

20 UNDERTAKER: Jack Levis — ADDRESS: 1409 East [illegible]

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29640

CERTIFICATE OF DEATH.

E 29640

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital ST., 7-13 WARD)

2-FULL NAME Albert Fuchsman

(a) RESIDENCE NO. Washington, DC ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. 1 mos. ds. How long in U. S., if of foreign birth? 15 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Fuchsman

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	54	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Confectionary

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Meyer Fuchsman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah Litt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Fannie Fuchsman

(Address) [illegible]

Filed 1-9 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 11, 1927, to Jan 18, 1928, that I last saw h[illegible] alive on Jan 18, 1928 and that death occurred, on the date stated above, at 7:05 Pm

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 12/20/27

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) H G Hamburger, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rehrersburg Penn DATE OF BURIAL 1/9 1928

20 UNDERTAKER Jack Lewis 1409 E Baltimore ADDRESS

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29641

CERTIFICATE OF DEATH.

38 E 29641

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1704 Eutaw Place ST.) 14-20 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilberfoss G. Owst

(a) RESIDENCE No. 1704 Eutaw Place ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 13. 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	7	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Composer & Musician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Margaret M. Novak Niece

(Address) Same Eutaw 1704 Eutaw Place

15 Filed 19-1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany 17 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 26, 1926 to Jany 17, 1928.

that I last saw him alive on Jany 16, 1928.

and that death occurred, on the date stated above, at 12 Noon.

The CAUSE OF DEATH* was as follows:

aneurysm of aorta

probable (duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) rupture of aneurysm

(duration) 0 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) Edward Novak, M. D.

, 19 (Address) 1211 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Jany 20 1928

20 UNDERTAKER: Chas Ottenhall & Sons — ADDRESS: 100 Eutaw Place

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Ē 29642

CERTIFICATE OF DEATH.

90 Ē 29642

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 203 S. 5th ST., 26 WARD)

2-FULL NAME John Hughes

(a) RESIDENCE NO. 203 S. 5th ST., 26 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? 48 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Bridget Hughes

6 DATE OF BIRTH (month, day, and year) June 20 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	6	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) O'D

(c) Name of employer City of Bldg Md & Ireland

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Edward Hughes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Bridget Hughes (Address) 203 S. 5th St.

Filed JAN 19 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 12 1928 to Jan 17 1928, that I last saw him alive on Jan 17 1928, and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Geo. Keller M. D.

Jan 18 1928 (Address) 1937 Gough St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Jan 19 1928
20 UNDERTAKER George J. Smith	ADDRESS 1532 Hollins

Spec.—1-12-23—M&T—500 Bks.

E 29643

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

116 001 E 29643

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hosp. (St.) 13-59 (WARD)

2-FULL NAME Henry W. Brown

(a) RESIDENCE NO. 924 Newington Ave St. Baltimore WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Mrs. Henry W Brown

6 DATE OF BIRTH (month, day, and year) March 12, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	55	10	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerical Work 009

(b) General nature of industry, business, or establishment in which employed (or employer) Insurance Co.

(c) Name of employer Maryland Casualty Co.

9 BIRTHPLACE (city or town) (State or country) Washington, D. C.

PARENTS

10 NAME OF FATHER Payton Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Harriet A. Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Brown

(Address) 924 Newington Ave

15 Filed JAN 19 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1928, to Jan 19, 1928,

that I last saw h(er) alive on Jan 19, 1928

and that death occurred, on the date stated above, at 2 11 9 m

The CAUSE OF DEATH* was as follows:

Hemorrhoids—
Inguinal Hernia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremic Coma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Jan 6, 1928

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) R J Belford, M. D.

Jan 19, 1928 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem	Jan 21 1928
20 UNDERTAKER George F Smith	ADDRESS 1532 Hollins St

Spec.–7-17-26—A Co.—200 Bks.

29644

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 29644

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 11 Wilhelm Ave Wilhelm Park 3517 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma W Schuster

(a) RESIDENCE NO. 11 Wilhelm Ave W. Wilhelm Park St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 21, 1857

7 AGE	Years	Months	Days 26	IF LESS than 1 day ___ hrs. or ___ min..
	70	11	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Alex (State or country) Va

PARENTS

10 NAME OF FATHER William Swain

11 BIRTHPLACE OF FATHER (City or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Emma Bender (Address) 11 Wilhelm Ave W Wilhelm Park

15 Filed NOV 19 1926 15 HAROLD JENNINGS M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17 - 26 19

17 I HEREBY CERTIFY, That I attended deceased from July 1 1925 to June 17 1926

that I last saw her alive on June 17 1926

and that death occurred, on the date stated above, at 6 30 m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

Intense

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) Mueller Otto M. D.

Nov 19 26 (Address) 54 Tulane Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — Date of Burial Jan 20 19 27

20 UNDERTAKER George J Smith — ADDRESS 1532 Hollins

Spec.—1-12-23—M&T—500 Bks.

E 29645

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29645

CERTIFICATE OF DEATH.

90

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1803 (St.) Warwick ave (Ward) 45-68

2-FULL NAME Mollie Gliekman

(a) RESIDENCE NO. 1803 Warwick ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 36 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed or divorced HUSBAND of or) WIFE of: Solomon Gliekman

6 DATE OF BIRTH (month, day, and year): 1843

7 AGE: Years 84 (85) | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): ood

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Louis Hoffman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Sarah

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Louis Gliekman 1803 Warwick ave

Filed 1928 H. HARRY JONES, D. H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 18 1928

17 I HEREBY CERTIFY, That I attended deceased from January 17, 1928, to January 17, 1928, that I last saw h[illegible] alive on January 17, 1928, and that death occurred, on the date stated above, at 2.0 m.

The CAUSE OF DEATH* was as follows:

Auricular Fibrilation

Myocardial degeneration

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): old age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

Jan 18 1928 (Address) 1575 N Rentalen st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Hebrew Rest

DATE OF BURIAL: 1/19 1928

20 UNDERTAKER: Jack Levis

ADDRESS: 1439 E Lexington

Spec.—1-12-23—M&T—500 Bks.

E 29646 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29646

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2704 Rosalyn Ave ST. 15-61 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Georgia Stoll

(a) RESIDENCE NO. 2704 Rosalyn Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. 9 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of George Stoll

6 DATE OF BIRTH (month, day, and year) Copied 1-1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	9	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER David Krebs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Elizabeth Carlisle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

14 Informant George Stoll

(Address) 2704 Rosalyn Ave

15 Received JAN 19 1928 C. Harrison JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 21, 1927, to Jan 16, 1928, that I last saw h[er] alive on Jan 16, 1928, and that death occurred, on the date stated above, at 11.15 P m.

The CAUSE OF DEATH* was as follows:

Diabetes - Chronic interstitial nephritis, myocarditis - arteriosclerosis

(duration) from annual examination

CONTRIBUTORY (Secondary) Diabetes - from history 1 yr

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical & laboratory

(Signed) W S Willard, M. D.

Jan 19, 1928 (Address) 2220 Harrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem — DATE OF BURIAL: Jan 19 1928

20 UNDERTAKER: J. Frederick Jones — ADDRESS: Baltimore

Spec.–7-17-26—A Co.—200 Bks.

29647.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

75-201 E 29647

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1020 E Monument St. 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Gent

(a) RESIDENCE NO. 1020 E Monument St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: C

5 Single, Married, Widowed, or Divorced, (write the word): M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jennie Gent

6 DATE OF BIRTH (month, day, and year): July 2 1867

7 AGE: Years 60 Months 6 Days 16 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Reisterstown Md

PARENTS

10 NAME OF FATHER: Abraham Gent

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Lollie Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Geo Gent Jr

(Address): 1020 E. Monument St.

15 Filed: NOV 19 1928 HARRISON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 18 19 28

17 I HEREBY CERTIFY, That I attended deceased from Jan 15 19 28 to Jan 18 19 28

that I last saw him alive on Jan 18 19 28

and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted? no

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Personal

(Signed) [illegible] M. D.

1/18, 1928 (Address) 5880 Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cushing Cemetery Date of Burial Jan 21 1928

20 UNDERTAKER: Mrs. R. A. Elliott ADDRESS 1112 Eastern Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29648

CERTIFICATE OF DEATH.

X 11 E 29648

1-PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. Broadway & Fairmount WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sally Cromwell Brown

(a) RESIDENCE NO. Hyde Park. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ~~38~~ yrs. 1 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: J Carroll Brown

6b DATE OF BIRTH (month, day, and year): May 27 1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	7	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: Richard Cromwell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Sallie George

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

Informant (Address): Hosp. Record

Filed C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 18, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1927, to Jan 18, 1928, that I last saw h alive on Jan 18, 1928, and that death occurred, on the date stated above, at 7.20 P m.

The CAUSE OF DEATH* was as follows:

Confluent Bronchio Pneumonia

(duration) yrs. mos 38 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Dec 12

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) George M Breed, M. D.

1/18, 1928 (Address) Church Home Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cem. DATE OF BURIAL: 1/20 1928

20 UNDERTAKER: Henry A. Jenkins Sons ADDRESS: 20 Eutaw & Richard Sts.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29649 E 29649

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4506 Furley Ave., Raspeburg (ST.) 26-41 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Catherine Gontrum

(a) RESIDENCE No. 4306 Furley Ave., Raspeburg, ST., 26th WARD
(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 28, 1864

7 AGE	Years	Months	Days 19	If LESS than 1 day, ...hrs. or ....min.
	63	5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Gontrum

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline Kienzle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. A. M. Oyeman
(Address) 4227 Belmar Ave., Raspeburg, Md.

15 Filed 1-19 1928 19 Registrar C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17 1928

17 I HEREBY CERTIFY, That I attended deceased from July 13, 1927 to January 17, 1928, that I last saw her alive on January 16, 1928, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the stomach. Operated on in December 1924.

(duration) 4 yrs mos ds.

CONTRIBUTORY (Secondary) Carcinoma of Duodenum(appeared 2 yrs. after operation on Stomach (duration) 1 yrs mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. L. Gallimore, M. D.

1-17 1928 (Address) 5713 Belair Rd., Raspeburg,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Gontrum Family Cemetery DATE OF BURIAL Jan. 19 1928

20 UNDERTAKER Fredk Lassahn & Sons ADDRESS Fullerton

Spec.—1-12-23—M&T—500 Bks.

E 29650

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 29650

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (T.B.) ST., (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Cullison

(a) RESIDENCE NO. 15 N. Caroline st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1899 ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
29	28 ?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Joseph Cullison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Henrietta Ford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

PARENTS

14 Informant Hospital Records

(Address)

Filed JAN 19 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 16, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1927, to Jan. 16, 1928, that I last saw h in alive on Jan. 16, 1928 and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Cut. Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No Clinical Aid.

What test confirmed diagnosis?

(Signed) L. Madden M. D.

1-16-1928 (Address) Baltimore City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion	Jan 20 1928.
UNDERTAKER Wendell & Lippel	ADDRESS 310 N Eden

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

S 29651

CERTIFICATE OF DEATH.

90 B 29651

1-PLACE OF DEATH Sinai Hosp.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1420 ST. (WARD)

2-FULL NAME Simon Fenitz

(a) RESIDENCE NO. 2319 Linden Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? 76 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND (of) or WIFE of: Helen Fenitz

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: Years 64 | Months — | Days — | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Jack Lewis

(Address) 1439 E Balt St

15 Filed JAN 19 1928 HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 19 1928

17 I HEREBY CERTIFY, That I attended deceased from May 1 1927 to Jan 19 1928, that I last saw h alive on Jan 18th 1928 and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis (Arteriosclerotic)

? (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical signs

(Signed) Meyer Muller, M. D.

, 19 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rehrer Friedsh[illegible]

DATE OF BURIAL: 1/20 1928

20 UNDERTAKER: Jack Lewis 1439 E Balt St

ADDRESS

Spec.—12-9-25—A Co.—200 Bks.

E 29652

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

CERTIFICATE OF DEATH.

E 29652
REGISTERED NO.

1-PLACE OF DEATH Sinai Hospital

City of BALTIMORE: (No. Monument & Broadway St., 6-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Wm. Schwartz

(a) RESIDENCE NO. 1826 E Fairmount St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? 18 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced, HUSBAND of (or) WIFE of: Jennie Schwartz

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE — Years: 28 — Months: — — Days: — — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country) Russia

PARENTS

10 NAME OF FATHER: Abraham

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Russia

12 MAIDEN NAME OF MOTHER: Mollie

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Russia

14 Informant: Mollie Schwartz

(Address) 1826 E Fairmount Ave

Filed JAN 19 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 28

1- 18 -

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 19 28, to Jan 18, 19 28,

that I last saw h.. alive on Jan 18, 19 28,

and that death occurred, on the date stated above, at 7-18 m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Dr Bernard Cohen, M. D.

, 19 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale — Date of Burial 1/19 19 28

20 UNDERTAKER: Jack Lewis — ADDRESS 1439 E Balto St

Spec.—1-12-23—M&T—500 Blks.

E 29653

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45 E 29653
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital ST. 1420 (WARD)

2-FULL NAME Edward H. Marcus

(a) RESIDENCE NO. 1916 Gistaw Place WARD
(Usual place of abode)
Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mch. 28 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	9	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Phoenix Bed Co.

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS
10 NAME OF FATHER Henry Marcus
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany
12 MAIDEN NAME OF MOTHER Lena Samuel
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mrs. E. Marcus
(Address) Lake Drive Apts. W.

Filed JAN 19 1928 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1928

17 I HEREBY CERTIFY, that I attended deceased from Dec 12, 1927, to Jan 18, 1928,
that I last saw h[illegible] alive on Jan 18, 1928
and that death occurred, on the date stated above, at 7.45 P m.

The CAUSE OF DEATH* was as follows:
Primary Cause undetermined - probably Carcinoma

(duration) yrs. 2 mos d[illegible]

CONTRIBUTORY (Secondary) Chronic Nephritis
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of 11/21/27
(Hemmeleration)
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Jos. J. Kaufberg, M. D.
, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Heb. Shalom Cem	1/20/1928

UNDERTAKER Weinberg Sondheim ADDRESS 118-20 W. Mt. Royal Ave

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29654

CERTIFICATE OF DEATH.

100-001

E 29654

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 861 Whitelock ST. 13-54 WARD)

2-FULL NAME Aaron Spear

(a) RESIDENCE NO. 861 Whitelock ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE Henrietta Spear

6 DATE OF BIRTH (month, day, and year) Jany 2, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min
	74	—	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) 066

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Isaac Spear

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Fidel Bachrach

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. H. Spear

(Address) Edward Apts

15 Filed 1928 19 C. [illegible] JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-18 1928

17 I HEREBY CERTIFY, That I attended deceased from 1-15, 1928, to 1-18, 1928,

that I last saw h[illegible] alive on 1-18, 1928

and that death occurred, on the date stated above, at 8 10 p m

The CAUSE OF DEATH* was as follows:

Myocardial failure

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Clinical Signs + Symptoms

(Signed) Albert V Sidney M. D.

19 (Address) 42 N Mill Road N

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Hebrew Cem.

DATE OF BURIAL 1/20/1928

UNDERTAKER Baird Sonddeim

ADDRESS 18 W. Mt. Royal Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29655
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

105

E 29655
REGISTERED NO.

CITY OF BALTIMORE: (No.) 3837 Park Heights ave St. (Ward) 46-58

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Luciano Zito

(a) RESIDENCE No. 3837 Park Heights ave St., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Zito

6 DATE OF BIRTH (month, day, and year) Dec 15 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	1	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Shoe Maker
(b) General nature of industry, business, or establishment in which employed (or employer) self
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS
10 NAME OF FATHER Salvatore Zito
11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy
12 MAIDEN NAME OF MOTHER Rosalia Sodele
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Rosa Zito
(Address) 3837 Park Heights ave

15 Filed JAN 19 1928 19 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/17 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 15 1928 to Jan 17 1928.
that I last saw him alive on Jan 17 1928,
and that death occurred, on the date stated above, at 2.45 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Asthma

over

(duration) yrs. mos 9 ds.
CONTRIBUTORY (Secondary) Acute Cardiac Dilatation
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?

(Signed) Albert Scagnetti, M. D.
, 19 (Address) 244 S Exeter St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem DATE OF BURIAL 1/20 1928

UNDERTAKER Geo J Ruth ADDRESS 1735 Harford ave

Spec.—1-12-23—M&T—500 Bks.

E 29656

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

124

REGISTERED NO. E 29656

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Josephs Hospital (St.) 8-17 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances Hoff

(a) RESIDENCE NO. 1314 N. Chester ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Widower

6 If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of wife of Andrew Hoff

7 DATE OF BIRTH (month, day, and year) Feb 21-1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	71	10	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Isaac Emmert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mrs J. J. Grouch

(Address) 1518 N. Chester St

Filed 8-1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-18 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 4, 1928, to Jan 18, 1928,

that I last saw her alive on Jan 18, 1928,

and that death occurred, on the date stated above, at 5.30 P m.

The CAUSE OF DEATH* was as follows:

Emphysema of gall Bladder

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 1-18-28

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A Laurence Fahrney, M. D.

(Address) St. Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Jan 21 1928

20 UNDERTAKER Robt Turner

ADDRESS 1 N. Gay

Spec.—1-12-23—M&T—500 Bks. Ferdinand H. Paar

E 29657 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29657

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No.) Greenmount Ave (St.) 21-29 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ferdinand H. Paar

(a) RESIDENCE NO. 1210 Ridgely St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of (Late Emma Jane Leifert)

6 DATE OF BIRTH (month, day, and year) June 9. 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	7	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore (State or country) Md.

10 NAME OF FATHER Henry Paar

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Miss Helen E. Carr

(Address) 716 N. Gross St

Filed 1928 C. HAMPSON JONES, M. D.

By [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 15, 1928, to Jan 18, 1928,

that I last saw h[illegible] alive on Jan 18, 1928,

and that death occurred, on the date stated above, at 3 40 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage Left Right Sided Hemiplegia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Hypertension & Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) F. L. Kuby, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel	Jan 21 1928
20 UNDERTAKER Harry A. Nitzke	ADDRESS 1531 Lombard St

Spec.—1-12-23—M&T—500 Blks.

E 29658

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 29658

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2111 Cross Country Blvd. ST. 27-55 WARD)

2-FULL NAME Lily Hyde Hoen

(a) RESIDENCE NO. 2111 Cross Country Blvd. ST., WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 9 mos. 27 ds. How long in U. S., if of foreign birth? 70 yrs. 9 mos. 27 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank M. Hoen

6 DATE OF BIRTH (month, day, and year) March-22-1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	70	9	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER Richard Hyde

11 BIRTHPLACE OF FATHER (city or town) Annapolis
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Emily Jilland

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

Informant Mr. Frank J. Hoen (son)
(Address) 507 Maryland Trust Building.

Filed Jan 22 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/18 1928

17 I HEREBY CERTIFY, That I attended deceased from June 1 1925 to Jan 18 1928 that I last saw her alive on Jan 17 1928 and that death occurred, on the date stated above, at 2 45 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(duration) 1 yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Epidermoid Carcinoma of Cervix (duration) — yrs. — mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic X-R

(Signed) W. Dee Ellis M. D.

1/19, 1928 (Address) 6 E Read St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	Jan-21-28 19
20 UNDERTAKER J. ROBERT HOWEN COMPANY (WILLIAM F. WOODEL, Successor)	ADDRESS 1000 W. NORTH AVE.

29659

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29659

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 502 W. Fayette St. Ward) H 2590

Registered No. C.....

(If death occurred in a hospital or institution, give Its NAME instead of street and number and fill out No. (8.)

2-FULL NAME... H. L. Corbett

(Residence in Baltimore: No. 502 W Fayette St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	W	

6-DATE OF BIRTH.

..... (Month) ..... (Day) ..... (Year)

7-AGE. 61 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) nil

9-BIRTHPLACE, (State or Country).

PARENTS.

10-NAME OF FATHER.

11-BIRTHPLACE OF FATHER, (State or Country). Not Known

12-MAIDEN NAME OF MOTHER.

13-BIRTHPLACE OF MOTHER, (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed 9 1928 C. HAMPSON JONES, M. D. 192 Registrar.

JOHNS HOPKINS

2099

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 1 – (Month) (Day) 192 28 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) 2 yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(Duration) yrs. mos. ds.

Jan 1 1928 (Signed) C. H. Jones M. D.

192 (Address) 1420 N. Gay

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL DATE OF BURIAL, ... 192

20-UNDERTAKER. ADDRESS

Commissioner of Health. JAN 19 1928

F. ADDELL

E 29660 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29660

CERTIFICATE OF DEATH.

1-PLACE OF DEATH City of BALTIMORE: (No. City Hospital St., Ward) Registered No. C. 76-37

2-FULL NAME James J. Kennedy

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 116 K St.; yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. W.

5-Single, Married, Widowed, or Divorced, (Write the word.)

6-DATE OF BIRTH. (Month) (Day) (Year)

7-AGE. 60 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer). N K

9-BIRTHPLACE, (State or Country).

PARENTS.

10-NAME OF FATHER.

11-BIRTHPLACE OF FATHER, (State or Country). Not Known

12-MAIDEN NAME OF MOTHER.

13-BIRTHPLACE OF MOTHER, (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15- 1928 G. HAMPSON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH

16-DATE OF DEATH, Jan 12 1928 (Month) (Day) (Year)

17- I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Alcoholism

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) mos. 1 ds.

Jan 15/28 (Signed) M. D. 1928 (Address) 1403 N. Broadway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents). At place of death yrs. mos. ds. In the State. yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL DATE OF BURIAL. 19

20-UNDERTAKER. John Blessener Health. ADDRESS JAN 19 1928

2098

[illegible] WOODALL

E 29661

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29661

CERTIFICATE OF DEATH.

REGISTERED No C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2724 Riggs ave 16-6 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George T. Richards

(Residence in Baltimore: No. 2724 Riggs Ave. St.) yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	married

6-DATE OF BIRTH. 7/30/1853, 1 (Month) (Day) (Year)

7-AGE. 72 yrs. 5 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Balto Md.

PARENTS.

10-NAME OF FATHER. Joseph Richards

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. May Hunter

13-BIRTHPLACE OF MOTHER (State or Country). Penn.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Hill

(Address) 2724 Riggs Ave.

15- Filed 1928 C. HAMPSON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. January 15, 1928 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry) found that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. F. McKenney M. D.
(Coroner.)

Jan 17, 1928 (Address) 757 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Cathedral Cem. DATE OF BURIAL. 1/21, 1928

20-UNDERTAKER John J. Fahey & Sons ADDRESS 1518 Eight St.

Spec—12-23-21—E.B.R.S.—400 Blks.

E 29662

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29662

CERTIFICATE OF DEATH.

145-001

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. University Hospital St. W. 30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Harriett Johnson

(a) Residence No... Landsdown Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ~~1~~ yrs. ~ mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	Colored.	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1913

7-AGE.	If LESS than 1 day,
15 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housework

(b) General nature of Industry, business, or establishment in which employed (or employer)..... 070

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Md

PARENTS.

10-NAME OF FATHER. Charles Johnson

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Md

12-MAIDEN NAME OF MOTHER. Maggie Johnson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md

14- (Informant) Maggie Johnson

(Address) Landsdown Md

15- JAN 9 1928 192 CLAUDSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 18 1928

17- I HEREBY CERTIFY, That I attended deceased from Jan 14 1928 to Jan 18 1928

that I last saw her alive on Jan 18 1928

and that death occurred, on the date stated above, at 8 45 p m

The CAUSE OF DEATH* was as follows:

Peritonitis Intestinal obstruction

(over)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Jan 14, 1928

Was there an autopsy? Yes.

What test confirmed diagnosis? Operation + Autopsy.

(Signed) Dwight Reynolds, M. D

, 19 (Address) University Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt Zion Cem	Jan 19, 1928
20-UNDERTAKER. Daniel Coates & Co	ADDRESS 916 N. Eutaw St.

Spec.—1-12-23—M&T—500 Bks.

E 29663

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29663

CERTIFICATE OF DEATH.

14-001

1-PLACE OF DEATH

REGISTERED NO. 25-32

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 56 Hampden Ave ST., ... WARD)

2-FULL NAME Thophilous Jackson

(a) RESIDENCE No. 56 Hampden Ave ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Eliz Jackson

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE: Years 61 | Months | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) ..... (State or country) Md

PARENTS

10 NAME OF FATHER Don't Know

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Md

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Md

14 Informant Mrs Jackson

(Address) 56 Hampden Ave

15 Filed ....., 19..... G. THOMPSON JONES, M. D. Registrar

1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-17-1928

17 I HEREBY CERTIFY, That I attended deceased from 1-15, 1928, to 1-17, 1928 that I last saw h— alive on 1-17, 1928 and that death occurred, on the date stated above, at 2 P m

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Stephen A Davis M. D.

, 19 (Address) 1127 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: Jan 19 1928

20 UNDERTAKER: Daniel Carter — ADDRESS: 916 E Fayette

Spec.—1-12-23—M&T—500 Blks.

E 29664 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29664

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. ..... ST. 1-12-38 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isaac Mason.

(a) RESIDENCE NO. 630 W. Biddle ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ? 1878

7 AGE: Years 50 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

10 NAME OF FATHER: [illegible]

11 BIRTHPLACE OF FATHER (city or town) (State or country): [illegible]

12 MAIDEN NAME OF MOTHER: [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country): [illegible]

14 Informant .....

(Address) Same.

15 FILED 1928 C. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1927 to Jan 14, 1928 that I last saw him alive on Jan. 14, 1928 and that death occurred, on the date stated above, at 4:10 A. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia - Ac. - Pneumonia

Hypertension

Syphilis

(duration) 2 yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Serum & Spin

(Signed) C. Holmes Boyd, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: Jan 17 1928

20 UNDERTAKER: Daniel Easton ADDRESS 916 9 Mc

Spec—12-23-21—E.B.R.S.—400 Bks.

E 29665 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29665

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 215 Cherry St. St. 75 Ward 129) Registered No.

2-FULL NAME Antonina Dembowska (If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 215 Cherry st St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

6-If married, widowed, or divorced, HUSBAND of (or) WIFE of Wladyslaw Dembowski

6-DATE OF BIRTH (month, day and year) Aug 2 - 1893

7-AGE. 34 yrs. 5 mos. 15 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town). (State or Country). Poland

PARENTS.

10-NAME OF FATHER. Wojciech Konrat Kowske

11-BIRTHPLACE OF FATHER (city or town). (State or Country). Poland

12-MAIDEN NAME OF MOTHER. Not Known

13-BIRTHPLACE OF MOTHER (city or town). (State or Country). Poland

14- (Informant) Wladyslaw Dembowski

(Address) 215 Cherry St.

15- Filed 1928 G. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 17 28

17- I HEREBY CERTIFY, That I attended deceased from Dec 5 1927 to Jan 17 1928

that I last saw her alive on Jan 17 1928

and that death occurred, on the date stated above, at 1230 P. m.

The CAUSE OF DEATH* was as follows: Chronic Nephritis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Leon J. Hirsch M. D

Jan 17, 1928 (Address) Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL. Brooklyn Holy Cross DATE OF BURIAL. Jan 20 1928

20-UNDERTAKER. D. Ogazewski ADDRESS 1755 Eastern Ave

Spec.—1-12-23—M&T—500 Blks.

E 29666 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 29666

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2107 Hilton ST. 15-61 WARD)

2-FULL NAME Joseph H. Pfister

(a) RESIDENCE NO. 2107 Hilton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? — yrs. — mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Gaughran

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER John Pfister

11 BIRTHPLACE OF FATHER (city or town) (State or country) Switzerland

12 MAIDEN NAME OF MOTHER Margaret Burlock

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Mrs. Katherine M. Price

(Address) 2107 Hilton St.

Filed 1928 C. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 18 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 4 1927 to Jan 18 1928, that I last saw him alive on Jan 18 1928, and that death occurred, on the date stated above, at 2:40 m.

The CAUSE OF DEATH was as follows:*

Senile Debility - with myocardial insufficiency. Progressively

(duration) — yrs. — mos — ds.

CONTRIBUTORY (Secondary) Decompensation. Cardiac

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs. Consultation

(Signed) Wesley Cole, M. D.

(Address) 7707 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery Jan	21/28 19 28
20 UNDERTAKER Henry U. Mears & Son	ADDRESS 805 N. Calvert

Spec.—1-12-23—M&T—500 Blks.

Dr Hallsalmill
23 Canosa St

HEALTH DEPARTMENT—CITY OF BALTIMORE

29667

CERTIFICATE OF DEATH.

E 29667

179

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 918 William St. (Ward) 24-32

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth V. Robinson

(a) RESIDENCE No. 918 William ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., If of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 20/12

7 AGE: Years 15 Months 6 Days 29 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School

(b) General nature of industry, business, or establishment in which employed (or employer): Pa'b

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

10 NAME OF FATHER: John T. Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Essie A. Bernard

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

Informant: John T. Robinson

(Address): 918 William Street

Filed 1928 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 19 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1928, to Jan. 19, 1928.

that I last saw her alive on Jan. 19, 1928

and that death occurred, on the date stated above, at 7:12 a m.

The CAUSE OF DEATH* was as follows:

Acute Uraemia.

(duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Parenchymatous Nephritis (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry Wade Chisman M. D.

(Address) 1933 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Marshall Va

DATE OF BURIAL: Jan 22 1928

UNDERTAKER: Williamson & Nathan

ADDRESS

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

29668

E 29668

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 207 N. Glenn St., 6-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Mitchell Conner

(a) Residence No. 207 N. Glenn St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec. 11 1872

7-AGE. 53 yrs. 1 mos. 8 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Laborer

(b) General nature of industry, business, or establishment in which employed (or employer). 040

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Geo W Conner

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto

12-MAIDEN NAME OF MOTHER, Emelia Shuss

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto

14- (Informant) Robt M Conner

(Address) 1537 N Duncan

15- Filed 1928 C. HARRISON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 17 1928

17- I HEREBY CERTIFY, That I attended deceased from Dec 18 1927 to Jan 18 1928 that I last saw him alive on Jan 18 1928 and that death occurred, on the date stated above, at 5-30 AM

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchial Asthma

(Duration) yrs. 1 mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Geo W Miller M. D.

1/19 1928 (Address) 1601 N Monroe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Arlington Mem. DATE OF BURIAL. 2/21 1928

20-UNDERTAKER. Wm Cahoon Sons ADDRESS

Spec.—I-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ #29669

E 29669

CERTIFICATE OF DEATH.

× 117 E 29669

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No.) Lombard & Greene ST. 4-20 WARD)

2-FULL NAME Norman E. Colson

(a) RESIDENCE NO. Ellicott City Md. R.F.D #1 ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Married - Ester R. Colson

6 DATE OF BIRTH (month, day, and year): July 25 1895

7 AGE — Years: 32 — Months: 5 — Days: 24 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer): worked at Cemetery

(c) Name of employer: Wood Laurel Cemetery

9 BIRTHPLACE (city or town) Alberton

(State or country) Howard Co Md

10 NAME OF FATHER George W Colson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Carroll Co Md

12 MAIDEN NAME OF MOTHER Annie Hudson

13 BIRTHPLACE OF MOTHER (city or town) Charleston

(State or country) South Carolina

Informant Ester R. Colson

(Address) Rockland Howard Co Md.

Filed JAN 30 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-20 1928

17 I HEREBY CERTIFY, That I attended deceased from 1-13, 1928, to 1-20, 1928

that I last saw him alive on 1-20, 1928

and that death occurred, on the date stated above, at 12 10 A m.

The CAUSE OF DEATH* was as follows:

Suppurative Appendicitis

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary) Pneumonia Peritonitis

(duration) yrs. mos. " ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? Yes Date of 1-13-28

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings & Operation

(Signed) Henry Vincent Dorsey M. D.

1/20 1928 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ford Sheppard Howard Co Md

DATE OF BURIAL: Jan 23 1928

20 UNDERTAKER: Jon M. Shaw

ADDRESS: Ellicott City Md

Spec.—I-10-21—M&T—1500 Bks.

E 29670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74 001 E 29670

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2712 Frof ST. 12-51 (WARD)

2-FULL NAME Susan E Engelhardt

(a) RESIDENCE NO. 2712 Frof ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Engelhardt

6 DATE OF BIRTH (month, day, and year) Feb 18 1853

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	10	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER David Bowen

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant George Engelhardt (Address) 2712 Frof

JAN 20 1928 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 11 1928 to Jan 17 1928

That I last saw h alive on Jan 17 1928

And that death occurred, on the date stated above, at 645 P m.

The CAUSE OF DEATH* was as follows:

Paralysis

Sudden

CONTRIBUTORY (Secondary) Arterio Sclerosis (duration) yrs. mos. ds.

Hemorrhage Cerebral (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L E Richardson M. D.

1928 (Address) 1120 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Hampstead DATE OF BURIAL Jan 20 1928

20 UNDERTAKER Chenoweth Son ADDRESS 2417 Chestnut Ave

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29671

CERTIFICATE OF DEATH.

90 E 29671

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE (No.) 1836 W Fairmount Ave St., Ward 19

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ferdinand Langl

(a) RESIDENCE NO. 1806 Fairmount St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? 53 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lillie Anna Miller Langl

6 DATE OF BIRTH (month, day, and year): Aug 21 1846

7 AGE: Years 81 | Months 4 | Days 29 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Germany

(State or country)

PARENTS

10 NAME OF FATHER: Langl

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs A. Fater

(Address): 1836 Fairmount

15 Filed: Jan 20 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 19 28

17 I HEREBY CERTIFY, That I attended deceased from Jan 9 1928 to Jan 19, 1928, that I last saw h alive on Jan 15, 1928, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows: Organic Dis Heart

Arterio-Sclerosis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Pulm. Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Norment, M. D.

Jan 19, 1928 (Address) 939 W Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery Date of Burial: Jan 23 28

20 UNDERTAKER: Harry A. Writzle ADDRESS: 1521 W. Lombard St

Spec. 6-9-19 H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29672

CERTIFICATE OF DEATH.

44

E 29672

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 4002 Wilson Ave ST.: 9-47 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa Stortz

(a) RESIDENCE. No. 4002 Wilson Ave ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos ds

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a If married, widowed, or divorced (or) WIFE of Sylvester Stortz

6 DATE OF BIRTH (month, day, and year) Oct 14 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	3	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Marie Dressel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Edith Leith

(Address) 4002 Wilson ave

15 Filed Jan 20 1928 (Signature) Harrison Jones M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17 1928

17 I HEREBY CERTIFY, That I attended deceased from March 24 1926 to Jan 17 1928

that I last saw h alive on July 16 1928

and that death occurred, on the date stated above, at 8 30 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

(duration) 1 yrs. 9 mos. 24 ds.

CONTRIBUTORY (Secondary) Dyspnoea

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Yes Date 3/24/26.

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) George Alvey Bowden, M. D.

1/18. 1928 (Address) 1547 6 North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore	Jan 20 1928

20 UNDERTAKER Wm Cook ADDRESS 502 E North Ave

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29673

CERTIFICATE OF DEATH

11-001

E 29673

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No.) 36 (Street) Anna Polis Ave (Ward) Mt Winans (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Marshall

(a) RESIDENCE NO. 36 (Usual place of abode) Annapolis Ave St. Ward

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Julia Marshall

6 DATE OF BIRTH (month, day, and year): 1882

7 AGE: Years 45 Months — Days — IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Va

(State or country)

PARENTS

10 NAME OF FATHER Abraham Marshall

11 BIRTHPLACE OF FATHER (City or town) Va

(State or country)

12 MAIDEN NAME OF MOTHER Malcom

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Malcom

14 Informant Julia Marshall

(Address) 36 Annapolis Ave.

15 Filed 1928 RAYMOND JONES, M. D. Registrar

MAR 20 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-17- 1928

17 I HEREBY CERTIFY, That I attended deceased from 1-10- 1928 to 1-10- 1928

that I last saw h alive on 1-17- 28 1928

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH was as follows:

Labor Pneumonia

CONTRIBUTORY (Secondary) Grippe (duration) yrs. mos 4 ds.

(duration) yrs. mos 10 ds.

18 Where was disease contracted if not at place of death?

Did operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Howard D Jones, M. D.

, 19 (Address) 1417 Mosher St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. Date of Burial 1-20-28

20 UNDERTAKER Samuel Hendley & Bro. ADDRESS 578 W Balto

Spec.–7-17-26—A Co.—200 Bks.

E 29674

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-002 ✓ E 29674

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. 608 Pitcher St., 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm Hall

(a) RESIDENCE NO. 608 Pitcher St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) January 1900

7 AGE Years 28 Months Days

IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work waiter

(b) General nature of industry, business, or establishment in which employed (or employer) 70

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore md
(State or country)

PARENTS

10 NAME OF FATHER Wm Hall

11 BIRTHPLACE OF FATHER (City or town) (State or country) St Marys Co md

12 MAIDEN NAME OF MOTHER Mary Gorman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mary Hall
(Address) 608 Pitcher St

15 Filed JAN 20 1928 Registrar

Per KMK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-16 1928

17 I HEREBY CERTIFY, That I attended deceased from 1-6 1928, to 1-16 1928, that I last saw him alive on 1-16 1928, and that death occurred, on the date stated above, at 9.30 m.

The CAUSE OF DEATH* was as follows:

Nephritis

probly (duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) endocarditis pneumonia

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Frank A Sanders, M. D.

1-16, 1928 (Address) 1024 N Stricker

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

Date of Burial 1/20 1928

20 UNDERTAKER Edmund Attinday

ADDRESS 1128 Pitcher

Spec.—1-12-23—M&T—500 Bks.

E 29675 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

E 29675

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1009 Druid Hill ST. 11-24 WARD)

2-FULL NAME Catherine Williams

(a) RESIDENCE NO. 1009 Druid Hill ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	Col'd	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Silas Williams

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
64	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Household Work

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Gloucester Co Va

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) unknown (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown (State or country)

Informant Jack Brooks

(Address) 1009 Druid Hill Ave

Filed 1-29 1928, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/18 1928

17 I HEREBY CERTIFY, That I attended deceased from 1/17, 1928, to 1/18, 1928, that I last saw her alive on 1/18, 1928, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Coma

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Gustav Lohman, M. D.

, 19 (Address) 836 W Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudoun Va — DATE OF BURIAL 1/20 1928

20 UNDERTAKER Edmonds Hearse — ADDRESS 1128 Bolton

Spec.—1-12-23—M&T—500 Bks.

E 29676 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29676

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2655 Francis ST. 13-59 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francesco Brocato

(a) RESIDENCE NO. 2655 Francis ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred (yrs. 30) mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Brocato

6 DATE OF BIRTH (month, day, and year) May 4th 1832

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	95	8	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Italy

10 NAME OF FATHER Salvato Brocato

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Theresa Baranco

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

Informant Frank Di Leonardi

(Address) 2655 Francis st

JAN 20 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928, to Jan 18, 1928

that I last saw him alive on Jan 17, 1928.

and that death occurred, on the date stated above, at 7.30 m.

The CAUSE OF DEATH was as follows:

Senile Hypostatic

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Edwin Jones M. D.

19 1928 (Address) 1 Randall Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Jan 21st 1928
20 UNDERTAKER Frank W. Lilstow	ADDRESS 2718 E. Balto. st

Spec.—6-9-19—H. P. Co.—1090 Bks.

E 29677

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29677

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1923 W. Pratt (St.) 20-28 (WARD)

2-FULL NAME Henry R Kelly

(a) RESIDENCE. (Usual place of abode) NO. 1923 W Pratt St ST., WARD.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. 4 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown.

6 DATE OF BIRTH (month, day, and year) Sept. 5 - 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Kelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Elizabeth Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Portland Main

14 Informant (Address) Mrs Alice Trogler 816 Bentalou St

15 Filed JAN 20 1928 Registered [illegible] HARRISON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19. 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 1. 1928. to Jan 19. 1928. that I last saw him alive on Jan 19. 1928. and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Int. Nephritis.

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —.

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) [illegible], M. D.

1/20 1928 (Address) 888 N. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Jan 21 1928

20 UNDERTAKER: Mary A Gaughan — ADDRESS: 2839 Rayner Ave

Spec.—1-12-23—M&T—500 Bks.

E 29678

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29678

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1522 Mc Henry (St.) 19-28 (Ward)

2-FULL NAME Susannah M Keller

(a) RESIDENCE No. 1522 Mc Henry St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Widowed

6 DATE OF BIRTH (month, day, and year): Oct 16 1846

7 AGE: Years 81 | Months 3 | Days 3 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country): dont Know

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

Informant: William Miller

(Address) 1522 Mc Henry St

Filed JAN 20 1928 C. HAMILTON JONES, Registrar

Prepared by: H Abbott

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 18 1928

17 I HEREBY CERTIFY, That I attended deceased from July - 31 - 1926 to Jan 17 1928, that I last saw her alive on Jan 17 1928 and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis Chronic Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary): Hemaplegia

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) E Keller Hemming, M. D.

19 28 (Address) 2001 Hollins Ave

*Give the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem

DATE OF BURIAL: Jan 21 1928

20 UNDERTAKER: A. Jones

ADDRESS: W. Saratoga

Spec.—1-12-23—M&T—500 Bks.

E 29679

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24-001 E 29679

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope) (ST. 25-72) (WARD)

2-FULL NAME Susan E. O'Neill

(a) RESIDENCE NO. Mt Hope Retreat ST. WARD Resident

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 2 mos. Mt. Hope da. How long in U. S., if of foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
abt.	72	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Lewis O'Neill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Jane McCormick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Records-Mt Hope (Address) Baltimore Md

15 Filed JAN 20 1928 C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19 1928

17

I HEREBY CERTIFY, That I attended deceased from Feb 1, 1926 to Jan 19, 1928,

that I last saw h[illegible] alive on Jan 18, 1928,

and that death occurred, on the date stated above, at 3.15 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis (Cerebral Hemorrhage)

(duration) Suddenly yrs. mos. da.

CONTRIBUTORY (Secondary) Senile Psychosis

(duration) 10 yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Study

(Signed) Carl M Enson M. D.

Jan 19 1928 (Address) Mt Hope, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Cathedral Cemetery

DATE OF BURIAL Jan 21 1928

20 UNDERTAKER D. STEWART & MOWEN COMPANY

ADDRESS 108 N Charles

WILLIAM F. WOODEN, Assistant

Spec.—1-10-21—M&T—1500 Bks.

E 29680 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29680

CERTIFICATE OF DEATH.

51

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5926 Falls Road ST. 27-54 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susan Ann Miller

(a) RESIDENCE NO. 5926 Falls Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Harry Miller

6 DATE OF BIRTH (month, day, and year) 9. 30 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	3	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Elihu Hendrix

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Euzell Fife

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Harry Miller

(Address) 5926 Falls Rd

15 Filed 1-20-1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1. 19. 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 10, 1926, to Jan 19, 1928.

that I last saw her alive on Jan 14, 1928,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Diabetes - Chronic Bright's, Arterial Degeneration with Senile Degeneration

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) E. H. Beeken, M. D.

1. 20. 1928 (Address) 1st Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet DATE OF BURIAL Jan 21 1928

20 UNDERTAKER ADDRESS

A S Marshall 3589 Falls Rd

UC NYC

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29681

CERTIFICATE OF DEATH.

74 E 29681

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 713 Ramsey - ST 21-29 WARD)

2-FULL NAME Mabel Robinson

(a) RESIDENCE NO. 713 Ramsey. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. 7 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert Robinson -

6 DATE OF BIRTH (month, day, and year): May 9 - 1871

7 AGE: Years 56 | Months 8 | Days 10 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto. (State or country) Md.

10 NAME OF FATHER Walter Woodall

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Mary E. Polley

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country)

Informant Cola Berry

(Address) 713 Ramsey St

Filed JAN 20 1928 C. HARRY [illegible]

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19 1928

17 I HEREBY CERTIFY, That I attended deceased from Jany 8, 1928, to Jany 19, 1928, that I last saw h— alive on Jany 19, 1928, and that death occurred, on the date stated above, at 7.00 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

What test confirmed diagnosis?

(Signed) Shepherd Davis, M. D.

, 19 (Address) 227 North St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL [illegible]

UNDERTAKER W. J. Tuckner & Son

ADDRESS [illegible]

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29682

CERTIFICATE OF DEATH

31 E 29682

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3707 Fait Ave St. 26-37 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME HELEN SCHRADER,

(a) RESIDENCE NO. 3707 Fait Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. 5 mos 18 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White,	Single,

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 20-1908.

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min..
	19	5	18 28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cigar making

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer American Cigar Co.

9 BIRTHPLACE (city or town) Baltimore,

(State or country) MD.

PARENTS

10 NAME OF FATHER Martin Schrader,

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Poland,

12 MAIDEN NAME OF MOTHER Johanna Rudzynski,

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland,

14 Informant Johanna Schrader,

(Address) 3707 Fait Ave

15 Filed JAN 20 1928 C. HAMSON Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1928 January 18

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1927, to Jan 18 1928,

that I last saw her alive on 18 Jan. 1928,

and that death occurred, on the date stated above, at 6.30 P- m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 1/4 yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Microscopic

(Signed) Frank A. Glantz, M. D.

Jan 19. 1928 (Address) 3244 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL H. Stanislaus Date of Burial Jan 23. 1928

20 UNDERTAKER M. F. Sadowski ADDRESS 705 S. Am.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29683

CERTIFICATE OF DEATH.

57 E 29683

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Green & Lombard ST. 24-34 WARD)

2-FULL NAME Feldmore Bennett

(a) RESIDENCE No. 1501 Light St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

6a If married, widowed or divorced HUSBAND of (or) WIFE of Mary Cashman

7 DATE OF BIRTH (month, day, and year) July 5 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
72		6	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 073

(b) General nature of Industry, business, or establishment in which employed (or employer) R.R. Locomotive

(c) Name of employer B & O R R

BIRTHPLACE (city or town) (State or country) Wheeling West Virginia

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

Informant Eleanor Bennett

(Address) 845 E 40th St

Filed JAN 20 1928 CHARLES JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 7 1928 to Jan 18 1928

that I last saw h[illegible]live on Jan 18 1928

and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis with failure

(duration) unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus, Emphysema

(duration) [illegible] yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. F. Lasby, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 1/20 1928

20 UNDERTAKER J. J. Moran

ADDRESS 3009 E. Baltimore

Spec.—1-12-23—M&T—500 Blks.

21 E 29684 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29684

CERTIFICATE OF DEATH.

11-00

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 8-17 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Melvin Coates

(a) RESIDENCE NO. 1314 N. Dallas St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word)

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7-10-27

7 AGE — Years: — Months: 6 — Days: 8 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Wm Coates

11 BIRTHPLACE OF FATHER (city or town) (State or country) Washington D. C

12 MAIDEN NAME OF MOTHER Beulah Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed JAN 23 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-18 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 13, 1928, to Jan 18, 1928,

that I last saw h alive on Jan 18, 1928

and that death occurred, on the date stated above, at 2 4 m.

The CAUSE OF DEATH* was as follows:

Meningitis Influenzal

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1314 N Dallas St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Culture of sp. fluid

(Signed) J. C. Gaspar M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Jean Cem — DATE OF BURIAL: Jan 21 1928

20 UNDERTAKER: Robt E Williams — ADDRESS: 1515 McCulloh St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29685

CERTIFICATE OF DEATH.

E 29685

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST., 70-69 WARD) REGISTERED NO. 57

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Annie Levering

(a) RESIDENCE No. 307 Fulhill ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. 6 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Howard A. Levering

6 DATE OF BIRTH (month, day, and year) July 10 1889

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	6	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Augustus Winters

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Margaret ~~Dawson~~ O'Donnell

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant Mr Howard A Levering

(Address) 307 Fulhill ave

Filed JUN 20 1928 C. HARRY JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18 1928

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1928, to June 18 1928

that I last saw her alive on June 18 1928

and that death occurred, on the date stated above, at 8:30 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Lab.

(Signed) Frances L. Gadaglass M. D.

, 19 (Address) St Agnes' Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL Jun 2/1928

20 UNDERTAKER John F. Denny — ADDRESS 715 Light St

Spec.-7-17-26—A Co.—200 Bks.

29686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129

E 29686

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 118 W. Clement St. 23-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth D. Ingham

(a) RESIDENCE NO. 118 W. Clement St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 81 yrs. 8 mos. 2 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George S. Ingham

6 DATE OF BIRTH (month, day, and year) May 16, 1846

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
	81	8	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore,

(State or country) Md.

PARENTS

10 NAME OF FATHER Isaac Cruser

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Sarah Corwine

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant William T. Ingham

(Address) 118 W. Clement St.,

15 Filed JAN 21 1928 19 PARRAN T. JONES, Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 18, 19 28

17 I HEREBY CERTIFY, That I attended deceased from Jan. 9, 19 28, to Jan. 18, 19 28, that I last saw h[illegible] alive on Jan. 18, 19 28, and that death occurred, on the date stated above, at 4.30 p.m.

The CAUSE OF DEATH* was as follows:

Septicemia - Face

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis Interstitial Chronic

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

. 19 (Address) 1215 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet Cem. — Date of Burial Jan 21 1928

20 UNDERTAKER John F. Denny — ADDRESS 715 Light St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29687

CERTIFICATE OF DEATH.

E 29687

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 332 S. Monroe ST. 20-28 (WARD)

2-FULL NAME Florence Mildred Harp

(a) RESIDENCE NO. 332 S. Monroe ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 13, 1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Marion J. Harp, Sr.

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Helen Keller

13 BIRTHPLACE OF MOTHER (city or town) Cleveland (State or country) Ohio

14 Informant Mrs. Helen Harp

(Address) 332 S. Monroe St.

15 Filed JAN 20 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 18 19 28

17 I HEREBY CERTIFY, That I attended deceased from Nov 12, 1927 to Jan 18, 1928.

that I last saw her alive on Jan 17 1928.

and that death occurred, on the date stated above, at 9.30 P m.

The CAUSE OF DEATH* was as follows:

Congenital Lues

CONTRIBUTORY (Secondary) (duration) yrs. 3 mos 5 ds.

(duration) yrs. 0 mos 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James F. Dyer M. D.

1/30, 19 28 (Address) 1729 W. Lombard St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine

DATE OF BURIAL Jan. 21, 1928

UNDERTAKER Joseph B. Cook

ADDRESS 1003 W. Baltimore St.

Spec.—1-12-23—M&T—500 Bks.

E 29688

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 E 29688

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3904 Fernwood ave ST. 26-37 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Merritt

(a) RESIDENCE NO. 3904 Fernwood ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Merritt

6 DATE OF BIRTH (month, day, and year) June 15-1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	7	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chief Car Inspector

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Bethlehem Steel Corp

9 BIRTHPLACE (city or town) (State or country) Harpers Ferry W Va

10 NAME OF FATHER Henry C. Merritt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harpers Ferry W Va

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

PARENTS

4 Informant Mrs. Florence Merritt (Address) 3904 Fernwood ave

5 Filed JAN 20 1928 HARRISON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19 1928

17 I HEREBY CERTIFY, That I attended deceased from 1/13, 1928, to 1/19, 1928, that I last saw h alive on 1/18, 1928, and that death occurred, on the date stated above, at 1:20 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) W. H. Gandt M. D.

1/20/28 (Address) 633-5-34

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetery — DATE OF BURIAL Jan 21 1928

20 UNDERTAKER George W. Zirkler — ADDRESS 1737 E Eager st

Spec.—1-12-23—M&T—500 Bks.

E 29689 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29689

CERTIFICATE OF DEATH.

43

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 923 W. 38th St. WARD) 13-52

2-FULL NAME Patrick Mulligan.

(a) RESIDENCE NO. 923 W. 38th ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 9 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white.	Widower.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of of the late Mary Mulligan

6 DATE OF BIRTH (month, day, and year) April 11th 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	9	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Labor

(b) General nature of industry, business, or establishment in which employed (or employer) Water Department

(c) Name of employer,

9 BIRTHPLACE (city or town) (State or country) Balto Md.

10 NAME OF FATHER Patrick Mulligan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Mahonroad.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

Informant Mrs. Mamie Mulligan

(Address) 923 W. 38th St. Balto. Md.

Filed JAN 20 1928. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19th 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1928, to Jan. 19, 1928,

that I last saw him alive on Jan. 15, 1928

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Pneumonia Right Lung

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Frank H. Machen, M. D.

, 19 (Address) 4037 Falls Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cem. Norfolk Va.	Jan 21 1928
20 UNDERTAKER John J. Howard & Son.	ADDRESS 901 Hollins St.

Cor.—12-9-25—A Co.—200 Bks.

E 29690

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

51 E 29690

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St, Joseph's Hospital. St. 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia Ruckle

(a) RESIDENCE NO. 808 E. Preston St. St. Ward

(Usual place of abode) Lifetime

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) January 22nd. 1921

7 AGE	Years	Months	Days 27	IF LESS than 1 day ....hrs. or ....min.
	6	11	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Thomas L. Ruckle

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Margaret McGeeney

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md.

14 Informant Thomas L. Ruckle

(Address) 808 E. Preston St.

Jan 20 1928 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 19th. 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Nephritis-Acute Rheumatic Fever

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [illegible] M. D.

(Coroner)

(Address) 508 E. North Ave

1/19/28

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery. Date of Burial Jan 23/28

20 UNDERTAKER Chas. F. Naus & Son ADDRESS 118 N. Eutaw St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

29691 E 29691

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 127 S Carline ST., 3-5 WARD)

2-FULL NAME Estella Jackson

(a) RESIDENCE No. 127 S Caroline ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Cl	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Jackson

6 DATE OF BIRTH (month, day, and year) Jan - 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bath Md

PARENTS

10 NAME OF FATHER Philip Billups

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Eliz Cooper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Husband

(Address) 127 S Caroline St

15 Jan 21 1928 C. HAMPSON JONES, M. D.

By Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 31, 1927, to Jan 18, 1928, that I last saw h[illegible] alive on Jan 18, 1928, and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal Nephritis

(duration) yrs 1 mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Bernard Harris M. D.

, 19 (Address) 38 S Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetary — DATE OF BURIAL Jan 21 1928

20 UNDERTAKER Jos. F. H. Rochester — ADDRESS 1431 Jefferson St

Spec.—1-12-23—M&T—500 Bks.

29692

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 29692

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1121 Forrest ST. 10-14 WARD)

2-FULL NAME Thomas J. Monaghan

(a) RESIDENCE NO. 1121 Forrest ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? 50 yrs. -- mos. -- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Agnes Lochte

6 DATE OF BIRTH (month, day, and year) Aug. 15, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	5	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER Thomas Monaghan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Monaghan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Miss Ella M. Monaghan

(Address) 1121 Forrest Street

1928 W. HARRISON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19th 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 12th, 1927, to Jan 18th, 1928, that I last saw h alive on Jan 18th, 1928, and that death occurred, on the date stated above, at 8 30 A m.

The CAUSE OF DEATH* was as follows:

Cardiac Exhaustion

(Acute)

(duration) ..... yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Pernicious Anemia Enterocolitis

(duration) 2 yrs. - mos. - ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. B. Saunders, M. D.

1928 (Address) 719 E Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	1/21 19 28

20 UNDERTAKER Henry U. Wears & Son ADDRESS 805 N. Calvert

Spec.—1-12-23—M&T—500 Bks.

E 29693 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29693

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 23-31 WARD)

REGISTERED NO. 1001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James E. Braxton.

(a) RESIDENCE NO. 1426 Orange ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore. (State or country) Md.

10 NAME OF FATHER Albert Braxton

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant (Address) Unknown.

15 1928 C. HARRISON JONES, M. D. Registrar

Filed

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1928, to Jan. 17, 1928, that I last saw him alive on Jan. 17, 1928, and that death occurred, on the date stated above, at 11:20 A. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Gram's stain

(Signed) C. Harrison Jones M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Calvary — DATE OF BURIAL Jan 21 1928

20 UNDERTAKER Joseph Ashely — ADDRESS 404 N. Mount

Spec.—1-12-23—M&T—500 Blks.

E 29694

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X100 E 29694

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS 24-37 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha Brown.

(a) RESIDENCE No. West Point Va. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Oyster shucker

(b) General nature of industry, business, or establishment in which employed (or employer) 049

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Arkansas.

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town)
(State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) ?

14 Informant
(Address) Rounds. JOHNS HOPKINS HOSPITAL

15 Filed 1928 C. HARRISON JONES, M. D.
Per 2102 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/16/1928.

17 I HEREBY CERTIFY, That I attended deceased from June 11, 1928 to June 16, 1928
that I last saw her alive on June 16, 1928
and that death occurred, on the date stated above, at 11:00 A.m.
The CAUSE OF DEATH* was as follows:

Pemphigus - vegetans.
Exfoliative Dermatitis.
Impetiginous

(duration) yrs. mos 1/4 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Gram & Sol

(Signed) L. Theodo Boyd M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health.

ADDRESS

JAN 2 1928

Cor.—12-9-25—A Co.—200 Bks.

E 29695

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

185 E 29695

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 4313 Forrestview Ave St. 27-42 Ward)

2-FULL NAME Elizabeth M. Neuschaefer

(a) RESIDENCE NO. 4313 Forrestview Ave St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Neuschaefer

6 DATE OF BIRTH (month, day, and year) Feb 27/1859

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	68	10	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Co., Md

PARENTS

10 NAME OF FATHER John Haulplipe

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Snider

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Margaul Haulplipe

(Address) 4313 ForrestView Ave

15 Filed 1928 19 C. HARRISON JONES M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency- Accidently fell on steps st. michael Church Overlea on Dec 25/27 & fractured left hip. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. H. Horn M. D.

(Coroner)

1/19/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudenslager Chapel Date of Burial 1/21 1928

20 UNDERTAKER Joseph J. Horn & Son ADDRESS Fayette & Luzerne Sts

Spec.—1-12-23—M&T—500 Bks.

E 29696

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29696

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST., 40 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Plumhoff.

(a) RESIDENCE NO. 3419 Elmley Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 12/82

7 AGE: Years 45 Months 4 Days 6 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shipping

(b) General nature of industry, business, or establishment in which employed (or employer): Clerk

(c) Name of employer: Shaw & Dohme

9 BIRTHPLACE (city or town) (State or country): Md.

10 NAME OF FATHER: Henry Plumhoff

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Ellen E. King

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant: Ellen E. Plumhoff

(Address) 3419 Elmley Ave

File 1928, 19 C. HAMILTON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-20 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 18, 1928, to Jan 20, 1928, that I last saw him alive on Jan. 20, 1928, and that death occurred, on the date stated above, at 3.45 p.m.

The CAUSE OF DEATH* was as follows:

Ruptured Gastric Ulcer (Perforated)

(duration) Ruptured 3 yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 1-7-28

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Florence Rodney, M. D.

, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mathews

DATE OF BURIAL: 1/23 1928

20 UNDERTAKER: Philip Henry

ADDRESS 2016 Orleans St

Spec.—1-12-23—M&T—500 Bks.

2E 141
29697

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

65 E 29697

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL St., 7-10 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ethel Kerner

(a) RESIDENCE NO. 602 Belmont St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 5 03

7 AGE: Years 24 Months 3 Days 4 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

BIRTHPLACE (city or town) (State or country): Maryland

10 NAME OF FATHER: Edward Kerner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Emma Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

File 1928 H. HARRISON Jones Pct. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1925, to Jan. 19, 1925, that I last saw h alive on Jan. 19, 1925, and that death occurred, on the date stated above, at 5:20 P.m.

The CAUSE OF DEATH* was as follows:

Hodgkin's Disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy.

(Signed) Charles Johnston, M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Repose Cem. Falls Church

DATE OF BURIAL: 1/23 1925

20 UNDERTAKER: Philip Henry

ADDRESS 2046 Orleans

Spec.—1-12-23—M&T—500 Bks.

E 29698

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 29698

REGISTERED NO.

1-PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) ST., 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mrs. Virginia Vest

(a) RESIDENCE NO. Camp Creek W Va ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of William Vest

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	50	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) W. Va.

10 NAME OF FATHER Earl Tilly

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Va.

12 MAIDEN NAME OF MOTHER Rosia Cooper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. Va.

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 1928 C. HARRISON MCHENRY, M. D.

By EKH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29, 1928.

17 I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1928, to Jan. 29, 1928, that I last saw her alive on 1/19/, 1928 and that death occurred, on the date stated above, at 6 30 P m

The CAUSE OF DEATH* was as follows:

Myocardial failure, pulmonary oedema.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Obesity, Arteriosclerosis - Stone in kidney

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Chas. Wesley Johnston, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hinton W Va

DATE OF BURIAL 1/20/28

20 UNDERTAKER Joseph Abrens

ADDRESS 22 Bway

Spec—12-23-21—E.B.R.S.—400 Bks.

E 29699 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29699

101-81

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 925 N. Fulton St., 16-23 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Margaret C. Blue

(a) Residence No. 925 N. Fulton Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Leonard F.

6-DATE OF BIRTH (month, day and year) Oct 15 1857

7-AGE. 43 yrs. 3 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Phila - Pa.

PARENTS.

10-NAME OF FATHER, Frank E. Rodgers

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Margaret Sloan

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14- (Informant) Leonard Blue

(Address) 925 N. Fulton Ave

15-Filed 1928 HARRY JONES, C. D. Registrar. RFH.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan. 20 1928

17- I HEREBY CERTIFY, That I attended deceased from Jan 16, 1928 to Jan 20, 1928 that I last saw her alive on Jan 19, 1928 and that death occurred, on the date stated above, at 12 10 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 4 ds

CONTRIBUTORY (Secondary) Asthenia

(Duration) yrs. mos. 1 ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Edwin H. Ballard M. D.

1-20, 1928 (Address) 1622 Mt Royal Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. New Cathedral DATE OF BURIAL. Jan 23 1928

20-UNDERTAKER. Wm Corkran ADDRESS

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29700

CERTIFICATE OF DEATH.

90 E 29700

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 3326 Dennore Av ST. 27-55 WARD.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Franklin Lewis Barton

(a) RESIDENCE. No. 3326 Dennore ST. WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	Col.	Mdowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harriet Barton.

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About 90				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer any kind.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Arkansis.

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dont Know

12 MAIDEN NAME OF MOTHER Mary Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont Know

14 Informant Mary Louise Lankford

(Address) 3326 Dennore

15 Filed ..., 19...

Registrar

0 1928 C. HARRISON JONES, M. D.

Date ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 16 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 16, 19 28, to Jan 18, 19 28, that I last saw h alive on Jan 18, 19 28, and that death occurred, on the date stated above, at 12:15 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cold & Bronchitis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Adolph Hyde, M. D.

19 (Address) 5918 Park Heights av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL Jan 21, 1928

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 322 N. Johnson St.

Spec.—1-12-23—M&T—500 Blks.

E 29701

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29701

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST. 25-12 WARD)

REGISTERED NO. 118

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vernon Zimmerman

(a) RESIDENCE NO. Hazel Ave-Relay Md ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 17th 1927

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
		3	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Millard Zimmerman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Marion Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Millard Zimmerman

(Address) Hazel ave Relay Md

Filed ..., 19 ...

P. ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-19 1928

17 I HEREBY CERTIFY, That I attended deceased from 1-15, 1928, to 1-19, 1928,

that I last saw him alive on 1-19, 1928

and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Intersusception with Intestinal Obstruction

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 1/15/28

Was there an autopsy?

What test confirmed diagnosis?

Augustine S. Von Schrader M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery	1/21/1928
20 UNDERTAKER	ADDRESS
E. J. Fanning & Son	1460 Battery Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29702 E 29702

CERTIFICATE OF DEATH.

459

1-PLACE OF DEATH

REGISTERED NO. 27-48

CITY OF BALTIMORE: (No. 1014 Beaumont Ave ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliza Bucher

(a) RESIDENCE. No. 1014 Beaumont Ave ST.. WARD.

(Usual place of abode)

Length of residence in city or town where death occurred all her life

(If nonresident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 9. 1853

7 AGE	74 Years	9 Months	11 Days	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED None

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Francis Kent. Jr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER ~~Margaret~~ Sarah Wyatt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Alice Bucher

(Address) 1014 Beaumont ave

15 1928 C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 20 1928

17 I HEREBY CERTIFY, That I attended deceased from May 8. 1927. to January 20. 1928.

that I last saw h alive on January 19. 1928.

and that death occurred, on the date stated above, at 6 30 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Sigmoid Colon

Contributory Approximately 6 weeks

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? X-rays

(Signed) C. A. Swanson, M. D.

, 19 (Address) 3949 Beaumont Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL DATE OF BURIAL

St John's Cem Jan 22 19 28

20 UNDERTAKER ADDRESS

A S Marshall 3539 Fall Rd

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29703

CERTIFICATE OF DEATH.

1-003

186 E 29703

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hospital 16-27 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ethel Briscoe

(a) RESIDENCE NO. 1710 Riggs Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct 15, 1913

7 AGE: 14 Years 3 Months 3 Days — IF LESS than 1 day.....hrs. or.....min.

13

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Student

(b) General nature of industry, business, or establishment in which employed (or employer): Pub

(c) Name of employer

9 BIRTHPLACE (city or town): Md.

(State or country)

PARENTS

10 NAME OF FATHER James E. Briscoe

11 BIRTHPLACE OF FATHER (city or town): Md.

(State or country)

12 MAIDEN NAME OF MOTHER Annie Wright

13 BIRTHPLACE OF MOTHER (city or town): Md.

(State or country)

14 Informant: Annie Briscoe

(Address) 1710 Riggs Ave

15 Filed ..... 1926 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 18, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) ...find that said deceased came to her death on the date stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) auto-accident

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D. (Coroner)

1928 (Address) 2522 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters Cemetery Date of Burial: Jan 20 1928

20 UNDERTAKER: Thomas E. Kelson ADDRESS 1303 Eastman St

Spec.–7-17-26—A Co.—200 Bks.

E 29704

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 46 E 29704

1-PLACE OF DEATH

City of BALTIMORE: (No. Md Gen Hosp St. 11-24 Ward)

REGISTERED NO.

2-FULL NAME Elizabeth Emory

(a) RESIDENCE NO. Ft Airy Md Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 10 ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Emory

6 DATE OF BIRTH (month, day, and year) 11-20-67

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	60	2	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Samuel Warfield

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Eliz. Emory

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Hospital Records

(Address)

15 Filed JAN 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20 1928 19

17 I HEREBY CERTIFY, That I attended deceased from Jan 10 19 28 to Jan 20 19 28

that I last saw her alive on Jan 20 19 28

and that death occurred, on the date stated above, at 8:55 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) Several yrs. mos. ds.

CONTRIBUTORY (Secondary) Hysterectomy & Surgical Shock

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 1-16-28

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Jno. G. Sturgeon M. D.

. 19 (Address) Mt Airy Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Airy Md Date of Burial Jan. 23 1928

20 UNDERTAKER W. M. Stickler Sons ADDRESS Mount Airy Md

Spec.—1-12-23—M&T—500 Bks.

Painter

E 29705

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29705

CERTIFICATE OF DEATH.

89

REGISTERED NO. 26-37

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3520 Bank St ST. WARD)

2-FULL NAME Walter C; Painter

(a) RESIDENCE NO. 3520 Bank St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 2 nd 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	3	18	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Automobile dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) Edinberg Va (State or country)

10 NAME OF FATHER James M; Painter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Edinberg Va

12 MAIDEN NAME OF MOTHER Isabelle Hoffman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Edinberg Va

Informant W. C.; Painter (Address) Edinberg Va

Filed JAN 21 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1927, to Jan 20, 1928 that I last saw him alive on Jan 19, 1928 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Angina pectoris

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Heart Lungs

(Signed) C Smoot, M. D.

1/20 1928 (Address) 301 S Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Edinberg Va

DATE OF BURIAL Jan 21 1928

20 UNDERTAKER John Ullrich

ADDRESS 88 Orleans

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29706

CERTIFICATE OF DEATH.

174 E 29706

1-PLACE OF DEATH

City of BALTIMORE: (No. ~~Johns Hopkins Hospital~~ 96-36 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lydia Panceka

(a) RESIDENCE NO. Martell Ave, Colgate& Md. Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 14/25

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	2	10	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Julius Penceka

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Polanda

12 MAIDEN NAME OF MOTHER Amelia Krupa

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Julius Pencek

(Address) Martell Ave Colgate Md

1928 19 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Jan 20/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns over bidy- Accidently fell into tub of hot water on Jan 5/28

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. H. Collins M. D.

(Coroner)

1/21/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the state ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Ev. Luth. Cemetery Date of Burial Jan. 21 1928

20 UNDERTAKER Henry Synder & Sons Inc ADDRESS 1710 Fleet St.

Spec.—1-10-21—M&T—1500 Blks.

E 29707 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29707

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 Ringgold St. 21-29 Ward) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Betty Enbyor

(a) RESIDENCE NO. 309 Ringgold St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	col	Widow

5a If married, widowed, or divorced (or) WIFE of Elwood Major

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) " " 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Andrew Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Anna Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Josephine Cooke (Address) 309 Ringgold St

15 Filed 1 1928, 19 C. FRAMPSON JONES, M. D. Registrar. RKS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 19 1928

17 I HEREBY CERTIFY, That I attended deceased from January 7, 1928, to January 19, 1928, that I last saw h[illegible] alive on January 18, 1928, and that death occurred, on the date stated above, at 2:45 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin exam

(Signed) Wm A Engelhart M. D.

Jan 19 (Address) 1706 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	Jan 22 1928
20 UNDERTAKER	ADDRESS
S A Brown & Son	108 W Mt'g St

Spec.—1-12-23—M&T—500 Bks.

E 29708

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29708

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 Azyuth ST. 5-6 WARD)

2-FULL NAME Mary E. Armstrong

(a) RESIDENCE NO. 207 Azyuth ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Widowed

5a If married, widowed, or divorced ~~HUSBAND of~~ or) WIFE of Kennel Armstrong

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	approx 67	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work General Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Mrs Edna Locks (Address) 1302 Jefferson St

15 1928 C. HAMPSON JONES, M. D. Registrar

For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 18 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1927. to Jan 18, 1928, that I last saw h alive on Jan 17, 1928, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Pyo- Nephrosis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Myocarditis and Marked Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) R. J. Young, M. D.

1/19, 1928 (Address) 1424 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem — DATE OF BURIAL Jan 21 1928

20 UNDERTAKER Mrs. E. Locks — ADDRESS 1312 Jefferson

Spec.–7-17-26—A Co.—200 Bks.

E 29709

Herring

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29709

CERTIFICATE OF DEATH

74-00

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1017 W. Lanvale St. 16-23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ann Rebecca Herring

(a) RESIDENCE NO. 1017 W. Lanvale St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 86 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clifton Herring

6 DATE OF BIRTH (month, day, and year) Aug. 1841.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min..
	86	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Bath, Me.

PARENTS

10 NAME OF FATHER Benjamin Caughey

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Lubec, Me.

12 MAIDEN NAME OF MOTHER Ellen Bauman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Me.

14 Informant Mrs. Eva C. Thomas

(Address) 1013 Cook Ave.

Filed JAN 21 1928 C. HAMPSON JONES, M. D.

By Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 25, 1927, to Jan 20, 1928,

that I last saw her alive on Jan 19, 1928,

and that death occurred, on the date stated above, at 3:00 A. M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage

(duration) yrs. mos. 20 da.

CONTRIBUTORY Arteriosclerosis

(Secondary)

(duration) 5 yrs. — mos. — da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Data of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Vernon H. Loudon, M. D.

, 19 (Address) 3707 Callaway Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Green Mount Cem.	Jan 21, 1928

20 UNDERTAKER Wm C. Mitchell & Son

ADDRESS 1924 Eutaw Pl.

E 29710 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29710

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

City of BALTIMORE No. Hallins St. 25 Ward 5

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant of Mr & Mrs C. J. Srebrnick

(a) RESIDENCE NO. Hallins St. 25 Ward

(Usual place of abode) Brooklyn (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 20/28

7 AGE: Years | Months | Days | IF LESS than 1 day ..... hrs. or 6 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER Constant J. Srebrnick

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country) Md

12 MAIDEN NAME OF MOTHER Evelyn M. Carroll

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md

14 Informant Mrs C. J. Srebrnick

(Address) Hallins St

Filed JAN 21 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 20 1928 to Jan 20 1928

that I last saw h[illegible] alive on Jan 20 1928

and that death occurred, on the date stated above, at 8-57 a.m.

The CAUSE OF DEATH* was as follows:

Premature Birth

7 mos Ulcerogenitalis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. C. Campbell M. D.

1/20, 1928 (Address) 1644 Aisquith St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cemetery — Date of Burial: Jan 21 1928

20 UNDERTAKER: John F Denny — ADDRESS: 715 Light St

E 29711

HEALTH DEPARTMENT—CITY OF BALTIMORE E 29711

CERTIFICATE OF DEATH.

16-002

1-PLACE OF DEATH

City of BALTIMORE: (No. 2126 E. Hoffman St. 8-16 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Ginn

(a) Residence No. 2126 E. Hoffman St., Ward.

(Usual place of abode)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S., If of foreign birth? [illegible] yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Widowed

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Rofeld Ginn

6-DATE OF BIRTH (month, day and year): Jan. 15th 1840

7-AGE: 88 yrs. — mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Hessen Darmstadt Germany

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Unknown Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Unknown Germany

14- (Informant): Mrs. Archibald Wilson

(Address): 2126 E. Hoffman St.

Filed JAN 21 1928 C. HAMPSON JONES, M. D. By [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Jan. 19th 1928

17- I HEREBY CERTIFY, That I attended deceased from Jany. 14, 1928 to Jany 19, 1928

that I last saw h... alive on ..... 19....

and that death occurred, on the date stated above, at 7.50 P. m.

The CAUSE OF DEATH* was as follows:

Acute bronchitis

Dysentery

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) old age

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. D. Carey M. D.

, 19 (Address) Carey & Lourie

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Pt. Comfort Cemetery	Jany. 23, 1928
20-UNDERTAKER.	ADDRESS
Frederick Lissauer Sons	Fullerton md.

Spec.—1-16-21—M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29712

CERTIFICATE OF DEATH.

31 E 29712

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 714 W Lafayette Ave St. 14-20 WARD)

2-FULL NAME Morris Thos. Moore

(a) RESIDENCE No. 714 W Lafayette Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Marrid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Moore

6 DATE OF BIRTH (month, day, and year): 1865

7 AGE: Years 62; Months; Days; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Product Dealer

(b) General nature of industry, business, or establishment in which employed (or employer): O & S

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Martha Lowe

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Margaret Moore

(Address): 714 W. Lafayette Ave

15 1 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1, 19 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 15th, 1927, to Jan 19th, 1928, that I last saw h[illegible] alive on afternoon 19, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. D. Lefstand, M. D.

1/20, 1928 (Address) 711 N. Carrale Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: 1/21 19[illegible]

20 UNDERTAKER: Samuel Feinberg

ADDRESS: [illegible]

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29713

CERTIFICATE OF DEATH.

90 E 29713

1-PLACE OF DEATH

City of BALTIMORE: (No. Clyde Steemship Co. St. York St & Battery Ward) 1-24

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James R. Murray. (C)

(a) RESIDENCE NO. 1207 Myrtle Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Married.

5a If married, HUSBAND of Carrie Murray. (C)

6 DATE OF BIRTH (month, day, and year) November 20, 1888

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	39	2	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) O H O

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Calvert Co. Md.

PARENTS

10 NAME OF FATHER Thomas Murray. (C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Calvert Co. Md.

12 MAIDEN NAME OF MOTHER Maria C. Johnson. (C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Calvert Co. Md.

14 Informant Carrie Murray. (C) wife.

(Address) 1207 Myrtle Ave.

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 20, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute dilatation of the Heart.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) (duration) .....yrs. .....mos. .....ds.

(Signed) Otto M. Reinhardt M. D. (Coroner)

1/21 1928 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Brooks Chapel Cabel Date of Burial 1/23 28

20 UNDERTAKER Samuel Kennedy ADDRESS 725 N Bdle

Spec.—1-12-23—M&T—500 Bks.

E 29714

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100 E 29714

1-PLACE OF DEATH Balto City Hospl

CITY OF BALTIMORE: (No.) Balto Md. (St.) 1428 (Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harriet Gibson

(a) RESIDENCE No. 1904 Druid Hill Ave St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1854

8 AGE: 73 | Years | Months | Days | If LESS than 1 day, hrs. or ..... min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

10 NAME OF FATHER: Andrew Chapman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Rebecca Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

Informant: Balto City Hospl
(Address) Balto Md.

Filed 1928 . 19

C. HAMPSON JONES, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-19 1928

17 I HEREBY CERTIFY, That I attended deceased from 11-14 1927 to 1-19 1928 that I last saw h[illegible] alive on 1-18 1928 and that death occurred, on the date stated above, at 6 55 A. m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchopneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Senile Psychosis with deterioration

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Wm H Thomas M. D.

. 19 (Address) 1131 Eutaw City Hospl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dist Centum Cem

DATE OF BURIAL 1/31/28

20 UNDERTAKER: Samuel D Hawley

ADDRESS 1128 N Bond

Spec.—1-10-21—M&T—1500 Blks.

E 29715

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 29715

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 803 N. Gilmor ST. 16-22 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gertrude Sorrell

(a) RESIDENCE NO. 803 N. Gilmor. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 1872

7 AGE — Years: 55 — Months: 7 — Days: — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): A.A.Co. Md

PARENTS

10 NAME OF FATHER: Richard Rose

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Jane Huttington

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Helen Moore

(Address): 803 N Gilmore St

15 Filed: 2 1 1928, 19 — Registrar: R.K.H

E. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 18, 19 28

17 I HEREBY CERTIFY, That I attended deceased from May 12, 19 27 to Jan. 18, 19 28.

that I last saw her alive on Jan. 18, 19 28

and that death occurred, on the date stated above, at 9:30 Am

The CAUSE OF DEATH* was as follows:

NEPHRITIS (INSTITIAL)

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary): Cardiac Dropsy

(duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. White, M. D.

, 19 (Address) 1039 Madison Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Lubberland — DATE OF BURIAL: 1/21 19 28

20 UNDERTAKER: Samuel T Hanley — ADDRESS: 518 W Fayette

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29716

CERTIFICATE OF DEATH.

90 E 29716

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1125 St. Paul St. St. 17-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Sampson.(C)

(a) RESIDENCE NO. 607 Jasper St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	56	----------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook.

(b) General nature of industry, business, or establishment in which employed (or employer) 021

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Kent Co. Md.

PARENTS

10 NAME OF FATHER Isaac Sampson.(C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Kent Co. Md.

12 MAIDEN NAME OF MOTHER Minnie Stewart.(C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Kent Co. Md.

14 Informant Grace Jarvis.(C) niece.

(Address) 506 Oxford St.

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 19, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) had that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute dilatation of the Heart.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Pennhardt M. D.
(Coroner)

1/21 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — Date of Burial 1/21 1928

20 UNDERTAKER Samuel J. Hemsley — ADDRESS 378 W. Baltimore

1328

Spec—12-23-21—E.B.R.S.—400 Bks.

McCleary - Payson + Holbrow

E 29717

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 29717

1-PLACE OF DEATH

City of BALTIMORE: (No. 511 N. Bice St. 16-22 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A Rothmann

(a) Residence No. 511 N Bice St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX F

4-COLOR OR RACE, W

5-Single, Married, Widowed, or Divorced, (Write the word.) Wd

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Henry

6-DATE OF BIRTH (month, day and year) Feb. 15 1852

7-AGE 66 11 4 If LESS than 1 day, yrs. mos. ds. hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm Hunter

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Smith Conn

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Mrs. L. Crabbe

(Address) 511 N Bice

15- Filed 192 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 17 1928

17- I HEREBY CERTIFY, That I attended deceased from Nov 15 1927 to Jan 17 1928 that I last saw h alive on Jan 15 1928 and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) yrs. 1 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo C McCleary M. D.

Jan 19 1928 (Address) 1000 Payson

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Loudon — DATE OF BURIAL, Jan 23 1928

20-UNDERTAKER, Wm Cook & Son — ADDRESS

Spec.—1-12-23—M&T—500 Bks.

E 29718 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29718

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3000 St. Paul ST. 12-50 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie M. McColgan

(a) RESIDENCE NO. 3000 St. Paul ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or ... min.
79	--	--	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER Charles McColgan

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Ann Gallagher

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Charles C. McColgan
(Address) 3000 St. Paul Street

15 Filed 1-19 1928 C. HAMPSON JONES, M. D.
By RKH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/19/1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 12/ 1927, to Jan 19, 1928.

that I last saw h[illegible] alive on Jan 19, 1928,

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Chronic tuberculosis
[illegible] tuberculosis, General
arteriosclerosis. Senility

(duration) 10 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Ex. —

(Signed) J. T. Mears, M. D.

1/20 1928 (Address) 804 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	1/23 1928
20 UNDERTAKER Henry U. Mears & Son	ADDRESS 805 N. Calvert

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29719

91-002

E 29719

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1306 N. Central Ave St., 9-18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Schmidt

(a) RESIDENCE NO. 1306 N. Central Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 80 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Adolph Schmidt

6 DATE OF BIRTH (month, day, and year): Not known

7 AGE — Years: 80 — Months: — — Days: — — IF LESS than 1 day.....hrs. or.....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto (State or country): Md

PARENTS

10 NAME OF FATHER: Geo. J. Schultze

11 BIRTHPLACE OF FATHER (City or town): Germany (State or country):

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town): Not Known (State or country):

14 Informant: Mrs. Annie Feild (Address) 1306 N. Central Ave

15 Filed JAN 1 1928 C. HAMILTON JONES, M. D. Registrar NRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: January 30th 1928

17 I HEREBY CERTIFY, That I attended deceased from January 27th 19 28 to January 30th 19 28

that I last saw her alive on January 1926 19 28

and that death occurred, on the date stated above, at 11-15 P. m.

The CAUSE OF DEATH* was as follows:

Dr. Peter Theresa

Coronary Embolism (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Anemia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. H. Jones, M. D.

1928 (Address) 1501 E. Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery — Date of Burial: Jan 31 1928

20 UNDERTAKER: Henry Hoech Son — ADDRESS: 1301 E Eager St

Spec.—1-12-23—M&T—500 Bks.

E 29720

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29720

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Retreat ST., 2805 Ward 3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Vogel

(a) RESIDENCE NO. Mt Hope Retreat ST., 25th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 8 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 2nd 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	4	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Religious Brother

(b) General nature of industry, business, or establishment in which employed (or employer) Religious Work -

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pittsburgh Pa

PARENTS

10 NAME OF FATHER William Vogel

11 BIRTHPLACE OF FATHER (city or town) (?) (State or country) Baden

12 MAIDEN NAME OF MOTHER Anna M. Brimer

13 BIRTHPLACE OF MOTHER (city or town) (?) (State or country) Bavaria -

14 Informant (Address) Records of Mt Hope Retreat Mt Hope Retreat -

15 Filed 1925 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20th 1928

17 I HEREBY CERTIFY, That I attended deceased from May 29th, 1925, to Jan 20th, 1928, that I last saw h(illegible) alive on Jan 19th, 1928, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis - Cause Natural Die - Suddenly -

Abt (duration) 0 yrs. 0 mos 0 ds.

CONTRIBUTORY (Secondary) Chronic Manic Psychosis -

Abt (duration) 3 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Pittsburgh Pa

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J Flannery, M. D.

Jan 20th 1928 (Address) Mt Hope Retreat -

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery Philadelphia, Pa.

DATE OF BURIAL Jan. 23rd 28

20 UNDERTAKER Henry Hoeck Son

ADDRESS 1301 E Eager St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29721

E 29721

CERTIFICATE OF DEATH.

135

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 18 S. Robinson ST. 1-2 WARD)

2-FULL NAME Otto Heffner

(a) RESIDENCE NO. 18 S. Robinson ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. - mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Heffner

DATE OF BIRTH (month, day, and year) June 19, 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
62	61	7	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work City 016

(b) General nature of industry, business, or establishment in which employed (or employer) Employer

(c) Name of employer Friday Collector

BIRTHPLACE (city or town) (State or country) Germany.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant George Heffner
(Address) 18 S. Robinson St.

Filed JAN 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1928, to Jan 19, 1928

that I last saw him alive on Jan 19, 1928

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Urinary Septicemia

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dignus Zellet, M. D.

1-20 1928 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel

DATE OF BURIAL Jan 22-28.

20 UNDERTAKER Kendall & Lamont

ADDRESS 300 N. Charles

Spec.—1-12-23—M&T—500 Bks.

28 9999 E 29722

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 E 29722

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. 7-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William A- Lemley

(a) RESIDENCE NO. 219 Church St ST. WARD Winston Salem N.C.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 8-18-46

7 AGE: Years 81 | Months 5 | Days 3 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Unknown

10 NAME OF FATHER: Henry Lemley

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. C.

12 MAIDEN NAME OF MOTHER: Amanda Conrad

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. C.

Informant: Friends

(Address) JOHNS HOPKINS HOSPITAL

Filed JAN 21 1928, 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 21 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 9, 1928, to Jan 21, 1928.

That I last saw him alive on Jan 21, 1928

and that death occurred, on the date stated above, at 8 22 a m

The CAUSE OF DEATH* was as follows:

Cancer primary Bladder

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. 8 hours ds.

18 Where was disease contracted if not at place of death? N. C.

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Robert Mennekin, M. D.

1/21, 1928 (Address) J. H. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Winston Salem N. C.

DATE OF BURIAL: Jan 24 1928

20 UNDERTAKER: Hughes & McClure

ADDRESS: 418 W. Broadway

Spec.—1-12-23—M&T—500 Bks.

E 29723 HEALTH DEPARTMENT—CITY OF BALTIMORE 43

CERTIFICATE OF DEATH.

E 29723
REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary WARD)

2-FULL NAME William J. Martin

(a) RESIDENCE NO. Princess Anne Md ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, and year) ? ? about 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
70	about 69	?	?	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House painter

(b) General nature of industry, business, or establishment in which employed (or employer) Self. 0 50

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Unknown

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

Informant Edgar Kemp
(Address) Princess Anne Md

Filed JAN 21 1928 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1927, to Jan 20, 1928, that I last saw h[illegible] alive on Jan 20, 1928, and that death occurred, on the date stated above, at 12 30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma (tonsil)

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) to cervical glands Metastasis (duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy Eydau.

(Signed) George B Brick, M. D.

Jan 21, 1928 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Princess Anne Md. DATE OF BURIAL Jan 28 1928

20 UNDERTAKER Hughes & Lord Inc ADDRESS 414 W Baltimore

Spec.—1-10-21 M&T 1500 Bks.

E 29724

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29724

CERTIFICATE OF DEATH.

113

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1914 McKean Ave ST., 15-21 (WARD)

2-FULL NAME Raymond Rotowsky

(a) RESIDENCE NO. 1914 McKean Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12-11-27

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Abram Rotowsky

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Barbara Glass

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Abram Rotowsky

(Address) 1914 McKean Ave

15 Filed JAN 21 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-21-1928

17

I HEREBY CERTIFY, That I attended deceased from 12-11, 1927, to 1-21, 1928.

that I last saw h alive on 1-21, 1928

and that death occurred, on the date stated above, at 10 4 m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(duration) yrs. 1 mos.

CONTRIBUTORY (Secondary) Malnutrition & exhaustion

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Shepherd Dunn, M. D.

, 19 (Address) 1427 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	1/21, 1928
20 UNDERTAKER: Newsam Cook	ADDRESS: 502 E North Ave

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

58-001

E 29725

CERTIFICATE OF DEATH

E 29725
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3703 Arabia Ave. 27-41 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward E Weaver

(a) RESIDENCE NO. 3703 Arabia Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 71 mos. 5 ds. 15 How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of M. Sophia Weaver

6 DATE OF BIRTH (month, day, and year) May 5th 1856

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min..
	71	8	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Real Estate

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER William H Weaver

11 BIRTHPLACE OF FATHER (City or town) Germany

(State or country)

12 MAIDEN NAME OF MOTHER Sophia P Brown

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant William E. Weaver

(Address) 3703 Arabia Ave

Filed JAN 22 1928, HAMILTON JONES, M.D. Registrar

By KPK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20th 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1927 to Jan 20, 1928.

that I last saw him alive on Jan 19th 1928.

and that death occurred, on the date stated above, at 7 15 A m.

The CAUSE OF DEATH* was as follows: Pernicious Anemia

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Laboratory

(Signed) K. E. Sody M.D.

1-20. 1928 (Address) 4218 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem — Date of Burial Jan 24 1928

20 UNDERTAKER E. Schroman & Son — ADDRESS 1021 Edmondson

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29726

CERTIFICATE OF DEATH.

179 E 29726

1-PLACE OF DEATH

City of BALTIMORE: No. 628 W Cross St. 21-31 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth L Hauste

(a) Residence No. 628 W Cross St St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Emil West

6-DATE OF BIRTH (month, day and year) Jan 5th 1872

7-AGE 56 yrs. 0 mos. 16 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Baltimore

PARENTS

10-NAME OF FATHER. Andrew Fleischmann

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Elizabeth Braun

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14- (Informant) Emil West

(Address) 628 W Cross st

15- Filed JAN 22 1928 HAMPSON JONES, M. D. Registrar.

By Per KLK

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 21 28

17- I HEREBY CERTIFY, That I attended deceased from Jan 13 - 28 to Jan - 21 19 28

that I last saw h alive on Jan 20 19 28

and that death occurred, on the date stated above, at 8 30 Am.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation

(Duration) 1 yr. mos. 10 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) last few months

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. C. Freiermuth M.D.

1/21/28 (Address) 682 Mc Keldin Blvd

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cem	Jan 24th 1928
20-UNDERTAKER. E Schlomandson	ADDRESS 1057 Hanover St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29727

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90 ✓ E 29727

REGISTERED NO.

City of BALTIMORE: (No. 2208 Eutaw Place Ward) 3-59

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wolf Becker

(a) RESIDENCE NO. 2208 Eutaw Place Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Becker

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	62	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Benj Becker

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Von Lam

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Anna Becker

(Address) 2208 Eutaw Place

Filed 2 1928 C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20 1928

17 I HEREBY CERTIFY that I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest

(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Mitral Stenosis

Arteriosclerosis

CONTRIBUTORY (duration) yrs. 1 mos. ds.

(duration) yrs. mos. ds.

(Coroner) M. D.

(Address) 1430 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the state yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mt Carmel — Date of Burial 1/22 19 28

20 UNDERTAKER Jack Lewis — ADDRESS 1439 E Baltimore

Spec.—1-12-23—M&T—500 Blks.

29728

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

10 E 29728

1-PLACE OF DEATH Sinai Hosp

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST. 16-68 (WARD)

2-FULL NAME Mr. Israel Norinsky

(a) RESIDENCE NO. 1620 N. Pulaski ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Esther Norinsky

6 DATE OF BIRTH (month, day, and year): Oct 10 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	3	10	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Entalment

(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country): Russia

10 NAME OF FATHER: Abraham M. Norinsky

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

Informant: Jack Lewis

(Address) 1439 Eutaw St

Filed Jan 22 1928 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan! 20, 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1928, to Jan. 20, 1928, that I last saw him alive on Jan. 20, 1928 and that death occurred, on the date stated above, at 10.20 PM

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Asthmatic Bronchitis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? None

What test confirmed diagnosis? Phys. Signs.

(Signed) Dr. Leo Sherry, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Mark Road

DATE OF BURIAL: 1/22 1928

20 UNDERTAKER: Jack Lewis

ADDRESS: 1439 Eutaw St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29729

CERTIFICATE OF DEATH.

57 E 29729

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 13-54 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Flora Manfred

(a) RESIDENCE NO. 2531 Madison ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S., if of foreign birth? 25 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	M.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Aaron

6 DATE OF BIRTH (month, day, and year) May 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
56	57	8	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Wm Paymer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Bluma Berkind

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Aaron A Manfred

(Address) 2531 Madison ave

Filed ... 1928 ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/20 1928

17 I HEREBY CERTIFY, That I attended deceased from 1/19 1928 to 1/20 1928

that I last saw h[illegible] alive on 1/20 1928

and that death occurred, on the date stated above, at 4.10 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac failure (1)

Diabetes mellitus

Anuria

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Generalized C. H. C.

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry Ginsberg M. D.

1/20 1928 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herring Run

DATE OF BURIAL 1/22 1928

20 UNDERTAKER Jos Lilienthal Bro

ADDRESS 1127 E Baltimore St

Spec.—1-12-23—M&T—300 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29730

E 29730

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital (St.) 15-58 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theresa Goldberg

(a) RESIDENCE No. 2817 Norfolk Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of late Benjamin

6 DATE OF BIRTH (month, day, and year) May 1870

7 AGE 57 Years 58 Months 8 Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Joseph Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Esther Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Esther Goldberg

(Address) 2817 Norfolk ave

Filed JAN 22 1928 H. M. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1928, to Jan 21, 1928, that I last saw her alive on Jan 21, 1928 and that death occurred, on the date stated above, at 12:40 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bowel

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Acute Peritonitis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Jan 17 28

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Sol J Fauburg, M. D.

1/21, 1928 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale

DATE OF BURIAL 1/24/28

20 UNDERTAKER Sol Levinson & Bro

ADDRESS 112 Gilmor St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29731

CERTIFICATE OF DEATH.

118-002

118 E 29731

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. 6-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlotte Jones

(a) RESIDENCE NO. 20 N. streeper St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 31/27

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Lawrence Jones

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Mildred C. Jones

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Lawrence Jones

(Address) 20 N. Streper

Filed JAN 23 1928 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intestinal Intussepsception

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) _____

(duration) ....yrs. ....mos. ....ds.

(Signed) [signature] M. D.
(Coroner)

1/22/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cemetery — Date of Burial Jan 23 1928

20 UNDERTAKER Frank V. Pistone — ADDRESS 2518 E. Balto.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29732

CERTIFICATE OF DEATH.

100-001

E 29732

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5507 Minnoka Ave St. or Co.) (WARD) 28-13

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Samuel Brooks

(a) RESIDENCE No. 5507 Minnoka Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna E. Brooks

DATE OF BIRTH (month, day, and year) Sept 13 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	4	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer) Auto Accessories

(c) Name of employer Self Phila Pa

BIRTHPLACE (city or town) (State or country)

10 NAME OF FATHER James S. Brooks

11 BIRTHPLACE OF FATHER (city or town) Phila. (State or country) Pa.

12 MAIDEN NAME OF MOTHER Katherine McGoldrick

13 BIRTHPLACE OF MOTHER (city or town) Phila (State or country) Pa

Informant Mrs Anna E. Brooks

(Address) 5507 Minnoka Ave.

Filed 2-1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20, 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1928, to Jan. 20, 1928, that I last saw him alive on Jan. 20, 1928, and that death occurred, on the date stated above, at 5.21 P m.

The CAUSE OF DEATH* was as follows:

Broncho. Pneumonia
R. Lung

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thomas N. Haymes, M. D.

1/23/28 (Address) 14 E. Read St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem. DATE OF BURIAL Jan 23 1928

20 UNDERTAKER Wm Wickert Sons ADDRESS Hoch & Pa

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29733

CERTIFICATE OF DEATH.

90 E 29733

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5211 Elsinor Ave. STR. WARD)

2-FULL NAME Thomas Franklin Wolf

(a) RESIDENCE NO. 5211 Elsinor Ave STR. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 8 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rena B. Wolf.

6 DATE OF BIRTH (month, day, and year): May 15 1865

7 AGE — Years: 62 — Months: 8 — Days: 6 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman

(b) General nature of industry, business, or establishment in which employed (or employer): 62

(c) Name of employer: Mangers Garage Falls.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER: Thos. F. Wolf.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mrs. Gertrude Faust

(Address) 5211 Elsinor Ave.

15 Filed JAN 22 1928 C. HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 21 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 8, 1928, to Jan 21, 1928.

that I last saw h~~im~~ alive on Jan 18, 1928.

and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Mutral Endocarditis (duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) acute Dilatation of Heart Suddenly (duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Examination

(Signed) R. B. Emmor, M. D.

1-21, 1928 (Address) 4936 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem. DATE OF BURIAL: Jan 24 1928

20 UNDERTAKER: Wm J Meckner Sons ADDRESS: North & Pa

Spec.—1-12-23—M&T—500 Bks.

E 29734

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12 E 29734

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2616 Fleet ST. 1-2 WARD)

2-FULL NAME John Preis

(a) RESIDENCE NO. 2616 Fleet ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine Preis.

6 DATE OF BIRTH (month, day, and year): Nov. 21 - 1856

7 AGE: Years 71 | Months 2 | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Steel Planer.

(b) General nature of industry, business, or establishment in which employed (or employer): City

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

10 NAME OF FATHER: unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

Informant: Catherine Preis

(Address) 2616 Fleet St.

Filed JAN 22 1928

E. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 21 1928.

17 I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1928, to Jan. 21, 1928, that I last saw him alive on Jan. 21, 1928, and that death occurred, on the date stated above, at 3:45 a m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Andrew Fenstermacher M. D.

1/24, 1928 (Address) 7039 Eastern Ave,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus Cem. DATE OF BURIAL: Jan 24 1928

20 UNDERTAKER: George A. Weber ADDRESS: 2205 Bank St.

Spec.—1-12-23—M&T—500 Bks.

E 29735

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 29735
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH: D. E. Cor. Ridgley & Custer (STR.) 3rd (WARD)

CITY OF BALTIMORE, MD.

2-FULL NAME: Jesse Savage

(a) RESIDENCE: D. E. Cor. Ridgley & Custer 3rd WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice Savage

b DATE OF BIRTH (month, day, and year): March 1861

7 AGE — Years: 66 Months: 10 Days: If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: O'Hara

9 BIRTHPLACE (city or town) (State or country): Va

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Informant: Alice Savage

(Address) 2nd Nevada

Filed JAN 22 1928 HARRISON JONES, M. D. Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 18 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 3, 1928, to Jan 18, 1928, that I last saw him alive on Jan 18, 1928 and that death occurred, on the date stated above, at 3.20 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary): Senile debility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? usual signs

(Signed) W. H. Carroll, M. D.

1/24 1928 (Address) 1329 N. Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: 1-27-28

20 UNDERTAKER: Samuel Hensley — ADDRESS: 5 Bolton

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29736

CERTIFICATE OF DEATH.

15 E 29736

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 615 E. 36 St ST., 9-47 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George F. Sturgeon

(a) RESIDENCE NO. 615 E 36 St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Carrie S Sturgeon (nee Bowers)

6 DATE OF BIRTH (month, day, and year) Mar. 3, 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	41	10	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ship Chandler

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 086

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Geo. L. Sturgeon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Rosie Mooney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Wife Mrs Carrie S Sturgeon

(Address) 615 E 36 St

15 Filed JAN 22 1928 H. A. [illegible], M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 20 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1928, to Jan 20, 1928, that I last saw him alive on Jan 20, 1928, and that death occurred, on the date stated above, at 2.15 p m.

The CAUSE OF DEATH* was as follows:

Carbuncle of neck

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) General toxemia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Incisions Date of 1/11/28

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Bernard Wess, M. D.

1/21, 1928 (Address) 914 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Jan 20, 1928
20 UNDERTAKER	ADDRESS
Elmer W. Tomkins	1248 Eager St

Cor.—12-9-25—A Co.—200 Bks.

E 29737 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ 167-001 E 29737

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2316 Bryant ave St. 19-59 Ward)

2-FULL NAME Sidney Sachs

(a) RESIDENCE NO. 2316 Bryant ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH (month, day, and year): Oct 10 - 1899

7 AGE — Years: 28 — Months: 3 — Days: 11 — IF LESS than 1 day ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): 09

(c) Name of employer _____

9 BIRTHPLACE (city or town) _____ (State or country) Baltcity Md

PARENTS

10 NAME OF FATHER Ben Sachs

11 BIRTHPLACE OF FATHER (city or town) _____ (State or country) Russia

12 MAIDEN NAME OF MOTHER Hannah Jacobs

13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) Russia

14 Informant Ben Sachs (Address) 2316 Bryant ave

15 Filed 1-2-1928 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH was as follows:

Jan 2 Jordan

Suicide

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____

(duration) _____ yrs. _____ mos. _____ ds.

(Signed) _____ (Coroner) _____ M. D.

Jan 2, 19 28 (Address) 1632 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship — Date of Burial: 1/3 1928

20 UNDERTAKER: Jack Levin — ADDRESS: 1439 Eastern ave

Spec.—1-12-23—M&T—500 Bks.

E 29738 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29738

CERTIFICATE OF DEATH.

129

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 40 S. Eden St ST. 3-5 WARD)

2-FULL NAME Johias Frish

(a) RESIDENCE NO. 40 S. Eden St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced (a) HUSBAND of or (b) WIFE of: Sarah Frish

DATE OF BIRTH (month, day, and year): Unk 1850

AGE: Years 77 | Months — | Days — | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tinner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Russia

10 NAME OF FATHER: Moses Frish

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

Informant: Mrs. Frish

(Address) 1439 Eastern Ave

Filed JAN 22 1928 HAMPSON JONES, M. D. Registrar

By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 20 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1925, to Jan 20, 1928, that I last saw him alive on Jan 16, 1928, and that death occurred, on the date stated above, at 11:30 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Acute Intestinal Ryeumg.

Cardiac Hypertrophy (duration) for yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Laboratory Evidence

(Signed) J. F. Reis M. D.

Jan 21, 1928 (Address) 24 E Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pikesville Woods Rd — DATE OF BURIAL: 1/22 1928

20 UNDERTAKER: Jack Lewis — ADDRESS: 1439 E Balto St

Spec. -7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29739

CERTIFICATE OF DEATH

101-001

E 29739
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1435 Bank St. 3-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Maltrotti

(a) RESIDENCE NO. 1435 Bank St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Maltrotti

6 DATE OF BIRTH (month, day, and year): Sep 21 1880

7 AGE: Years 47 Months 4 Days 12 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Labor
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: O+O

9 BIRTHPLACE (city or town) New York
(State or country)

PARENTS

10 NAME OF FATHER John Maltrotti

11 BIRTHPLACE OF FATHER (City or town) Italy
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Italy
(State or country)

14 Informant: Anna Maltrotti
(Address) 1425 Bank St

15 Filed JAN 22 1925 Registrar

C. HAMILTON BOND, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20 19 25

17 I HEREBY CERTIFY, That I attended deceased from Jan 14 19 25 to Jan 20 19 25.
That I last saw her alive on Jan 19 19 25
and that death occurred, on the date stated above, at 6 15 m.
The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(duration) yrs. mos. 6 ds.
CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. 1 ds.
18 Where was disease contracted Home
if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) Emily L'Hommedieu M. D.
Jan 21 19 25 (Address) 1038 Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: Jan 23 1925

20 UNDERTAKER: Randall Dippold — ADDRESS: 25 S Eutaw

Spec.—1-10-21—M&T—1500 Bks.

E 29740

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29740

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1719 Belt (S.) 24-34 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William T. Shaffer

(a) RESIDENCE No. 1719 Belt ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 26.1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	9	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Unemployed

9 BIRTHPLACE (city or town) Cockeysville (State or country) Maryland

PARENTS

10 NAME OF FATHER Emaneul F. Shaffer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER L. Grimes

13 BIRTHPLACE OF MOTHER (city or town) Howard Co. (State or country) Maryland

14 Informant: William C. Shaffer (Address) 2657 Lehman Street

15 Filed 1-21-1928 C. HAMILTON JONES, M. D. Registrar

By Rich

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 20 19 28

17 I HEREBY CERTIFY, That I attended deceased from 1.11 19 28. to 1.20 19 28.

that I last saw him alive on 1.20 19 28.

and that death occurred, on the date stated above, at 10.40 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) Dont Know yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? no Date of

Was there an autopsy? no

What test of clinical diagnosis? Physical Examination

(Signed) J. Edward Norris M. D.

1-21 19 28 (Address) 107 E. West Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem

DATE OF BURIAL 1/24 19 28

20 UNDERTAKER B. Cook

ADDRESS 1003 W. Baltimore St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29741

CERTIFICATE OF DEATH.

90 E 29741

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2827 Walbrook Avenue ST., 15-68 WARD)

2-FULL NAME Georgia A. Anderson

(a) RESIDENCE NO. 2827 Walbrook Avenue ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William B. Anderson

6 DATE OF BIRTH (month, day, and year) October 7, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	61	3	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas Bassett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Ellen Hurley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant William B. Anderson

(Address) 2827 Walbrook Avenue

15 Filed 2-1928, 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 20 19 28

17 I HEREBY CERTIFY, That I attended deceased from Jan. 20, 19 28. to Jan. 20, 19 28.

that I last saw her alive on Jan. 20, 19 28.

and that death occurred, on the date stated above, at 5.12 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Chronic Endocarditis

Aortitis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertrophy of Prostate

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? 2827 Walbrook Ave

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jas. R. Hagan M. D.

1/21, 19 29 (Address) 6 E. Read Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cambridge, Md.

DATE OF BURIAL 1/23 19 28

20 UNDERTAKER Joseph D Cook

ADDRESS 1003 W. Baltimore St

Spec.—1-12-23—M&T—500 Bks. Sister Ligouris

E 29742 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH. 49 E 29742

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secours Hospital (Hospital) WARD

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sister Ligouri (Rel. Harriet)

(a) RESIDENCE NO. 2000 W. Baltimore WARD
(Usual place of abode)
Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? 42 yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F | 4 COLOR OR RACE W | 5 Single, Married, Widowed, or Divorced, (write the word) Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 10 1861

7 AGE Years 66 | Months 2 | Days 11 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Hospital Record
(Address)

Filed 2-2 1928 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/21 1928

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1927, to Jan 21, 1928, that I last saw her alive on Jan 21, 1928, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:
Hypernephroma of Kidney
Extensive metastases to bones of pelvis, thighs, arms, head & neck
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) same
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & X-ray

(Signed) George O. Eaton M. D.

19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Catholic Cem | DATE OF BURIAL 1/28 1928

20 UNDERTAKER Frey & Sons | ADDRESS Fayette

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29743

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

× 49

E 29743

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Howard A Kelly Hospital ST. 1425 (WARD)

2-FULL NAME Mrs Mary E. Lewis.

(a) RESIDENCE No. 115 Lauzerne Ave ST., WARD Pittston, Penn.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: J. S. Lewis.

6 DATE OF BIRTH (month, day, and year): July 13, 1873

7 AGE: Years 54 Months 6 Days 9 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pittston Penn.

PARENTS

10 NAME OF FATHER: Chas S Reiner.

11 BIRTHPLACE OF FATHER (city or town) (State or country): New York

12 MAIDEN NAME OF MOTHER: Laura Afford.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Mrs H S Alexander

(Address): Pittston, Penn

Filed JAN 22 1928 C. HARRISON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 22 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 11, 1928, to Jan 22, 1928, that I last saw her alive on Jan 22, 1928, and that death occurred, on the date stated above, at 5:28 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of Nov. 3, 1926

Was there an autopsy? No

What test confirmed diagnosis? Tissue Section

(Signed) Laurence E. Todd, M. D.

, 19 (Address) 1418 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Forty Fort Penna — DATE OF BURIAL: Jan 22 1928

UNDERTAKER: Chas. G. Black — ADDRESS: 742 W. Northave

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29744

CERTIFICATE OF DEATH

44 ✓

REGISTERED E 29744

1-PLACE OF DEATH

City of BALTIMORE: (No. 1901 wheeler ave St. 15-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard D. Hughes

(a) RESIDENCE NO. 1901 Wheeler ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida May Hughes

6 DATE OF BIRTH (month, day, and year) March 19 1878

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	49	10	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mechanician

(b) General nature of industry, business, or establishment in which employed (or employer) Bragg

(c) Name of employer Johns Hopkins Hospital

9 BIRTHPLACE (city or town)

(State or country) Howard Co Maryland

PARENTS

10 NAME OF FATHER Evan Roberts Hughes

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Howard Co. Maryland

12 MAIDEN NAME OF MOTHER Jerusa Djams

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Howard Co Md.

14 Informant Mrs Ida May Hughes

(Address) 1901 Wheeler ave

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

22 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 1928 to Jan 19 1928

that I last saw h alive on Jan 19 1928

and that death occurred, on the date stated above, at 7-10 P m.

The CAUSE OF DEATH* was as follows:

Cancer of Liver - Stomach and Rectum - Consequent Exhaustion following operation for Rectal Ulcer (duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 1926

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) A. C. Lunsh M. D.

(Address) 45-09 Liberty Heights ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Druid Ridge cemetery Jan 23 1928

20 UNDERTAKER — ADDRESS

Chas. G. Black 742 W. North ave

Spec.—12-9-25—A Co.—200 Bks.

PATERSON

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29745

CERTIFICATE OF DEATH.

1-PLACE OF DEATH E 29745

74-001

REGISTERED NO.

City of BALTIMORE: (No. Little Sisters of the Poor St. 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John L Paterson

(a) RESIDENCE NO. Preston & Valley St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Helen G. Patterson

6 DATE OF BIRTH (month, day, and year): Feb 17th 1853

7 AGE: Years 74 | Months 11 10 | Days 2 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): 20 0

(c) Name of employer: Civil Engineer

9 BIRTHPLACE (city or town)

(State or country): Ohio

PARENTS

10 NAME OF FATHER: Orien Paterson

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: Sarah Larkins

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Ireland

14 Informant: Little Sisters of the Poor

(Address): Preston & Valley Ave

15 Filed 1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 28

Jan 21st

17 I HEREBY CERTIFY, That I attended deceased from Nov 27 1927, to , 19 ,

that I last saw h..... alive on , 19 ,

and that death occurred, on the date stated above, at 6a. m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) T. A. Verna, M. D.

1-27, 1928 (Address) 1137 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — Date of Burial: 1/24 1928

20 UNDERTAKER: Chas. P. Maud & Son — ADDRESS: 1180 W. Royal Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29746

CERTIFICATE OF DEATH.

52

REGISTERED No. E 29746

1-PLACE OF DEATH

City of BALTIMORE: (No. 2002 E 30 St., 4th Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Marian B. Murphey

(a) RESIDENCE NO. 2002 E 30 St. 7 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W.	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr J. J. Murphey

6 DATE OF BIRTH (month, day, and year) March 13 1899

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	28	10	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Crisfield

(State or country) Md

10 NAME OF FATHER Luther R Blades

11 BIRTHPLACE OF FATHER (city or town) Crisfield

(State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Bennett

13 BIRTHPLACE OF MOTHER (city or town) Somerset Co

(State or country) Md

PARENTS

14 Informant John J. Murphey

(Address) 2002 E 30th St

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1927, to Jan 24, 1928, that I last saw h.r alive on Jan 22, 1928, and that death occurred, on the date stated above, at 1.45 A.m.

The CAUSE OF DEATH* was as follows:

Septicemia

(Streptococcus viridans)

(duration) ....yrs. 2 mos. 2 ds.

CONTRIBUTORY (Secondary) Rheumatism

Endocarditis (duration) 2 yrs. 4 mos. ....ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ....

Was there an autopsy? No

What test confirmed diagnosis? ....

(Signed) Geo. L. Zimmerman M. D.

1/24, 1928 (Address) 2858 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Crisfield Md — Date of Burial Jan 24 1928

20 UNDERTAKER Harry A Dritzke — ADDRESS 1531 N. Lombard St.

Spec.—1-12-23—M&T—500 Bks.

Patrick J. Flannery.

E 29747

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 29747.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat St. 97-54 WARD)

2-FULL NAME Patrick J Flannery

(a) RESIDENCE NO. Mt Washington (Upper Hill) ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Jan 12 1845

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	0	8	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto md

10 NAME OF FATHER Patrick Flannery

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Flannery

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant (Address)

Filed JAN 22 1928 W. STANLEY HOSKINS, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 20. 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 19, 1928, to Jan 20, 1928, that I last saw h~~im~~ alive on Jan 20, 1928, and that death occurred, on the date stated above, at 4.10 P m.

The CAUSE OF DEATH* was as follows:

Senility + Exhaustion

(duration) yrs. — mos 1 ds.

CONTRIBUTORY (Secondary) Senile Psychosis

(duration) — yrs. 1 mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Clinical Study

(Signed) Co. B. Emory, M. D.

1-20 1928 (Address) Mt Hope Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Old Mechanical

DATE OF BURIAL 1/23 1928

20 UNDERTAKER D. J. Foley Sons

ADDRESS 918 Eutaw St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29748

29748

31 E 29748

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 418 E. 21st St. (St.) 12-50 (WARD)

2-FULL NAME Ella Marie Dodge

(a) **RESIDENCE** No. 418 E. 21st St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. 4 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Herbert A. Dodge

DATE OF BIRTH (month, day, and year) Sept. 15. 1898

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	4	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

10 NAME OF FATHER Anderson H. Spicer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary V. Ruby

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Mrs Mary E. Spicer

(Address) 418 E. 21st St.

JAN 22 1928 W. S. KOPP, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 20. 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 13, 1928, to January 20, 1928, that I last saw h alive on Jan. 20 1928 and that death occurred, on the date stated above, at 3.50 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

Acute (duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Homer Wolfe M. D.

, 19 (Address) 532 E 22nd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore — DATE OF BURIAL Jan. 23 1928

UNDERTAKER Grace H. Burgee — ADDRESS 363 Fulton Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 29749

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E. 29749
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Riverside ave ST. 1-26 WARD.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Maeby

(a) RESIDENCE. NO. Riverside ave ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred ~~[illegible]~~ mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	W.	Married

5a If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of John H. Maeby.

6 DATE OF BIRTH (month, day, and year) Sept 26-1867

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
60	3	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland.

10 NAME OF FATHER Michael Kleanely.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

Informant Mrs Matthai
(Address) 1541 E. Balto Ave.

Filed 1-23 1928 C. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 19, 1928, to Jan 19, 1928, that I last saw h[illegible] alive on Jan 19, 1928, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (apoplexy)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio sclerosis.

(duration) 12 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Coroner

(Signed) A. M. Keiser, M. D.

1/21, 1928 (Address) 2 Riverside Rd. Dundalk, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakland Century — DATE OF BURIAL Jan 23, 1928

20 UNDERTAKER John D. Moran — ADDRESS 3000 E. Balto

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29750

CERTIFICATE OF DEATH.

188-003

E 29750
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1318 W. Lombard St. Ward 19-29)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Estelle E. Meineke

(a) RESIDENCE NO. 1318 W. Lombard St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward Meineke

6 DATE OF BIRTH (month, day and year): June 27 1906

7 AGE: Years 21 Months 6 Days 23 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) Jessup, (State or country) Md.

PARENTS

10 NAME OF FATHER Geo. Elfrey

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country)

12 MAIDEN NAME OF MOTHER Emma Counelley

13 BIRTHPLACE OF MOTHER (city or town) Balto- (State or country)

14 Informant (Address) Geo. Elfrey 1318 W. Lombard St

15 Filed 1-23 1928 H. LAMPSON JAMES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Infection following Amputation Right Leg below Knee

Duration yrs. 2 mos. 25 ds.

CONTRIBUTORY (Secondary) Struck by Auto

Duration yrs. mos. ds.

(Signed) Thos. B. Horton M. D. (Coroner)

Jan 22 1928 (Address) Curtis Bay, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) Whether Accidental, Suicidal, or Homicidal. [illegible] additional sheet.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. Date of Burial: 1-23 1928

20 UNDERTAKER: Robert Brooks & Son ADDRESS: Calhoun & Hollins Sts.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 29751

CERTIFICATE OF DEATH

E 29751

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 34 W. Montgomery 22-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maggie A Bailey

(a) RESIDENCE NO. 34 W Montgomery st Ward

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. da. (If non-resident give city or town and State)

How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John E Bailey

6 DATE OF BIRTH (month, day, and year) Oct 18 1845

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	80	3	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework at home

(b) General nature of industry, business, or establishment in which employed (or employer) ~~0~~

(c) Name of employer

9 BIRTHPLACE (city or town) Queen Anne Co (State or country) Md

PARENTS

10 NAME OF FATHER Denis Jones

11 BIRTHPLACE OF FATHER (City or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Maryland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) maryland

14 Informant Mrs Alice M Walter (Address) 34 W montgomery st

JAN 23 1928

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20 1928 19

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1928, to Jan 20, 1928, that I last saw h alive on Jan 20, 1928, and that death occurred, on the date stated above, at 9 30 a m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

CONTRIBUTORY (Secondary) Embarrhus (duration) yrs. mos 10 da.

(duration) yrs. mos 2 da.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinically

(Signed) R. E. Campbell M. D.

1/22, 1928 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery — Date of Burial Jan 23 1928

UNDERTAKER John H. Denny — ADDRESS 715 Light St

Cor.—12-9-25—A Co.—200 Bks.

Mc Conkey

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29752

CERTIFICATE OF DEATH.

40 ✓ E 29752

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 5002 Denmore Ave St. 27-55 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H. McCoskery

(a) RESIDENCE No. 5331 Hamilton ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. 0 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: H. May McConkey

6 DATE OF BIRTH (month, day, and year): July 12 1824

7 AGE: Years 5-3 Months 6 Days 8 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Harford Co md

PARENTS

10 NAME OF FATHER: James McConkey

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Unknown

14 Informant: Mrs H. May McConkey

(Address) 5331 Hamilton Ave

JAN 23 1928 HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/20 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, autopsy or inquiry, thereon and from the evidence obtained by said Inquest, autopsy or inquiry, find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Paralysis

Nervous Prostration

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [illegible] M. D.

(Coroner)

1/20, 1928 (Address) 3632 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Kreidlers Cemetery Westminster md Date of Burial: Jan 23 1928

20 UNDERTAKER: Jos Joerdens & Son ADDRESS: 2173 E. Pres

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 29753
1 PLACE OF DEATH

129 E 29753
REGISTERED NO.

City of BALTIMORE: (No. 1807 Summit Place St. 16-27 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elijah Hank Morrison

(a) RESIDENCE NO. 1807 Summit Place St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred Life time mos. ds. (If non-resident give city or town and State)
How long in U. S. if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mrs Alice Morrison

6 DATE OF BIRTH (month, day, and year) Oct 12 - 1854

7 AGE

Years	Months	Days	IF LESS than 1 day ___ hrs. or ___ min..
73	3	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stone-mason

(b) General nature of industry, business, or establishment in which employed (or employer) ✓ 0 1b

(c) Name of employer Retired

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country) ✓

PARENTS

10 NAME OF FATHER ——— Morrison

11 BIRTHPLACE OF FATHER (City or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Angeline Stansbury

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Mrs N. Morrison
(Address) 1807 Summit Place

15 Filed JAN 23 1928

16 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany 21 1928

17 I HEREBY CERTIFY, That I attended deceased from Jany. 5, 1928, to Jany 21, 1928, that I last saw him alive on Jany 20, 1928, and that death occurred, on the date stated above, at 5-50 a m.

The CAUSE OF DEATH* was as follows:

Nephritis Chronic
(duration) 2 yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (Secondary) Myocarditis
(duration) ✓ yrs. 2 mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No. Date of ✓

Was there an autopsy? No.

What test confirmed diagnosis? Clinical methods

(Signed) George C. Morrison, M. D.

1/21, 1928 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. Date of Burial Jan 23 1928

20 UNDERTAKER for Forsdens & Son ADDRESS 2175 Pa. Ave

Spec.—1-12-23—M&T—500 Bks.

Claverie

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29754

CERTIFICATE OF DEATH.

12 E 29754

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. 7 ST. 14-20 WARD)

2-FULL NAME Mrs Helen Claverie

(a) RESIDENCE No. 2017 Eutaw Place ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. 5 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Late J. Arthur Claverie

DATE OF BIRTH (month, day, and year) July 30 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	5	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md.

10 NAME OF FATHER Christian G Michel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elisabetha Arnolt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

Informant Mrs. Helen Claverie

(Address) 2017 Eutaw - P. City

Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1928

17 I HEREBY CERTIFY, That I attended deceased from 12-27 1927 to 1-22 1928,

that I last saw her alive on Jan 22nd 1928

and that death occurred, on the date stated above, at 3 00 a m

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

Hypertension

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Cystitis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Francis L. Dalaglade M. D.

, 19 (Address) St Agnes Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Jan 24 1928
20 UNDERTAKER	ADDRESS
Jos Joerdens & Son	2178 Pa

HAMPSON JONES, M. D.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

29755

CERTIFICATE OF DEATH.

100 001

E 29755

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS ST. 16-23 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Boyd S.

(a) RESIDENCE NO. 446 W. Cath ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) ?

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	23			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)
(State or country) Virginia

10 NAME OF FATHER James Boyd

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Annie Parker

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia

Informant
(Address) Rosedale

Filed 1-23 1928 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/19/1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1928. to Jan 19, 1928.
that I last saw him alive on Jan 19, 1928.
and that death occurred, on the date stated above, at 10:00 P. m.
The CAUSE OF DEATH* was as follows:
Lobular pneumonia.

(duration) yrs. mos 20 ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Gumeral & Sub

(Signed) C. Holmes Boyd M. D.
, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel DATE OF BURIAL Jan 23 1928

20 UNDERTAKER James E. Hughes ADDRESS 1360 Mc Cay

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29756
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

74-001

E 29756
REGISTERED NO.

City of BALTIMORE: (No. 825 N. Aisquith St., 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Jones

(a) RESIDENCE NO. 825 Aisquith St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	del	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Bell Jones

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Autotruck 43

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer self

9 BIRTHPLACE (city or town)
(State or country) St. Mary's Co. Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) "
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) "
(State or country)

14 Informant Emma Bell Jones
(Address) 825 Aisquith

15 Filed JAN 23 1928 C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20/28 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Apoplexy)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. C. Watts M. D.
(Coroner)

1/23/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the state ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem Date of Burial Jan 23 1928

20 UNDERTAKER Thos J. Locke ADDRESS 1302 Jeffers

Spec.—1-12-23—M&T—500 Bks.

E 29757 HEALTH DEPARTMENT—CITY OF BALTIMORE

149 ✓ E 29757

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1518 Baker St ST., 15th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Johnson

(a) RESIDENCE NO. 1518 Baker ST., WARD 15th

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 4 mos. ✓ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Single

a If married, widowed, or divorced HUSBAND of or) WIFE of ✓

DATE OF BIRTH (month, day, and year) May 10th 1910

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	8	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer None

BIRTHPLACE (city or town) (State or country) Calvert County Md

10 NAME OF FATHER Jno. H. Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert County Md

12 MAIDEN NAME OF MOTHER Emma V. Smyth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert County Md.

Informant Mary Booze

(Address) 1518 Baker St Balto Md

Filed JAN 23 1928 C. HAWSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20 1928.

17

I HEREBY CERTIFY, That I attended deceased from Nov 28th, 1927, to January 20th, 1928, that I last saw h er alive on Dec 12th, 1927, and that death occurred, on the date stated above, at 7:40 P m.

The CAUSE OF DEATH* was as follows:

Hypertrophy and Dilatation of Heart.

(duration) ✓ yrs. ✓ mos 56 ds.

CONTRIBUTORY (Secondary) Heart asthma Tuberculosis Cancer

(duration) ✓ yrs. ✓ mos. 7 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? None: Except symptoms Result to

(Signed) A. B. Blacocks, M. D.

, 19 (Address) 1802 Penna ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

UNDERTAKER Thomas E. Kelson

DATE OF BURIAL Jan 24 28

ADDRESS 1303 Presstman St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29758

CERTIFICATE OF DEATH.

Dec 10-

129

E 29758

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 634 Wyeth ST. 21-29 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John E. Bell

(a) RESIDENCE NO. 634 Wyeth ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Bell

7 DATE OF BIRTH (month, day, and year): Dec 15, 1872

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	1	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Md.

10 NAME OF FATHER: Edw E. Bell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Eliz. Sudlow

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

Informant: Annie Bell

(Address): 634 Wyeth Ave

Filed JAN 23 1928, 19 ... Registrar

THOMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-19-1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 16, 1928, to Jan 19, 1928

that I last saw h[illegible] alive on Jan 19, 1928

and that death occurred, on the date stated above, at 1130 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Thrombosis

(duration) 0 yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Stafford Dana, M. D.

, 19 (Address) 127 W Mosher

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park.

DATE OF BURIAL: Jan 23, 1928

20 UNDERTAKER: Fred A. Swanson

ADDRESS: 703 Hanover St

Spec.—1-12-23—M&T—500 Blks.

E 29759

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

109-002

109 E 29759

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital ST. 8-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Catharine Smart.

(a) RESIDENCE No. 2019 Sinclair Lane. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White.	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) ceitificate

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
41				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Gilbert L. Christ

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt.

12 MAIDEN NAME OF MOTHER Mr. Saddler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bald.

Informant Chas. Smart

(Address) 2019 Sinclair Lane City

Filed 19

C. HAMILTON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19th 1928

17

I HEREBY CERTIFY, That I attended deceased from 11/22 1927 to 1/19/ 1928

that I last saw her alive on Jan 19th 1928

and that death occurred, on the date stated above, at 8:05 a. m.

The CAUSE OF DEATH* was as follows:

Lung Abcess.

over

(duration) 1 mo yrs. mos ds.

CONTRIBUTORY (Secondary) Asphixiation from ruptured abcess (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 1/19/28

Was there an autopsy? yes.

What test confirmed diagnosis? Autopsy

Augustine P. Van Steul M. D.

(Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Patterson Cemetery DATE OF BURIAL Jan 23 1928

20 UNDERTAKER Geo. F. Ruth ADDRESS 1735 Harford Ave

Spec.—1-12-23—M&T—500 Blks.

Lee

E 29760 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5 E 29760

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1119 Barclay Street ST. 11-15 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine A. Lee

(a) RESIDENCE NO. 1119 Barclay Street ST., WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. 4 mos. 5 ds. How long in U. S., if of foreign birth? 42 yrs. 4 mos. 5 ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, and year) September-16-1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	4	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

10 NAME OF FATHER Patrick Lee

11 BIRTHPLACE OF FATHER (city or town) ? ?

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Kerriran

13 BIRTHPLACE OF MOTHER (city or town) ? ?

(State or country) Ireland

Informant Miss. Anna C. Lee (sister)

(Address) 1119 Barclay Street

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 11th 19 28

17

I HEREBY CERTIFY, That I attended deceased from January 10th 19 28 to January 11th 19 28,

that I last saw h alive on January 10th 19 28

and that death occurred, on the date stated above, at 5.40 m.

The CAUSE OF DEATH* was as follows:

Pneumonia Klebsis

Contributory Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. H. Hampson Jones, M. D.

January 11th 19 28 (Address) 1101 E. Cager St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Jan-24-28 19
20 UNDERTAKER	ADDRESS
SCHUTT & MOWEN COMPANY	1038 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29761

CERTIFICATE OF DEATH.

124 E 29761

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 710 N. Carrollton Ave. (St.) 16-68 (Ward)

2-FULL NAME Joseph S. Graydon

(a) RESIDENCE NO. 710-N-Carrollton ST., WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 56 yrs. 3 mos. 29 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Marian Graydon

6 DATE OF BIRTH (month, day, and year): Sept-23-1871

7 AGE — Years: 56 Months: 3 Days: 29 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lead-Burner

(b) General nature of industry, business, or establishment in which employed (or employer): Lead-Burning

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Philadelphia Penna.

PARENTS

10 NAME OF FATHER: James Graydon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Scotland

12 MAIDEN NAME OF MOTHER: Elizabeth Ingay

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs Marian Graydon (wife)
(Address) 710 N Carrollton Ave.

15 Filed JAN 23 1928 H. HAMILTON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 21 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 21 1928 to Jan 21 1928 that I last saw him alive on Jan 21 1928 and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos 1/2 ds.

CONTRIBUTORY (Secondary): Syphilis (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? no Date of X

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) H. Kim Mallinson, M. D.

, 19 (Address) 701 Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: Jan 24 1928

20 UNDERTAKER: Edward Kemm Co. ADDRESS: Balto.

pec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29762

CERTIFICATE OF DEATH.

49 E 29762

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 221 S. Wolf St. ST. 7-4 WARD)

2-FULL NAME Thomas Lewandowski

(a) RESIDENCE No. 221 S. Wolf St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed.

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) 1853.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Poland.

10 NAME OF FATHER John Lewandowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

Informant Francis Lewandowski

(Address) 221 S. Wolf St.

Filed JAN 23 1928 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21st 1928

17

I HEREBY CERTIFY, That I attended deceased from July, 1927, to June 21st, 1928, that I last saw him alive on June. 18th, 1928 and that death occurred, on the date stated above, at 7.30 a m.

The CAUSE OF DEATH* was as follows:

Malignant growth of Left Lung

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical Exam

(Signed) A. F. Rei, M. D.

(Address) 24 Mercy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus DATE OF BURIAL Jan 23 1928

20 UNDERTAKER F. W. Ozarowski ADDRESS 1950 Eastern Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29763
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

X 45 E 29763

CITY OF BALTIMORE: (No. Church Home & Infirmary 4 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Bergstresser

(a) RESIDENCE NO. Mount Carmel Penna ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Bergstresser

DATE OF BIRTH (month, day, and year) Dec. 14 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	1	18	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Elder Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) 046
(c) Name of employer Self

BIRTHPLACE (city or town) (State or country) Pa

10 NAME OF FATHER Samuel A Bergstresser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Elizabeth Kase

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

Informant W. A. Irvin
(Address) Mt Carmel Pa

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 16, 1928, to Jan 22, 1928, that I last saw h[illegible] alive on Jan 22, 1928, and that death occurred, on the date stated above, at 4 17 p m.

The CAUSE OF DEATH* was as follows:
Carcinoma of scrotum

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchio-pneumonia
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Jan 18, 1928

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W Bergstresser Otterbein M.D.
. 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Pa — DATE OF BURIAL Jan 23 1928

20 UNDERTAKER Chas. E. Franck & Son — ADDRESS Middletown Pa

Spec—12-23-21—E.B.R.S.—400 Bks.

Dr Forsythe 424 E North Ave

29764

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 29764

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 645 Gutman Ave St. 9-46 Ward)

2-FULL NAME Emma M Bradfield

(a) Residence No. 645 Gutman Ave St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
F	W	Wid

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of James R Bradfield

6-DATE OF BIRTH (month, day and year) Oct 8 1849

7-AGE, 30 yrs. 2 mos. 13 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Balto Md

PARENTS

10-NAME OF FATHER. Charles C Gillingham

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Balto Md

12-MAIDEN NAME OF MOTHER. Mary A Reynolds

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Balto Md

14- (Informant) James R Bradfield

(Address) 645 Gutman Ave

15- Filed C. HAMPSON JONES, M. D. 1928 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 21. 1928

17- I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1927 to Jany 20 1928 that I last saw h[illegible] alive on Jany 20 1928 and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Valvular heart disease

Mitral Stenosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pyelonephritis Nephritis Albuminuria Retinitis

(Duration) yrs. 1½ mos. ds.

18-Where was disease contracted if not at place of death? Don't know

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? No.

(Signed) Hugh Forsythe, M. D.

1, 21, 1928 (Address) 424 E. North Ave.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL, 1-24 1928
Mt Olivet	
20-UNDERTAKER W M Cook	ADDRESS 522 E North Ave

Spec.—1-12-23—M&T—500 Bks.

E 29765 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29765

CERTIFICATE OF DEATH.

REGISTERED NO. 74-901

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 112 Fulford ST. 11-15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara Jane Crawford

(a) RESIDENCE No. 112 Fulford ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George C Crawford

6 DATE OF BIRTH (month, day, and year): Aug 16-1853

7 AGE: Years 74 | Months 5 | Days 5 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: Wm McMarshall

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Susan Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Geo. C. Crawford

(Address) 112 Fulford

Filed JAN 23 1928 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 21 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1927, to Jan 21, 1928,

that I last saw her alive on Jan 21, 1928,

and that death occurred, on the date stated above, at 9.15 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) about 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Coma

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general facts

(Signed) H. E. Knight, M. D.

1/23, 1928 (Address) 4025 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dremont Cem

DATE OF BURIAL: 1/24 1928

20 UNDERTAKER: William Cook

ADDRESS: Sulems

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29766

CERTIFICATE OF DEATH.

185 E 29766

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St., 9-18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph L. Wellslager

(a) RESIDENCE NO. 704 E. North Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Wellslager

6 DATE OF BIRTH (month, day, and year) Dec 6/1851

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	76	1	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Stephen D. Wellslager

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Katherine Lash

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md.

14 Informant Wife Mary Wellslager

(Address) 704 E. North Ave

15 Filed ....., 19 ..... Registrar

C. THOMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Failure

Accidental Fall down stairs at home Jan 16/28-Frac Jaw

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Senility

(duration) ....yrs. ....mos. ....ds.

(Signed) [signature] M. D.

(Coroner)

1/23/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — Date of Burial 1/24 1928

20 UNDERTAKER Wm Coole — ADDRESS 532 E North

Spec.—1-10-21—M&T—1500 Bks.

E 29767. HEALTH DEPARTMENT—CITY OF BALTIMORE E 29767

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hosp (Sts.) 21 (Ward) 11

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Charles Arnold, Jr.

(a) RESIDENCE NO. 432 N Brice St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 22. 1905

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Bill & Mould Worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer J. S. Inman & Son 96

9 BIRTHPLACE (City or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Charles E Arnold

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt Md

12 MAIDEN NAME OF MOTHER Emma Heine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Hospital Records.

15 Filed JAN 23 1926 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-22-26 19

17

I HEREBY CERTIFY, That I attended deceased from Jan. 3 , 1926 , to Jan. 22. 1926.

that I last saw him alive on Jan. 22 , 1926

and that death occurred, on the date stated above, at 8:05 a m.

The CAUSE OF DEATH* was as follows:

Lymphosarcoma of Peritoneum

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Jan. 4, 1926

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet

DATE OF BURIAL: 1/23 1926

20 UNDERTAKER: D. J. McCook

ADDRESS: 532 E Fayette

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29768

CERTIFICATE OF DEATH.

24-001

E 29768

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 31 S. Carey St. 18-29 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susan E Barnes

(a) RESIDENCE NO. 31 S. Carey St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 23 1851

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	76	6	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Annapolis Md

PARENTS

10 NAME OF FATHER Thomas Sander

11 BIRTHPLACE OF FATHER (city or town)

(State or country) England

12 MAIDEN NAME OF MOTHER Jane Sander

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) England

14 Informant Thomas Mullen

(Address) 31 S. Carey St

15 Filed 1929 C. HAMPSON JONES, M. D. Registrar

Copy

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 1/20/28

17 I HEREBY CERTIFY, That I attended deceased from 1/1/ 19 28, to 1/20/28, 19

that I last saw h alive on 1/20/28, 19

and that death occurred, on the date stated above, at 5 08 m.

The CAUSE OF DEATH* was as follows:

Hypostatic pneumonia

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Hypertrophy

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J Tracy, M. D.

1/29 19 29 (Address) 910 W. Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem Date of Burial Jan 29 1928

20 UNDERTAKER George J Smith ADDRESS 1532 Hollins St

Spec.—1-12-23—M&T—500 Blks.

E 29769

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

7-1001

E 29769
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 426 East ST. (WARD) 5-8

2-FULL NAME Joshua Woods

(a) RESIDENCE No. 426 East ST. WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	C.	Married

6 If married, widowed, or divorced HUSBAND of or) WIFE of Amanda Woods

DATE OF BIRTH (month, day, and year) unknown 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Philip Woods

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Amanda Woods
(Address) 426 East St.

Filed JAN 23 1928 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20 1928

17 I HEREBY CERTIFY, That I attended deceased from June 5 1927 to Jan 20 1928

That I last saw h alive on Jan 20 1928

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrage

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Subjective & Ob

(Signed) J. J. Thurston M. D.

, 19 (Address) 749 Reisterstown Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion

DATE OF BURIAL Jan 23, 1928

20 UNDERTAKER Mrs. A. G. Elbert

ADDRESS 1720 Ashland Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29770

CERTIFICATE OF DEATH.

E 29770

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) (W.) WARD)

2-FULL NAME George Smallwood

(a) RESIDENCE No. 1617 W. Franklin st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs mos ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1887 ?

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	40 ?			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Driver

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER George Smallwood

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Matthews

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Hospital Records

(Address)

Filed 1928 19 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 22 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 20, 19 28, to Jan. 22, 19 28,

that I last saw him alive on Jan. 22, 19 28

and that death occurred, on the date stated above, at 12.15 p. m.

The CAUSE OF DEATH* was as follows:

Acute rheumatic carditis

Acute myocardial insufficiency

(duration) Unknown yrs mos ds.

CONTRIBUTORY (Secondary) Pulmonary fibrosis, lower right lung (Non-tuberculous)

(duration) yrs mos. Unknown ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) [illegible] Maddux M. D.

1-23-28 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 1/25 19 28

20 UNDERTAKER Davis Easton

ADDRESS 916 Penna ave

Spec—12-23-21—E.B.R.S.—400 Bks.

E 29771

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29771

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. 1

City of BALTIMORE: (No. 321 W. Hoffman St. 11-24 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Sarah R. Sheridan

(a) Residence No. 321 W. Hoffman St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Col.

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. H. Sheridan

6-DATE OF BIRTH (month, day and year) Dec. 3 1864

7-AGE 64 yrs. — mos. — ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town). Baltimore Md.
(State or Country),

PARENTS:

10-NAME OF FATHER, Henry Newman

11-BIRTHPLACE OF FATHER (city or town). Va.
(State or Country),

12-MAIDEN NAME OF MOTHER, Sarah R. Newman

13-BIRTHPLACE OF MOTHER (city or town). Va.
(State or Country),

14- (Informant). Gertrude Sheridan

(Address) 321 W. Hoffman St.

15- Filed JAN 23 1925 Registrar.

The Plan

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 22-1925

17- I HEREBY CERTIFY, That I attended deceased from Jan. 17 1928 to Jan 22 1928

That I last saw h[illegible] alive on Jan 17 1928

and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. A. Pettibone M. D

, 19 (Address) 817 Hamilton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Auburn Cem. DATE OF BURIAL. Jan 23 1928

20-UNDERTAKER. Dennis Carlin ADDRESS 916 Lanvale

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29772 ✓ 129 E 29772

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 538 (ST.) Mc Mechen St (WARD) 14-20

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjiman Gray

(a) RESIDENCE NO. 538 Mc Mechen St WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER William Gray.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Lizzie Boyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Lizzie Carter

(Address) 1129 N Calvert St

Filed JAN 23 1928 H. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 20 19 28

17

I HEREBY CERTIFY, That I attended deceased from Jan 16, 19 28, to Jan 20, 19 28

that I last saw him alive on Jan 20, 19 28

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wilbur Tilley, M. D.

Jan 20, 19 28 (Address) 1928 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL Jan 23 1928

20 UNDERTAKER Daniel Carter ADDRESS 916 Pa ave

Cor. 12-8-25—A Co.—200 Bks.

E 29773 HEALTH DEPARTMENT—CITY OF BALTIMORE

M. Blades

90 E 29773

REGISTERED NO.

CERTIFICATE OF DEATH.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 938 Booth st St. 18-29 Ward)

2-FULL NAME Harry W Mackey

(a) RESIDENCE NO. 938 Booth st St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6yr. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1894

7 AGE: Years 34 Months Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER: Moze Mackey

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER: Lizzie Douglas

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant: Moze Mackey

(Address) 938 Booth st

15 Filed Jan 26 1926 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows*

Mitral Stenosis

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 1 ds.

Jan 23 1926 Signed C. H. Jones M. D.

(Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Park Date of Burial Jan 23 1926

20 UNDERTAKER: Daniel Carson ADDRESS 916 E Balto

Spec.—1-12-23—M&T—500 Blks.

E 29774 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

124 E 29774

REGISTERED NO.

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Monument & Rutland ST. 16-22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Menzer

(a) RESIDENCE NO. 2022 W Lanvale ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (Write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Hannah Menzer

DATE OF BIRTH (month, day, and year) 2-6-1891

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
31	37	11	17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocery

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Chilmer M Menzie

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Hantam

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Jack Lewis (Address) 1439 E Baltimore St

Filed JAN 23 1928 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 21, 1928, to Jan 22, 1928, that I last saw h[illegible] alive on " " 1928 and that death occurred, on the date stated above, at 9 20 m

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Chronic nephritis - Nyperia

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Bernard Cohen, M. D.

1/27 1928 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale

DATE OF BURIAL 1/30 1928

20 UNDERTAKER Jack Lewis 1439 E Balt St

ADDRESS

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29775
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90 E 29775
REGISTERED NO.

City of BALTIMORE: (No. 1018 Riverside Ave. St. 24-33 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gerhard Olthaus.

(a) RESIDENCE NO. 1018 Riverside Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Widower.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Do not know.

6 DATE OF BIRTH (month, day, and year): September 16, 1858

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
	74	4	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Mariner.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Germany

PARENTS

10 NAME OF FATHER: Do not know.

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Do not know.

12 MAIDEN NAME OF MOTHER: Do not know.

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Do not know.

14 Informant: Elizabeth Dressel.

(Address): 1018 Riverside Ave.

Filed JAN 23 1928 H. HANSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 21, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute dilatation of the Heart.

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

(Signed) Otto M. Leinhardt M. D. (Coroner)

1/28 1928 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence:

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery — Date of Burial: Jan 03 1928

20 UNDERTAKER: Margaret E. Flynn — ADDRESS: 1402 Light St.

Spec.–7-17-26—A Co.—200 Bks.

E 29776

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89 ✓ E 29776

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1325 Park Ave. St. 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mortimer J. Taylor

(a) RESIDENCE NO. 1325 Park Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Martha E. Taylor

6 DATE OF BIRTH (month, day, and year): June 1846

7 AGE: Years 81 Months 7 Days — IF LESS than 1 day ....hrs. or ....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto

(State or country) Md.

PARENTS

10 NAME OF FATHER: Mortimer Taylor

11 BIRTHPLACE OF FATHER (City or town): Va

(State or country)

12 MAIDEN NAME OF MOTHER: Mary Burns

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: Martha E. Taylor

(Address) 1325 Park Ave.

15 Filed JAN 23 1928 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Jany 22. 1928

17 I HEREBY CERTIFY, That I attended deceased from God, 19 27, to Jan 21, 19 28, that I last saw h[illegible] alive on Jan 10, 19 28, and that death occurred, on the date stated above, at 10:30 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) Sudden yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

Progressive over several yrs

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Data of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) [illegible] M. D.

, 19 (Address) 1403 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount

Date of Burial: Jan. 25 19 28

20 UNDERTAKER: D. O. Mitchell & Sons

ADDRESS: Greenmount Ave.

Spec.—1-12-23—M&T—500 Bks.

E 29777. HEALTH DEPARTMENT—CITY OF BALTIMORE E 29777.

CERTIFICATE OF DEATH.

124

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1605 N. Caroline St. 8-17 Ward)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bickla D. MacDonald

(a) RESIDENCE NO. 1605 N. Caroline ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank M.H. MacDonald

6 DATE OF BIRTH (month, day, and year): Mar. 24th 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	9	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House-work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): City

10 NAME OF FATHER: J.J.C. Dougherty

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ga.

12 MAIDEN NAME OF MOTHER: Mary E. Stapleton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): City

Informant: Frank M.H. MacDonald

(Address) 1605 N. Caroline St.

Filed JAN 23 1928 19

C. H. [illegible] JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 20th 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug. 5. 1922 to Jan. 20 1928

that I last saw h[illegible] alive on Jan. 19 1928

and that death occurred, on the date stated above, at 12:30 a.m.

The CAUSE OF DEATH* was as follows:

Arthritis deformans, Chronic Myocarditis, Chronic interstitial Nephritis.

History (duration) 10 yrs 7 mos — ds.

CONTRIBUTORY (Secondary) (Immed) Hypostatic Pneumonia (duration) — yrs. — mos. 2 ds.

18 Where was disease contracted if not at place of death? America. Ga.

Did an operation precede death? No Date of —

Was there an autopsy? No.

What tests confirmed diagnosis? Typical symptoms. Laboratory findings.

(Signed) J. Bard Bruner, M.D.

1/21 1928 (Address) 2125 Maryland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery

DATE OF BURIAL: 1/23/ 1928

20 UNDERTAKER: E.V. Fleming & Son - 1938

ADDRESS: Lafayette Ave.

Cor.—12-9-25—A Co.—200 Bks.

E 29778

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 29778

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital 7-13 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Gartside

(a) RESIDENCE NO. 1040 N. Broadway St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 1927 Dec 21/28

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		1	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md

PARENTS

10 NAME OF FATHER Robert Gartside

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Hilda Schlinder

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Hopkins Hospital

(Address)

15 Filed 1/23 1928 19 C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Jan 21/2

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (Primary)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) H. Kolb M. D.
(Coroner)

1/23/28 (Address) 508 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

Date of Burial 1/23 1928

20 UNDERTAKER John G. Connelly

ADDRESS Essex

Spec.—1-12-23—M&T—500 Bks.

29779

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29779

CERTIFICATE OF DEATH.

90 E 29779

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 1710 Harford Avenue

CITY OF BALTIMORE: (No. Baltimore Md 9-46 WARD)

2-FULL NAME Mrs Charles Kottie (May G)

(a) RESIDENCE NO. 3012 Ellerslie Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles F Kothe

6 DATE OF BIRTH (month, day, and year): 3.2.1890

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
37	10	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: John H Raymond

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Margaret Burbage

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

Informant: Charles F Kothe

(Address) 1710 Harford Avenue

Filed 23 1928

C. HAMILTON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 23 1928

17 I HEREBY CERTIFY, That I attended deceased from November 8, 1927, to January 23, 1928, that I last saw h[illegible] alive on January 22, 1928, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Chronic rheumatic endocarditis

(duration) 18+ yrs. mos. ds.

CONTRIBUTORY (Secondary) acute pulmonary oedema (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical & laboratory methods

(Signed) Frank R. Smith, Jr. M. D.

, 19 (Address) 1120 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery

DATE OF BURIAL: 1 26 1928

20 UNDERTAKER: George J Ruth

ADDRESS: 1728 Harford Ave.

Spec.—1-12-23—M[illegible] Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29780

E 29780

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore General Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William C. Lane

(a) RESIDENCE NO. 13 N. Belnord Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Katherine B Stair

DATE OF BIRTH (month, day, and year): Aug 28, 1870

AGE: Years 57 Months 5 Days 27 If LESS than 1 day, hrs or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Ice Business

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER: Wm B Lane

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Elizabeth A Cox

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

Interment: Mrs Katherine Lane

(Address): 13 N Belnord Ave

FEB 23 1928 CLAYTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 21 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 17, 1928 to Jan 21, 1928.

That I last saw him alive on Jan 21, 1928

and that death occurred, on the date stated above, at 9.45 A.M.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency ?

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin. Exam.

(Signed) Louis T. Levy, M. D.

1928 Address: W. Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem

DATE OF BURIAL: Jan 27, 1928

20 UNDERTAKER: John Merrick

ADDRESS: 728 Edon

Spec.—1-12-23—M&T—500 Blks.

E 29781

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 29781

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No.) ST. 4-7 WARD)

2-FULL NAME George Wenach.

(a) RESIDENCE No. 156 W. Lan ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): ?

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: ?

DATE OF BIRTH (month, day, and year): Aug 13 1871

AGE: Years 56 Months 5 Days 7 If LESS than 1 day, hrs. or min. 8

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Butcher 013

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Md.

10 NAME OF FATHER: John Wenach

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaret ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant (Address): Records.

BALTIMORE CITY HOSPITALS

Filed JAN 23 1928 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/20/1928

17

I HEREBY CERTIFY, That I attended deceased from June 23. 1927. to Jan. 20. 1928

that I last saw him alive on Jan. 20. 1928

and that death occurred, on the date stated above, at 1:20 P m.

The CAUSE OF DEATH* was as follows:

myocarditis chronic acute interstitial

hypertension

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary): Residual arteriosclerosis

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopay? No

What test confirmed diagnosis? General + Symptoms

(Signed) C. A. Holmes Wright M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery.

DATE OF BURIAL: Jan 25 1928

20 UNDERTAKER: John Ulrich

ADDRESS: 2008 Orleans

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29782

CERTIFICATE OF DEATH.

31 E 29782

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2923 Eastern Ave (St.) (Ward) 7

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Peter Nicolaus

(a) RESIDENCE NO. 2923 Eastern Ave St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Married

6 If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Sophia Nicolaus

DATE OF BIRTH (month, day, and year) Sept. 1—1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	4	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Undertaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER William Nicolaus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Helen Kimbel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Sophia Nicolaus

(Address) 2923 Eastern Ave

Filed 1928 C. HAMPSON JONES, M. D. Registrar

By RTH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 21 1928

17 I HEREBY CERTIFY, That I attended deceased from Febr 7 1927 to Jan 21 1928 that I last saw ~~him~~ her alive on Jan 20 1928 and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Pul. Tuberculosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Intestinal Pregnancy

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No Physical signs

What test confirmed diagnosis?

(Signed) Chas Siler M. D.

1/27/28 (Address) 408 Dan Fac Co

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem DATE OF BURIAL Jan 24 1928

20 UNDERTAKER Chas C. M. Mullen & Son ADDRESS 2334 Liffon

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29783

CERTIFICATE OF DEATH.

E 29783

90

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1412 N. Charles St. St., 9-47 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas J. Bowyer.

(a) RESIDENCE NO. 638 E. 85th St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	White.	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Do not know.

6 DATE OF BIRTH (month, day, and year): September 29, 1851

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	76	3	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Brick layer.

(b) General nature of industry, business, or establishment in which employed (or employer): Oil

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Baltimore, Co. Md.

PARENTS

10 NAME OF FATHER: Theodore Bowyer.

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Baltimore Co. Md.

12 MAIDEN NAME OF MOTHER: Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Do not know.

14 Informant: Birdie Murray (daughter)

(Address) 409 Westover Ave. Norfolk, Va.

Filed 1928 C. HAMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192: January 21, 1928.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute dilatation of the Heart.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

(Signed) Hobart Leinhardt M. D. (Coroner)

1/28 '28 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery Date of Burial 1/25 1928

20 UNDERTAKER: Freeman Cook ADDRESS: 502 E. North

Spec. -7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29784

CERTIFICATE OF DEATH

90 E 29784

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1224 Edward St. 58 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Ray

(a) RESIDENCE NO. 1224 Edward St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: C

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Victoria Ray

6 DATE OF BIRTH (month, day, and year): July 2 1884

7 AGE: Years 43 Months 6 Days 20 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): md

PARENTS

10 NAME OF FATHER: Charles Ray

11 BIRTHPLACE OF FATHER (City or town): Balto

(State or country): md

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant: Victoria Ray

(Address) 1224 Edward St

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 22 19 28

17 I HEREBY CERTIFY, That I attended deceased from Jan 8, 19 28, to Jan 22 19 28

that I last saw h[illegible] alive on Jan 21 19 28

and that death occurred, on the date stated above, at 12 30 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Thyocarditis.

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) George S. Allen M. D.

Jan 23. 1928 (Address) 508 Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — Date of Burial 1/24 1928

20 UNDERTAKER: Byron & Wright — ADDRESS 218 N Eutaw

Spec.-7-17-26—A Co.—200 Bks.

E 29785

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29785

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO. 161-09

City of BALTIMORE: (No. Colonial & Fayette 16-22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Cooper

(a) RESIDENCE NO. 521 Winchester St. — Ward —

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan. 22nd, 1928

7 AGE Years ___ Months ___ Days ___ IF LESS than 1 day 2 hrs. or — min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore, Md.

(State or country)

PARENTS

10 NAME OF FATHER Max Cooper

11 BIRTHPLACE OF FATHER (City or town) Russia.

(State or country)

12 MAIDEN NAME OF MOTHER Frieda Lipsky

13 BIRTHPLACE OF MOTHER (city or town) Russia

(State or country)

14 Informant Max Cooper

(Address) 521 Winchester

15 Filed JAN 23 1928 19 C. HAMPSON JONES, M. D. 14 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22nd, 1928 19 28

17 I HEREBY CERTIFY, That I attended deceased from Jan 22, 19 28, to Jan 22, 19 28, that I last saw h 22 alive on Jan 22, 19 28, and that death occurred, on the date stated above, at 9:30 A.M.

The CAUSE OF DEATH* was as follows:

Intra-Cranial Hemorrhage

— (duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Premature birth

— (duration) — yrs. — mos. — ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) Hermann Grad M. D.

, 19 (Address) 935 N. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Hebrew Herring Run Cem	1/24 1928
20 UNDERTAKER	ADDRESS
Jack Levin	1216 N.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

29786

CERTIFICATE OF DEATH

32 E 29786

1-PLACE OF DEATH

City of BALTIMORE: (No. Sydenham Hospital St. 14-20 Ward)

REGISTERED NO.

2-FULL NAME Irene Dixon

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE NO. 2014 Madison Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Dixon

6 DATE OF BIRTH (month, day, and year) Feb. 6, 1888

7 AGE — Years: 39 — Months: 11 — Days: 16

IF LESS than 1 day ____ hrs. or ____ min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 37

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Adam Colbert

11 BIRTHPLACE OF FATHER (City or Town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Cecilia ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Wm. L. Colbert (Address)

15 Filed JAN 23 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 22, 1928, to Jan 22, 1928, that I last saw her alive on Jan 22, 1928, and that death occurred, on the date stated above, at 7.05 p.m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) ____ yrs. mos. 11 ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted

If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Lumbar punct

(Signed) Myron G. Tuell, M. D.

1/23. 1928 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters — Date of Burial Jan 23 1928

20 UNDERTAKER: Samuel Ellis Sr. — ADDRESS 634 Key

Spec.—1-12-23—M&T—500 Bks.

29787

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29787

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS St.) 24-33 WARD

REGISTERED No. 100-91

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph R. Wheeler.

(a) RESIDENCE No. 1106 Williams ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	?

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) ?

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	65			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 3 years

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

BIRTHPLACE (city or town)
(State or country) Maryland.

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town)
(State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) ?

Informant
(Address) Remsen

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/20/ 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug. 9, 1920, to Jan. 20, 1928,

that I last saw him alive on Jan. 20, 1928

and that death occurred, on the date stated above, at 12:20 P.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Chronic interstitial nephritis (duration) 8 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Guneral + Symptoms.

(Signed) C. Hampson Jones, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL Jan 21 1928

20 UNDERTAKER (Commissioner Health.

ADDRESS

1928 C. HAMPSON JONES, M. D. Registrar

Reg. 2104

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29788

CERTIFICATE OF DEATH.

E 29788

REGISTERED NO. _____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hosp, St. 16-22 Ward)

2-FULL NAME James Turner

(a) RESIDENCE NO. Unknown St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	S., K.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Don't Know

6 DATE OF BIRTH (month, day, and year) about 1875

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unknown

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 057

9 BIRTHPLACE (city or town) Don't Know Jan. 1, 1928

(State or country) Don't Know

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant P. W. Dist. Police

(Address) Police, Mulberry

15 Filed 1928 C. HAMPSON JONES, M. D.

2405 THE MORGUE. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 1, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) .....yrs. .....mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) .....yrs. .....mos. .....ds.

(Signed) C. H. Jones M. D.
(Coroner)

1928 (Address) 757 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL Date of Burial 19

20 UNDERTAKER ADDRESS

Commissioner Health. JAN 23 1928

WM. E. WOODALL

Spec.—1-10-21—M&T—1500 Blks.

E 29789

HEALTH DEPARTMENT—CITY OF BALTIMORE E 29789

CERTIFICATE OF DEATH.

X 46

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1039 N. Calvert ST. 11-15 (WARD)

2-FULL NAME Millie Jones Humpton
Coatesville, Pa. R.F.D. 5

(a) RESIDENCE NO. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	married

5a If married, widowed, or divorced (01) WIFE of J. Howard Humpton

6 DATE OF BIRTH (month, day, and year) 11/12/1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or .... min.
	47	2	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) 027

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Doe Run Pa.

PARENTS

10 NAME OF FATHER William Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Doe Run Pa.

12 MAIDEN NAME OF MOTHER Lida Maxton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Doe Run Pa.

14 Informant (Address) Mr. J Howard Humpton Coatesville Pa R.F.D. 5.

Filed 1-23 1928. C. HAMPSON JONES, M. D. Registrar

Four

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 31, 1927, to Jan 23, 1928, that I last saw her alive on Jan 23, 1928, and that death occurred, on the date stated above, at 10.45 m.

The CAUSE OF DEATH* was as follows:

Carcinoma - abdominal - from carcinoma of ovary

(duration) 2 yrs. 6 mos+ ds.

CONTRIBUTORY (Secondary) Parotid injection

(duration) — yrs. — mos. 5 ds.

18 Where was disease contracted if not at place of death? Coatesville Pa

Did an operation precede death? Yes Date of 7/11/25

Was there an autopsy? no

What test confirmed diagnosis? operation

(Signed) Thomas P Sprunt, M. D.

1/23, 1928 (Address) 1035 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Coatesville Pa — DATE OF BURIAL Jan 27 28

20 UNDERTAKER Clyde E Mason — ADDRESS Oxford Pa.

Cor.—12-9-25—A Co.—200 Bks.

E 29790

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29790

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

City of BALTIMORE: (No.) 32 So. Pulaski St. 20-69 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Schaefer

(a) RESIDENCE NO. 32 So. Pulaski St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: Katherine Schaefer

6 DATE OF BIRTH (month, day, and year): Aug 24th 1865

7 AGE: Years 62 Months 4 Days 26 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Confectioner

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

019

9 BIRTHPLACE (city or town):

(State or country): Balto

PARENTS

10 NAME OF FATHER: Karl Schaefer

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Julia Kempf

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: Katherine Schaefer

(Address) 32 So. Pulaski St.

C. HAMPSON JONES, M.D.

15 Filed ..... 19 ..... M H Registrar

JAN 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 29 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry), thereon and from the evidence obtained at said Inquest (Inquest, Autopsy or Inquiry) and other sources find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos. B. Horton M. D.

Coroner

Jan 22nd 1928 (Address) Curtis Bay, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery Date of Burial: Jan. 24th 28

20 UNDERTAKER: George L. Schwab ADDRESS: 2101 Frank. Ave.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29791

CERTIFICATE OF DEATH.

E 29791

124

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2536 Druid Park Drive ST. 13-54 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Knapp

(a) RESIDENCE NO. 2536 Druid Park Drive ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) April 29, 1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	8	22	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher

(b) General nature of industry, business, or establishment in which employed (or employer) 018

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER John Knapp

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Bauer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant John Schad

(Address) 3902 Greenmount Ave

Filed 3-1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21. 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 15, 1927, to Jan 21, 1928, that I last saw him alive on Jan 21, 1928, and that death occurred, on the date stated above, at 11:30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Ch. Interstitial Nephritis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Paul Brown, M. D.

1/25 1928 (Address) 1837 Eutaw Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Jan 24, 1928
20 UNDERTAKER E. LeRoy Stifflen	ADDRESS 125 E. North Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

29792 E 29792

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3215 White ave. ST. 27-43 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Francis Thomas.

(a) RESIDENCE NO. 3215 White ave ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Thomas.

6 DATE OF BIRTH (month, day, and year) January 11 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	75	0	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer Reis Bros.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Darrington Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wales Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Mrs Geo Brady 3215 White ave

Filed 1928 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 22 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1927, to Jan 22, 1928, that I last saw him alive on Jan 21, 1928, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Acute Edema
Bronchopneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Chronic Cerebral Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Thos. F. A. Flemm, M. D.

1/24 1928 (Address) 2478 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakland

DATE OF BURIAL 1/25 1928

20 UNDERTAKER J. H. Cook

ADDRESS 3326 Eastern Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29793

CERTIFICATE OF DEATH.

1928 E 29793

27-54

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Thurston

(a) RESIDENCE NO. 10 Oak Road, Mt. Washington Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 3/1904

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	23	8	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Governness

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Mr. King

9 BIRTHPLACE (city or town) Virginia

(State or country)

PARENTS

10 NAME OF FATHER Carl Thurston

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Zadia Nichols

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant Mrs. Charles Thurston

(Address) Buna Vista, Va.

15 Filed 1/23/28 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23/1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came near death on the day stated above.

The CAUSE OF DEATH* was as follows:

Septicemia-Criminal Abortion

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) By whom unable to determine.

(duration) yrs. mos. ds.

(Signed) J. H. Collins M. D.
(Coroner)

1/23/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Buna Vista Va Date of Burial 1/23 1928

20 UNDERTAKER Wm Cook ADDRESS 532 E North Ave

Spec.—1-12-23—M&T—500 Bks.

E 29794

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29794

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 1-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stefan Wereskowsky

(a) RESIDENCE NO. Rises alley 4-7 ST. WARD R-F-H & S

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Not known

6 If married, widowed, or divorced HUSBAND of (or) WIFE of not known

DATE OF BIRTH (month, day, and year) 2- 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	37	2	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Miner

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Friends —

(Address)

Filed 1-23-1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 16 1928 to Jan 21 1928

that I last saw him alive on Jan 21 1928

and that death occurred, on the date stated above, at 7 15 P.M.

The CAUSE OF DEATH* was as follows:

Myocardial failure

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Emphysema

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Lyman Wells M. D.

1-23, 1928 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New York City

DATE OF BURIAL Jan 23 1928

20 UNDERTAKER C. J. Bactors

ADDRESS Glenburnie

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29795

E 29795

CERTIFICATE OF DEATH.

88

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 N. Ellwood Ave ST. 6-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carrie Redmond

(a) RESIDENCE NO. 111 N Ellwood Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Redmond

DATE OF BIRTH (month, day, and year) 11/20/1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	2	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Wilmington Del.

10 NAME OF FATHER Oscar Appleby

11 BIRTHPLACE OF FATHER (city or town) (State or country) Crawford Pa

12 MAIDEN NAME OF MOTHER Jos. Jenny

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

Informant John F. Redmond

(Address) 111 N Ellwood Ave

FILED 1928 .19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22nd 1928

17 I HEREBY CERTIFY, That I attended deceased from March 14 1927 to Jan 22 1928

that I last saw h alive on Jan 2 1928

and that death occurred, on the date stated above, at 6.30P m.

The CAUSE OF DEATH* was as follows:

Chronic Pancreatitis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Geo Kelly M. D.

(Address) 1937 Gough St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem

DATE OF BURIAL Jan 25 1928

20 UNDERTAKER Geo M Smith Sons

ADDRESS 811 Newton

Spec.—7-17-26—A Co.—200 Bks.

E 29796

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

44 E 29796

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 514 S Madiera St. St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Paul ~~Bannack~~ Bannach

(a) RESIDENCE NO. 514 S Madiera St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE Years 57 Months Days IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Labor 040

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER Stanislaus Bannack

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Apolonia Bannack Bannach

(Address) 514 S Madiera St.

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 21 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1928 to Jan. 21, 1928.

that I last saw him alive on Jan. 21, 1928.

and that death occurred, on the date stated above, at 6.55 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal Pneumonia (Bronchs)

(duration) yrs. mos 1 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of Jan. 14, 1928

Was there an autopsy? No

What test confirmed diagnosis? Clin.

(Signed) John J. Hopkins M. D.

. 19 (Address) 2627 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Jan

Date of Burial 25 1928

20 UNDERTAKER John M Weber 1803 Bank St

ADDRESS

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29797 E 29797

CERTIFICATE OF DEATH

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 33rd & Calvert ST. 27 WARD) 5

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Albert J. Lowenthal

(a) RESIDENCE NO. Clarke Lane, Balt. Md WARD
(Usual place of abode)
Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

6 If married, widowed, or divorced
HUSBAND of ~~WIFE~~ of Rita N. Lowenthal

DATE OF BIRTH (month, day, and year) Nov. 29, 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs or ..... min.
	49	1	24 23	

OCCUPATION OF DECEASED.

(a) Trade, profession or particular kind of work Manager - Read Drug Co.

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Albert S. Lowenthal

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Rachael Grimsfelder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Wife
(Address) Clarke Lane, Balto

FILED 1928, 19 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 22 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1928, to Jan 22, 1928, that I last saw him alive on Jan. 22, 1928 and that death occurred, on the date stated above, at 1:A m

The CAUSE OF DEATH* was as follows:

Hypertension

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Abdominal Hemorrhage

(duration) 0 yrs. 0 mos. 12 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) I Frederick Lantz, M. D.

1-22, 1928 (Address) Temple Garden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cem

DATE OF BURIAL 1/24/ 1928.

20 UNDERTAKER Baird Sondheim

ADDRESS 118 20 W. Mt. Royal Ave.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29798

CERTIFICATE OF DEATH.

90

E 29798

1-PLACE OF DEATH

City of BALTIMORE: (No.) Green Spring & Belvedere Ave. (or) 27 (Ward) 6

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca Lonier King

(a) RESIDENCE NO. Green Spring & Belvedere Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. / mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wallace Kidgood

6 DATE OF BIRTH (month, day, and year) Oct 21 1852

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	75	3	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Unknown

(State or country) North Carolina

10 NAME OF FATHER Marcellus Lonier

11 BIRTHPLACE OF FATHER (city or town) Chase

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Lucinda Hicks

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country) North Carolina

PARENTS

14 Informant Miss Mollie Lonier

(Address) 1418 Washington

Date 1928 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 23 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 30, 1925, to Jan 23, 1928, that I last saw h[er] alive on Jan 23, 1928, and that death occurred, on the date stated above, at 4.40P m.

The CAUSE OF DEATH* was as follows:

Chr. myocarditis (arterio sclerosis)

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac dilatation

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No Physical

What test confirmed diagnosis?

(Signed) Milton P. Hill, M. D.

, 19 (Address) Wyliecon & Huntington Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery Date of Burial Jan 25 1928

20 UNDERTAKER Chas. H. Black ADDRESS 742 W North Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29799

CERTIFICATE OF DEATH.

129

E 29799

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 500 N Payson (St.) 20-27 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Elizabeth Crosgrove

(a) RESIDENCE No. 500 N Payson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word)
Male	White	Widow

a If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND of~~
(or) WIFE of late John Crosgrove

DATE OF BIRTH (month, day, and year) March 22 1842

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	85	10		
	86			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER James Tinsley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER C. Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

Informant Andrew J. Crosgrove

(Address) 500 N Payson St

Filed JAN 24 1928 E. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1928

17 I HEREBY CERTIFY, That I attended deceased from April 23 1927 to Jan 22 1928

that I last saw her alive on Jan 21 1928

and that death occurred, on the date stated above, at 11.20 P m.

The CAUSE OF DEATH* was as follows:

Paralysis

(duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary) Senile Infirmity

(duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Martha E. Cruikshank M. D.

1/23 1928 (Address) 2002 N. Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem — DATE OF BURIAL: Jan 25 1928

20 UNDERTAKER: Henry Jenkins & Co — ADDRESS: Oakland & Gilmor Sts

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29800

CERTIFICATE OF DEATH.

161-001

E 29800

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2 Highland Ave, (St.) Morrell Park (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. (ft.))

2-FULL NAME Thelma G. Hartmann

(a) RESIDENCE NO. Highland Ave, (St.) Morrell Park (Ward)

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. / ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day and year): Jan 21st 1928

7 AGE: Years — Months — Days 1 — IF LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Spring Grove Asylum

(State or country)

PARENTS

10 NAME OF FATHER Wm C Hartmann

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Indiana

12 MAIDEN NAME OF MOTHER Thelma G. Rapp

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto

14 Informant: Gertrude D Fenaway

(Address) Highland ave Morrell Park

CHAMPION JONES, M. D.

15 Filed JAN 24 1928, 19 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Jan 22 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, and upon the thereon and from the evidence obtained by said Inquest find that said deceased came to death by Premature Birth on the day stated above.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(Signed) Thos B Worthington M. D. (Coroner)

Jan 23 1928 (Address) Curtis Bay, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — Date of Burial: Jan 24 1928

20 UNDERTAKER: Wm J Fields — ADDRESS: 200 W Lombard

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29801
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

162 E 29801
REGISTERED NO.

City of BALTIMORE: (No. 1926 West Pratt St. 20-28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant of Robert and Ellen Peacher

(a) RESIDENCE NO. 1926 West Pratt St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) January 17, 1928

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
			3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Robert G. Peacher
11 BIRTHPLACE OF FATHER (city or town) Leesburg
(State or country) Virginia
12 MAIDEN NAME OF MOTHER Ellen H. Artz
13 BIRTHPLACE OF MOTHER (city or town) Hagerstown
(State or country) Maryland

14 Informant Robert G. Peacher
(Address) 1926 W. Pratt Street

Filed JAN 24 1928 Harrison Jones M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19
1/20/28

17
I HEREBY CERTIFY, That I attended deceased from 1/17/ 1928, to 1/20/, 1928,
that I last saw h.... alive on 1/19/28, 19.....,
and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Cong. Malformation

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY
(Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted
If not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) [illegible], M. D.
1/24, 1928 (Address) 9 W. Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Date of Burial
Greene Cem. Jan 26 1928

20 UNDERTAKER Rockwell Cook
ADDRESS 1033 W. Baltimore St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29802 — CERTIFICATE OF DEATH. — **E 29802**

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 S. Catherine ST. 20-69 WARD)

2-FULL NAME Infant Syber

(a) RESIDENCE NO. 106 S. Catherine ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. Born here mos. ..... How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 22 1928

7 AGE — Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: John H. Syber

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Meiser

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co. Md.

14 Informant (Address): Mabel D. Syber 106 Catherine St

Filed JAN 24 1928 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 22 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 22, 1928, to Jan 22, 1928,

that I last saw h. alive on Jan 22, 1928,

and that death occurred, on the date stated above, at 3:30 A m.

The CAUSE OF DEATH* was as follows:

Premature birth

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary): asthenia

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of ....

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H B Jones, M. D.

, 19 (Address) 1405 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johns Hopkins (Carnegie Dep.)

DATE OF BURIAL: 1/23 1928

20 UNDERTAKER

ADDRESS

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE 001

E 29803

CERTIFICATE OF DEATH

14 E 29803

1-PLACE OF DEATH St. Joseph Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST., ( ) WARD)

2-FULL NAME Mrs Elizabeth R. Nolan

(a) RESIDENCE NO. 530 West Mulberry ST WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Dec 16 - 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	55	1	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Gold leaf cutter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer J. W. Harward.

BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER Charles Nolan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Julia Deen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Julia M. Nolan

(Address) 1530 W. Mulberry

Filed JAN 24 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 9, 1928, to Jan 22, 1928

that I last saw h er alive on Jan 21, 1928

and that death occurred, on the date stated above, at 1:50 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) 7 days

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) H. Laurence Fleharty, M. D.

, 19 (Address) St. Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL Jan 25 1928

20 UNDERTAKER J. A. Williams & Son — ADDRESS 703 S. Howard

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-002

E 29804

CERTIFICATE OF DEATH.

E 29804

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 400 S Paca St. 22-20 Ward)

2-FULL NAME Ernest F. Thomas

(a) RESIDENCE NO. 400 S Paca St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. 2 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 11/8/1927

7 AGE	Years	Months	Days 14	IF LESS than 1 day ....hrs. or ....min.
		2	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Charles Thomas

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Mary Beranabay

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Maryland

14 Informant Charles Thomas

(Address) 400 S Paca St

15 Filed 1-24 1928 C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Coroner, autopsy or inquiry.) find that said deceased came to. Died death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cap. Bronchitis

(Duration) mos. 2 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 1 ds.

Jan 22 1928 C. Hamilton Jones M. D.

(Coroner)

1/24 19 (Address) 1430 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BERIAL, CREMATION OR REMOVAL St. Stanislaus — Date of Burial 1/24 1928

20 UNDERTAKER Chas D. Fuchsmus & Sty — ADDRESS 637 S Paca St.

Spec.—1-10-21—M&T—1500 Bks.

E 29805

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 V

E 29805

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 95 Russell ST 25-12 WARD)

2-FULL NAME William Henry Short

(a) RESIDENCE NO. 95 Russell ST ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 88 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colrd	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) 1840

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
88	88	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Matilda Shorts (Address) 95 Russell St

15 Filed 4 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1—23—1928

17 I HEREBY CERTIFY, That I attended deceased from July 10th, 1927, to Jan 23d, 1928, that I last saw h[illegible] alive on Jan 22, 1928, and that death occurred, on the date stated above, at 5a m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Old Age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) [illegible] M. D.

, 19 (Address) 1063 Myrtle Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

National Cemetery Jan 25 28

20 UNDERTAKER — ADDRESS

Eugenia A. Brooks 1463 N Carey

Spec.–7-17-26—A Co.—200 Bks.

E 29806

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Curtis Bay 101-001

E 29806

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Pennington Ave Ext St., 25-77 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elias G Stallings

(a) RESIDENCE NO Pennington Ave Ext St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Flora M Stallings

6 DATE OF BIRTH (month, day, and year) Aug 13 1896

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
	31	5	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Auto Business

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Stallings & Ripple

9 BIRTHPLACE (city or town) Hawkins Point Md

(State or country)

PARENTS

10 NAME OF FATHER Elias Stallings

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Boone Md

12 MAIDEN NAME OF MOTHER Rachel R Solley

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Solley Md

14 Informant Mrs Flora M Stallings

(Address) Pennington Ave Ext Curtis Bay

15 Filed ..... 19 .....

JAN 24 1928 HAMPSON SCOTT, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1928 19

17 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1928, to Jan 22, 1928, that I last saw him alive on Jan 22, 1928, and that death occurred, on the date stated above, at 1255 p m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY Asthma

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas A Brooke M. D.

19 28 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Solley Cemetery Co. Date of Burial Jan 24 1928

20 UNDERTAKER John F Denny ADDRESS 715 Light St

Spec.—1-12-23—M&T—500 Bks.

E 29807

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 29807
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Josephs Hospital ST. 24-34 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Lindaney

(a) RESIDENCE No. 209 E. Fort ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary A. Lindaney

6 DATE OF BIRTH (month, day, and year): Jan. 16. 1879.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
49		—	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Motorman

(b) General nature of industry, business, or establishment in which employed (or employer): Street Car

(c) Name of employer: U. U. R. R. Co.

BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: John Lindaney

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Anna Hollins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Mrs Mary Lindaney

(Address) 209 E Fort Ave

Filed JAN 24 1925 WILLIAMSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/22/25 19

17 I HEREBY CERTIFY, That I attended deceased from 1/17/25, 19, to 1/22/25, 19, that I last saw him alive on 1/21/25, 19, and that death occurred, on the date stated above, at 11:30 P m.

The CAUSE OF DEATH* was as follows:

cardio vascular renal

(duration) yrs. 1 mos 7 ds.

CONTRIBUTORY (Secondary): cardiac decompensation

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A Lawrence Fahney M. D.

19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross. M. G.

DATE OF BURIAL: Jan. 26 19 25

20 UNDERTAKER: Chas. R. Stevens

ADDRESS 1501 E Fort Ave

Spec.—7-17-26—A Co.—200 Bks.

E 29808

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001 E 29808

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 145 W. Lafayette ave 12-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Addie S. Van Ness

(a) RESIDENCE NO. 145 W. Lafayette ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rev. Thos. Van Ness

6 DATE OF BIRTH (month, day, and year): Oct. 6. 1860

7 AGE — Years: 67 Months: 3 Days: 17 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(r) Name of employer:

9 BIRTHPLACE (city or town): Maine

(State or country)

PARENTS

10 NAME OF FATHER: Jos. E. Sewell

11 BIRTHPLACE OF FATHER (City or town): Maine

(State or country)

12 MAIDEN NAME OF MOTHER: Ann E. Foss

13 BIRTHPLACE OF MOTHER (city or town): Maine

(State or country)

14 Informant: Carrole T. Merriam

(Address) 145 W. Lafayette ave

15 [illegible]

JAN 24 1928 HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Jany 23. 1928

17 I HEREBY CERTIFY, That I attended deceased from Jany 15th, 1928, to Jany 23rd, 1928, that I last saw h er alive on Jany 23rd, 1928, and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Emphysema and Arteriosclerosis (duration) Some yrs. mos. ds.

18 Where was disease contracted? Home

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. H. Van Ness, M. D.

1.24. 1928 (Address) 1515 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery Date of Burial: Jan 28 1928

UNDERTAKER: John O. Mitchell ADDRESS: 1900 Eutaw Place

Cor.—12-9-25—A Co.—200 Bks.

E 29809

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 29809

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Viola B. Johnson 1 Ward)

2-FULL NAME 1937 Penna. Ave

(a) RESIDENCE NO. Same St. Ward

(Usual place of abode)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 10 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem

4 Color or Race Col

5 Single, ~~Married, Widowed,~~ or ~~Divorced.~~ (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 7-26

7 AGE

Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
1	10	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Clarence Johnson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Estella Green

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) N. C.

14 Informant Clarence Johnson

(Address) 1937 Pennsylvania Ave

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

JAN 2 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 23, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said id (Inquest, autopsy or inquiry) and that said deceased came to her death on the day fixed above.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) no other history

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.

(Coroner)

Jan. 24, 1926 (Address) 257 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL W. Lafayette Date of Burial Jan 25, 1926

20 UNDERTAKER Wm. H. Chase Sons ADDRESS 400 W. Monument

Spec.—1-12-23—M&T—500 Bks.

E 29810 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29810

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Baltimore City Hospitals ST., (or) WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie Anderson

(a) RESIDENCE NO. 2642 Boone st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1890 ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
28	37 ?			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chorus girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Unknown

10 NAME OF FATHER Not obtained

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not obtained

12 MAIDEN NAME OF MOTHER Not obtained

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not obtained

Informant Hospital Records

(Address)

Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 23, 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1928, to Jan. 23, 1928, that I last saw her alive on Jan. 23, 1928, and that death occurred, on the date stated above, at 2.15 a. m.

The CAUSE OF DEATH* was as follows:

Meningitis (probably Tuberculous)

Influenza (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) T. H. Maddux M. D.

1-23 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Zion Cemetery	Jan 26, 1928
20 UNDERTAKER Mrs. Katie R. Williams	ADDRESS 322 N. Schroeder St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29811

CERTIFICATE OF DEATH.

E 29811

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1605 Bethel St. 34 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Houlack

(a) RESIDENCE NO 1605 Bethel St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 Color or Race White

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1871

7 AGE Years 57 Months Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Poland.

(State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) Poland

(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) Poland

(State or country)

14 Informant Sophia Houlack.

(Address) 1605 Bethel St

Filed 19 C. HAMPSON JONES, M. D. Registrar

Per

JAN 24 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest find that said deceased came to death (Inquest, autopsy or inquiry)

on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 1 ds.

(Signed) J C Hades M. D.

(Coroner)

, 19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Cem. Date of Burial Jan 25 1928

20 UNDERTAKER George A. Weber ADDRESS 2205 Bank st

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29812

CERTIFICATE OF DEATH.

60-001

E 29812

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 7-12 WARD)

2-FULL NAME Sophie Emerine

(a) RESIDENCE NO. 2614 E. Monument St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced (Or) WIFE of: John H. Emerine

7 DATE OF BIRTH (month, day, and year): July 10 88

8 AGE: Years 39 Months 6 Days 11 If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

BIRTHPLACE (city or town) (State or country): City

10 NAME OF FATHER: John Glissman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ger

12 MAIDEN NAME OF MOTHER: Catherine

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ger

Informant: John H. Emerine

(Address): 2614 E. Monument St.

Filed: JAN 24 1928 HAMILTON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-21 1928

17

I HEREBY CERTIFY, That I attended deceased from 1-20-28, 19 . to 1-21-28.

that I last saw her alive on 1-21-28, 19

and that death occurred, on the date stated above, at 2 45 a.m.

The CAUSE OF DEATH* was as follows:

Hypothermic Failure

Contusion (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) myocardial failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? by findings

(Signed) Wm Schmidt, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — DATE OF BURIAL: 1/24 1928

20 UNDERTAKER: Philip Henrig — ADDRESS 2016 Orleans

Spec.—1-12-23—M&T—500 Bks.

E 29813 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 29813

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 22-30 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. E. Frazier

(a) RESIDENCE NO. 636 W. Lee ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Black	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Frazier

DATE OF BIRTH (month, day, and year) 1850

AGE Years	Months	Days	If LESS than 1 day... hrs. or ... min.
78			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Wm. H. Frazier

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Annie White

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

Informant Annie Frazier (Address) 636 Lee St

Filed JAN 24 1928 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 20, 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1928, to Jan 28, 1928, that I last saw h alive on Jan. 20, 1928, and that death occurred, on the date stated above, at 8:50 P. m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerotic cardio-vascular-renal disease

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Heart block & cardiac decompensation (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? History & clinical findings

(Signed) Louis Olds Taylor, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem DATE OF BURIAL Jan 24, 28

20 UNDERTAKER Laurence A. Lemley ADDRESS 1128 N. Eddle St

Spec.—1-12-23—M&T—500 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 29814 REGISTERED NO.

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 629 Sterling (St.) (5-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara Gleaves

(a) RESIDENCE NO. 629 Sterling (St.), (Ward)

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE Burdie Gleaves

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	Appx 61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer) Horseman

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Abraham Gleaves

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Burdie Gleaves (wife)

(Address) 629 Sterling St

Filed 1-24-1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1927 to Jan 21 1928, that I last saw h im alive on Jan 20 1928, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Liver

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) metastasis of stomach

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) R J Gorsky M. D.

19 (Address) 1419 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Jan 24 1928

20 UNDERTAKER Mrs R.A. Elliott ADDRESS 1725 Bond ave

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29815

CERTIFICATE OF DEATH

90

E 29815

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 602 So.Ann St. 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME MARYANNA WROBLEWSKA,

(a) RESIDENCE NO. 602 So.Ann St. Ward

(Usual place of abode) 35 ~~XXX~~

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. if of foreign birth 37 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White,	Widow,

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Wroblewski,

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min..
	71	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None,

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland,

PARENTS

10 NAME OF FATHER Joseph Krajewski,

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Poland,

12 MAIDEN NAME OF MOTHER Agnes ---------

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland,

14 Informant Mrs.Malinowski, (Daughter)

(Address) 602 So.Ann Street

15 Filed JAN 24 1928 19 C. HAMSON JONES, M. D. Registrar

Per RLC

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1928.

Jany 22

17 I HEREBY CERTIFY, That I attended deceased from Jany 10, 1928, to Jany 21, 1928

that I last saw h[illegible] alive on Jany 21, 1928.

and that death occurred, on the date stated above, at 12.35 A- m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Joseph L. Valentine M. D.

Jan 25. 19 28 (Address) 14 So Ann

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St.Stanislaus Cemetery — Date of Burial Jan.25 1928.

20 UNDERTAKER M. J. Sadowski — ADDRESS 705 S.Ann St

Spec.—1-12-23—M&T—500 Blks.

E 29816 E 29816

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1713 ST. PAUL ST. 17-19 WARD)

2-FULL NAME SAMUEL BEALMEAR.

(a) RESIDENCE NO. 1713 ST. PAUL ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Adelaide Reamy

DATE OF BIRTH (month, day, and year) Jan. 26, 1845

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	11	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Realtor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Anne Arundel Co.
(State or country) Maryland

10 NAME OF FATHER Samuel Bealmear

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Anne J. Brewer

13 BIRTHPLACE OF MOTHER (city or town) Annapolis
(State or country) Maryland

Informant Mrs. Adelaide R. Bealmear
(Address) 1713 St. Paul Street

Filed JA 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JAN. 23 1928

17 I HEREBY CERTIFY, That I attended deceased from SEP. 15, 1927, to JAN. 23, 1928, that I last saw h[illegible] alive on JAN. 23, 1928 and that death occurred, on the date stated above, at 12.45 A. m.

The CAUSE OF DEATH* was as follows:

CHRONIC MYOCARDITIS

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) PULMONARY OEDEMA

(duration) — yrs. 1 mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John R. Abercrombie M. D.

19 (Address) 3524 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 1/25 19 28

20 UNDERTAKER Henry W. Mears Inc 803 N. Calvert

ADDRESS

Spec.—1-10-21—M&T—1500 Blks.

E 29817 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29817

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospt. (ST.) 22-30 (WARD)

REGISTERED NO. 176

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mamie Gross.

(a) RESIDENCE NO. 830 China (ST.) Street. (WARD)

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored.

5 Single, Married, Widowed, or Divorced, (write the word): Single. Married

5a If married, widowed, or divorced (or) WIFE of: Frank Gross.

6 DATE OF BIRTH (month, day, and year): 1896.

7 AGE: Years 32 Months Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work:

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER: Lewis Sachs

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Martha Kirland

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

PARENTS

14 Informant (Address): Hospital Records

Filed JAN 24 1928 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-21-28 19

I HEREBY CERTIFY, That I attended deceased from 12-20-28, 19, to 1-21-28, 19,

that I last saw her alive on 1-21-28, 19,

and that death occurred, on the date stated above, at 3.40 P. m.

The CAUSE OF DEATH* was as follows:

Generalized Peritonitis (Streptococcic)

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical

Signed: Emil M. Hall, M. D.

19, 19 (Address) Franklin Square Hospl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Ct — DATE OF BURIAL: Jan 25 1928

20 UNDERTAKER: L. A. Blount & Son — ADDRESS: 1014 W. Lanvale St.

Spec.-7-17-26—A Co.—200 Bks.

E 29818

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124

E 29818 REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Maryland General Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary Johnston

(a) RESIDENCE NO. 3820 Arabia Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 4-3-1859

7 AGE: Years 68 Months 4 Days 21 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town): Harford Co. (State or country): Md.

PARENTS

10 NAME OF FATHER: Hugh Rogers

11 BIRTHPLACE OF FATHER (City or town): (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Nora Kelley

13 BIRTHPLACE OF MOTHER (city or town): (State or country): Ireland

14 Informant: Hosp. Records (Address)

15 Filed 2-4-1928 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Jan 24. 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 9, 1928 19 to Jan 24 1928 19, that I last saw h[illegible] alive on Jan 21 19 28, and that death occurred, on the date stated above, at 1.05 A m.

The CAUSE OF DEATH* was as follows: Chr. Cholecystitis

(duration) yrs. 4 mos. da.

CONTRIBUTORY (Secondary): Hypostatic Pneumonia

(duration) yrs. 0 mos. 4 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Jan 17 - 28

Was there an autopsy? no Autopsy Refused

What test confirmed diagnosis? Clinical

(Signed) C. C. Thomsen M. D.

19 (Address) Md. Gen. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem. Date of Burial: Jan 27 1928

20 UNDERTAKER: Robert Bookstein ADDRESS: Calhoun & Hollins

Spec.—1-12-23—M&T—500 Bks.

E 29819 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 29819

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Hebrew Incurable Home

CITY OF BALTIMORE: (No. 2100 E. Balto. St., 6-10 Ward)

2-FULL NAME Mary Michael

(a) RESIDENCE NO. 2100 E Balto. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE — Years: 74 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Jack Lewis

(Address) 1439 E Balto St

Filed ——, 19—— Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 24 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 6, 1927, to Jan 25, 1928, that I last saw h[illegible] alive on Jan 23, 1928 and that death occurred, on the date stated above, at 6:15 a. m.

The CAUSE OF DEATH* was as follows:

myocardial insufficiency

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) arteriosclerosis.

(duration) 15 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Samuel Hamilton M. D.

1/24, 1928 (Address) 1810 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Interred

DATE OF BURIAL: 1/24 1928

20 UNDERTAKER: Jack Lewis

ADDRESS: 1439 E Balto St

THOMPSON JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29820

CERTIFICATE OF DEATH.

1917 E 29820

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Mur Hospital (Ward) 18-26

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chris Meite (Mile)

(a) RESIDENCE NO. 326 N Fremont St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? 5 yrs mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): unk

7 AGE: Years 35 yrs. Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waiter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Greece

(State or country)

10 NAME OF FATHER: Nick Mile

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Greece

12 MAIDEN NAME OF MOTHER: Elotice Mile

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Greece

PARENTS

14 Informant: Brother George Meite

(Address)

15 Filed 1917 HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 21 1917

17 I HEREBY CERTIFY that I viewed the remains described above, held a Autopsy (Inquest, autopsy or inquiry)

Verdict from the evidence obtained by said Autopsy

(Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows: Homicide Gun Shot Wounds

CONTRIBUTORY (Secondary) (Duration) Hemorrhage yrs. 3 mos. 3 ds.

Jan 24 1917 (Signed) J C Blades M. D.

(Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn County Date of Burial 1/24/17

20 UNDERTAKER: George J. Ruth ADDRESS 1735 Hart

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29821

CERTIFICATE OF DEATH.

74 ✓ 00.

E 29821

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1724 N. Bond ST. (8-17 WARD)

2-FULL NAME Bazil. S. Willener.

(a) RESIDENCE No. 1724 N. Bond St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Kate W. Willener.

6 DATE OF BIRTH (month, day, and year): Dec 25 1849.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	78		29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lt. Policeman

(b) General nature of industry, business, or establishment in which employed (or employer): Retired 06

(c) Name of employer: City

9 BIRTHPLACE (city or town) (State or country): Balt

PARENTS

10 NAME OF FATHER: Bazil S Willener

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: E. Letourneau

13 BIRTHPLACE OF MOTHER (city or town) (State or country): France.

14 Informant (Address): Kate Willener; 1724 N. Bond St

15 Filed JAN 24 1928 Registrar

HAROLD JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 24 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1928, to Jan. 24, 1928.

that I last saw him alive on Jan. 24, 1928.

and that death occurred, on the date stated above, at 6 1. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 1 0 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Nephritis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual clinical

(Signed) C. H. Chesdenais M. D.

, 19 (Address) 1514 E. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Jan. 27 1928

20 UNDERTAKER: George L. Ruth

ADDRESS: 1735 Hanford Ave.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

29822 E 29822

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1911 Ruxton ave St. 15-68 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Esther Kramer

(a) RESIDENCE NO. 1911 Ruxton ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Irvin Kramer

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	31	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Kalmen Feinstein

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Anna Kira

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Irvin Kramer

(Address) 1911 Ruxton ave

15 Filed 1925 C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/24 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiring (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) no other history

(duration) yrs. mos. ds.

(Signed) C. H. Jones M. D.

(Coroner)

1928 (Address) 25 E Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Int Carmel — Date of Burial 1/24 1928

20 UNDERTAKER Jack Laurs — ADDRESS 1439 E Balt St

Spec.—1-12-23—M&T—500 Bks.

Hiram Van Dyke

E 29823

HEALTH DEPARTMENT—CITY OF BALTIMORE

001

100 E 29823

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hospl (ST.) A3-52 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harmon Van Dyke

(a) RESIDENCE NO. 3325 Falls Road, ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jennie Van Dyke

DATE OF BIRTH (month, day, and year): Sept 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	4		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): 066

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Pennsylvania

10 NAME OF FATHER: George Van Dyke

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Catherine

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

Informant: Nonie Van Dyke

(Address): 3325 Falls Road

Filed JAN 24 19 28

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 22 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 10, 1928, to Jan 22, 1928

that I last saw him alive on Jan 22, 1928

and that death occurred, on the date stated above, at 6.15 P. M.

The CAUSE OF DEATH* was as follows:

Benign Prostatic Hypertrophy

Chronic Urinary Retention Cystitis

Chronic Urinary Bladder - Generalized Tuberculosis

(duration) Indeterminate ds.

CONTRIBUTORY (Secondary) Bronchopneumonia Hypostatic

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) H. Blackwell M. D.

, 19 (Address) Balto City Hospl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and (2) Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Maria Hampden

DATE OF BURIAL: Jan 25 1928

20 UNDERTAKER: Ehrenwerth Son

ADDRESS: 3616 Eastern Ave

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29824

CERTIFICATE OF DEATH.

E 29824

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 1111 W. 37th St. (Ward) 13-57

2-FULL NAME Rose E. Morrison

(a) RESIDENCE NO. 1111 W. 37th St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~, (write the word): married

6a If married, widowed, or divorced

~~HUSBAND of~~ (b) WIFE of Hugh L. Morrison

7 DATE OF BIRTH (month, day, and year) June 11/1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56.	7	13.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: at home

9 BIRTHPLACE (city or town) (State or country): md.

10 NAME OF FATHER: John Hammond

11 BIRTHPLACE OF FATHER (city or town) (State or country): md.

12 MAIDEN NAME OF MOTHER:

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

Informant: Hugh L. Morrison

(Address) 1110 W. 37th St

Filed [illegible], 19[illegible] C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 24 1928.

17 I HEREBY CERTIFY, That I attended deceased from April, 1924, to Jan 24, 1928, that I last saw h[illegible] alive on Jan 23, 1928, and that death occurred, on the date stated above, at 1.30 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Tuberculosis Pulmonalis

(duration) 7 yrs. 9 mos ds.

CONTRIBUTORY (Secondary) Anemia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) R. B. Norment, M. D.

[illegible], 19[illegible] (Address) 354 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem

DATE OF BURIAL: Jan 26 1928.

20 UNDERTAKER: Chenowith Son

ADDRESS: 3615 Eastern Ave

Spec.—1-12-23—M&T—500 Bks.

E 29825 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

117 E 29825
REGISTERED NO.

1-PLACE OF DEATH Union Memorial Hospital
CITY OF BALTIMORE: (No.) ST., 12-51 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James C Ford

(a) RESIDENCE. No. 2719 Huntingdon Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. 5 mos. 25 ds. How long in U. S., if of foreign birth? — yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) Aug 31, 1895

7 AGE: 32 Years | Months 5 | Days 25 | If LESS than 1 day, — hrs or — min

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Policeman
(b) General nature of industry, business, or establishment in which employed (or employer) Office work
(c) Name of employer City of Balto

BIRTHPLACE (city or town) (State or country) Balto, Md.

10 NAME OF FATHER Robert Ford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Emma Booze

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant Union Memorial Hosp Records
(Address)

Filed , 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 18, 1928, to Jan 24, 1928, that I last saw h[illegible] alive on Jan 24, 1928 and that death occurred, on the date stated above, at 150 A m

The CAUSE OF DEATH* was as follows:
Ruptured Appendix

(duration) yrs. mos 8 ds.
CONTRIBUTORY (Secondary) Peritonitis
(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? Yes Date of Jan 19, 1928
Was there an autopsy? No
What test confirmed diagnosis? Operation

(Signed) Matthew Weinberg, M. D.
, 19 Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem
DATE OF BURIAL Jan 27 1928
20 UNDERTAKER Thurnwald Son
ADDRESS 3610 Edmondson Ave

Cor.—12-9-25—A Co.—200 Bks.

E 29826

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

159-002 E 29826

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3808 Hickory ave St. 13 Ward)

2-FULL NAME Louis Fischer

(a) RESIDENCE NO 3808 Hickory ave St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1/6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6 DATE OF BIRTH (month, day, and year) Dec 9th 1925

7 AGE	Years	Months	Days	IF LESS than 1 day ..hrs. or ..min.
		1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baby

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER Walter Fischer

11 BIRTHPLACE OF FATHER (city or town) ____

(State or country) Md

12 MAIDEN NAME OF MOTHER Lorraine Mann

13 BIRTHPLACE OF MOTHER (city or town) ____

(State or country) Md

14 Informant Walter Fischer

(Address) 3808 Hickory ave

15 Filed ____ 19 ____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-22 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Heart disease

(duration) ..yrs. ..mos. ..ds.

CONTRIBUTORY (Secondary) ____

(duration) ..yrs. ..mos. ..ds.

(Signed) ____ M. D. (Coroner)

1/22, 1928 (Address) 6722 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death? ____

Former or usual residence ____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Hampden Date of Burial: Jan 24 28

20 UNDERTAKER: Chenoweth & Son ADDRESS: 3617 Chestnut ave

HAMPSON JONES, M. D.

Cor. 12-8-25 Co.—200 Bks.

E 29827

Price

161-001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 29827

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 225 N. Bond St., 69 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick J. Price

(a) RESIDENCE NO. 225 N. Bond St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 2 ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 25/27

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
		1	28 26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER James Langley

11 BIRTHPLACE OF FATHER (city or town)

(State or country) N.C.

12 MAIDEN NAME OF MOTHER Inez Price

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Nc.

14 Informant Mother

(Address)

15 Filed JAN 24 1928 HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Jan 21/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prematurity - Immaturity

(8 months gestation)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. H. Catlin M. D.

(Coroner)

(Address) 508 E. North Ave 1/24/28

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury cemetery Date of Burial Jan 24. 28

20 UNDERTAKER Edward Bowyer ADDRESS 1631 Orleans st

Spec.—1-12-23—M&T—500 Bks.

E 29828

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29828

CERTIFICATE OF DEATH.

92

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 26-2 WARD)

2-FULL NAME Herman Wardley

(a) RESIDENCE NO. 125 N. Bouldin St. 2 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. mos. 2 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna E. Vorsteg

DATE OF BIRTH (month, day, and year): Jan 20th 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56		2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Balto. Md.

10 NAME OF FATHER: Wm R. Vorsteg

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Schanalow

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

Informant: Anna E. Vorsteg (Wife)

(Address) 125 S. Bouldin St

Filed 1-24 1928

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 22d 1928

17 I HEREBY CERTIFY, That I attended deceased from 1-2 '28, 19 , to 1-22 '28, 19 ,

that I last saw him alive on 1-22-28, 19 ,

and that death occurred, on the date stated above, at 12 25 a.m. m.

The CAUSE OF DEATH* was as follows:

Senile Gangrene left foot

(duration) yrs. 6 mos. weeks.

CONTRIBUTORY (Secondary) Thrombosis right auricular auricular fibrillation and myocardial failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of 1-17-28 OVER

Was there an autopsy? yes

What test confirmed diagnosis? Physical findings & autopsy

(Signed) Wm Robertson, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cemetery

DATE OF BURIAL: Jan 25th 1928

20 UNDERTAKER: Lilly & Zeiler Inc.

ADDRESS: 403 N. Wolfe St

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29829 E 29829

CERTIFICATE OF DEATH

REGISTERED NO. 47

1-PLACE OF DEATH

City of BALTIMORE: (No.) 11 W. Randall St. 23-37 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nellie Sullivan

(a) RESIDENCE NO. 11 W. Randall St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jas. A. Sullivan

6 DATE OF BIRTH (month, day, and year): Nov. 18, 1870

7 AGE: Years 57 Months 2 Days 5

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Washington D. C.

PARENTS

10 NAME OF FATHER: Albert Reuter

11 BIRTHPLACE OF FATHER (City or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Jas. A. Sullivan

(Address) 11 W. Randall St

15 1928 C. HAMPSON JONES, M. D. Registrar

Date

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Jan 22nd 1928.

17 I HEREBY CERTIFY, That I attended deceased from Nov 10, 1927, to Jan 22, 1928

that I last saw h alive on Jan 21, 1928.

and that death occurred, on the date stated above, at 8.30 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Carcinoma of the Breast.

(duration) yrs. mos. da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? 10 years ago.

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) John A. Sutherland, M. D.

19 (Address) 537 S Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem.

Date of Burial: Jan 25 1928

20 UNDERTAKER: Margaret E. Hyman

ADDRESS (Use ink): 27

Spec.—1-12-23—M&T—500 Bks.

E 29830

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29830

CERTIFICATE OF DEATH.

31

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4503 Eastern Ave ST. 26-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen E Evans

(a) RESIDENCE NO. 4503 Eastern Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Elmer F Evans

DATE OF BIRTH (month, day, and year): July 3 1848

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	6	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER: Thos O'Neil

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Margaret O'Neil

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

Informant: Mr Wesley Evans

(Address) 215 Scott St

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 24 1928

17 I HEREBY CERTIFY, That I attended deceased from June, 19 27, to January 24, 19 28,

that I last saw h alive on January 23, 19 28

and that death occurred, on the date stated above, at 1.28 a m.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary): Bronchial Pneumonia

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic Examination

(Signed) Morris D. Schmidlin M. D.

, 19 (Address) 1451H Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: June 6 1928

20 UNDERTAKER: Chas Ulmer — ADDRESS: 2508 Orleans

Filed JAN 24 1928

C. HAMPSON JONES, M. D.

Registrar

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29831

CERTIFICATE OF DEATH.

74001

E 29831

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor St. 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John M Haupt-

(a) RESIDENCE NO. Paca & Valley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 3. 1848

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	80	0	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER John Haupt

11 BIRTHPLACE OF FATHER (city or town) Germany

(State or country)

12-MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address) Paca & Valley St.

15 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 28

Jan 23rd

17

I HEREBY CERTIFY, That I attended deceased from

No record

....., 19....., to ....., 19.....,

that I last saw h[illegible] alive on January 22, 19 28,

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Apoplectic convulsion

(duration) .....yrs. .....mos. 1 ds.

CONTRIBUTORY .....
(Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F A Warner, M. D.

Jan 24, 1928 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters — Date of Burial Jan 26 1928

20 UNDERTAKER Rita Wiedefeld — ADDRESS 914 Fremont Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

29832

CERTIFICATE OF DEATH.

103 ✓

E 29832

1-PLACE OF DEATH

City of BALTIMORE: (No. 4305 Liberty Hts Av 28-6W (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Mallebre

(a) RESIDENCE NO. 4305 Liberty Hts Av St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 41 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Josephine Mallebre

6 DATE OF BIRTH (month, day, and year): July 7th 1858 1850

7 AGE

Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
77	6	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Lunch room business

(b) General nature of industry, business, or establishment in which employed (or employer): 45

(c) Name of employer

9 BIRTHPLACE (city or town): Villmar

(State or country): Germany

PARENTS

10 NAME OF FATHER: Anton Mallebre

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Anna Hilgar

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: Mrs Fr. Mallebre

(Address) 4305 Liberty Hts Av.

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Jany 28/28

17 I HEREBY CERTIFY, That I attended deceased from Nov. 28 1927 to Jany 28th 1928, that I last saw him alive on Jany 28th 1928, and that death occurred, on the date stated above, at 8.50 a.m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia Senile Old age

(duration) .....yrs. .....mos. 3 ds.

CONTRIBUTORY (Secondary): General Weakening of

Heart action

(duration) .....yrs. 2 mos. .....ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Auscultation

(Signed) Raymond, M. D.

Jan 28, 1928 (Address) 1005 N Monk Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Park Cem. Date of Burial: Jan. 26 1928

20 UNDERTAKER: Harry W. Ehlen ADDRESS: 1948 Sal. North Av

Spec.—1-12-23—M&T—500 Bks.

E 29833

HEALTH DEPARTMENT—CITY OF BALTIMORE E 29833

CERTIFICATE OF DEATH.

49

REGISTERED NO. 1251

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.) (WARD)

2-FULL NAME George Hayward

(a) RESIDENCE NO. 231 Falls Road ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lollie Hayward

6 DATE OF BIRTH (month, day, and year): 1864

7 AGE: Years 64 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: W. H. Hayward

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Dut[illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: Lollie Hayward

(Address) 231 Falls Road

Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-22 1928

17

I HEREBY CERTIFY, That I attended deceased from 12-28-27, 19 , to 1-22-28.

that I last saw h[illegible]ive on 1-22-28, 19

and that death occurred, on the date stated above, at 10 50 a.m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

Pneumonia

contributory (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Pulmonary Embolism (duration) 2 wks. approximately

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Wm Robertson, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: Jan 25 28

UNDERTAKER: David Hopkins

ADDRESS: 916 Cathedral

Cor.—12-9-25—A Co.—200 Bks.

E 29834

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29834

92

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1621 E. 25th St St. 9-46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry A. Weller

(a) RESIDENCE NO. 1621 E. 25th St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Amelia Weller

6 DATE OF BIRTH (month, day, and year): Nov 6/1864

7 AGE: Years 63 Months 2 Days 16 IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Patrolman

(b) General nature of industry, business, or establishment in which employed (or employer): Southern Dist

(c) Name of employer: Balto. City Police

9 BIRTHPLACE (city or town)

(State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Henry Weller

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Adeline Cloudi

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: Amelia Weller

(Address): 1621 E 25th St

Filed 1926 G. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 23/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Probably Embolism (Cardiac)

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ... (duration) ... yrs. ... mos. ... ds.

(Signed) ... M. D. (Coroner)

1/23/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem Date of Burial: Jan 26 1928

20 UNDERTAKER: E. Sellman Son ADDRESS 1039 Hanover

Spec.—1-12-23—M&T—500 Blks.

D 9751
D 29835

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29835

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPL ST. 12-19 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.) (Phipps Psych Clinic)

2-FULL NAME Meyer Hess

(a) RESIDENCE NO. 8 E. Balto St. ST. WARD 9/1 Hess & Son

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 12-22-56

AGE: Years 71 | Months 7 | Days 1 | If LESS than 1 day, hrs. or min. 2

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Manufacturer

(b) General nature of industry, business, or establishment in which employed (or employer): Shoe

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Md.

10 NAME OF FATHER: Nathan Hess

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Bertha Stern

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bavaria

Informant: Faciers

(Address) JOHNS HOPKINS HOSPL

Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 24 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1928, to Jan 24, 1928, that I last saw him alive on Jan 24, 1928, and that death occurred, on the date stated above, at 8 46 a m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs 8 mos ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs 1 mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes.

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Miller. M. D.

1/24/28 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Chev Shalom Cem — DATE OF BURIAL: 1/26/1928

20 UNDERTAKER: Harid Sondheim — ADDRESS: 115 S. W. Mt Royal Ave

Spec.—1-12-23—M&T—500 Bks.

E 29836

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29836

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2217 Linden Ave. St. 43-59 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Hirshberg

(a) RESIDENCE NO. 2217 Linden Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of Moses H. Hirshberg

DATE OF BIRTH (month, day, and year) July 29th. 1855.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	5	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Edwin Goldsmith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Caroline Hutzler.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

Informant Mr. Isidore Hirshberg

(Address) 2217 Linden Ave.

Filed 1-24 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany. 23rd. 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1927, to Jan 23 1928, that I last saw h.e alive on Jan. 23 1928 and that death occurred, on the date stated above, at 8 45 A. m.

The CAUSE OF DEATH* was as follows:

Arteri-sclerosis ? diabetes

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) cerebral hemorrhage

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? No Date of /

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Frederick Leitz, M. D.

1-24, 1928 (Address) Temple Garden Apts.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship Cem.

DATE OF BURIAL 1/25/ 1928

20 UNDERTAKER David Sandheim

ADDRESS 115-121 W. Mt. Royal Ave.

Spec—12-23-21—E.B.R.S.—400 Bks.

29837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 29837

1-PLACE OF DEATH

Registered No.

City of BALTIMORE: (No. 612 S. Ann St. 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Kestler

(a) Residence No. 612 S. Ann St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE. W

5-Single, Married, Widowed, or Divorced. (Write the word.) Widowed

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Charles Kestler

6-DATE OF BIRTH (month, day and year) 1882

7-AGE. 46 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Germany

PARENTS

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14-Informant Mary Shaw

(Address) 2129 E. Chase St.

15-Filed 1-4 1928 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov 22 1927

Sept 5 1927. A.P. 1-24-1928

17-I HEREBY CERTIFY, That I attended deceased from ~~June 5 1927~~ to Nov. 22 1927

that I last saw h alive on Nov. 22 1927

and that death occurred, on the date stated above, at 12 P m

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(Duration) 1 yrs. 6 mos. ds

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 2 yrs. mos. ds

18-Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) A. Palumbo M. D.

1-24, 1928 (Address) 14 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Olivet — DATE OF BURIAL. 1-25 1928

20-UNDERTAKER. Wm Cook — ADDRESS 502 E. Eager

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29838

CERTIFICATE OF DEATH.

101-001

E 29838

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital 7-37 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No.)

2-FULL NAME Jacob Solowski

(a) RESIDENCE No. Boy Farm 15th District Balto Co.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1859

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farm Laborer 10 04

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Austria

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant John F. DeBoy

(Address) North Point Road 15th Dist.

JAN 25 1928 HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23 1928

17 I HEREBY CERTIFY that I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest, autopsy or inquiry, find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Jan 24/28 (Signed) G C Hades M. D.

(Coroner)

, 19 (Address) 1437 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cemetery Date of Burial Jan 25 1928.

20 UNDERTAKER Lilly & Zeiler Inc ADDRESS 403 S. Hoffe St.

Spec.—12-9-25—A Co.—200 Bks.

29839

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-002 E 29839

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1408 Retreat St. 13-59 Ward)

2-FULL NAME Jno. Jos. Brig Jr.

(a) RESIDENCE NO. 1408 Retreat St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 11 hrs. yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M.	Wh	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jany 23/28

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
				11 hrs.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md.

PARENTS

10 NAME OF FATHER Jno. J. Brig

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country) Md.

12 MAIDEN NAME OF MOTHER Rose Mooney

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md.

14 Informant Jno. J. Brig

(Address) 1408 Retreat St

15 Filed JAN 25 1928 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Jany 24, 1928

17 I HEREBY CERTIFY, That I attended deceased from Jany 23, 19 28, to Jany 24, 19 28, that I last saw him alive on Jany 24, 19 28, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia due to Atelectasis

Duration Bronchial

Left Lung Lower lobe suffocation

following (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eldridge, M. D.

1/24, 1928 (Address) 1605 W Mount Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

St Peters Cemetery 1/24 1928

20 UNDERTAKER H. Browning Son ADDRESS 1156 Belair Ave

Cor.—12-9-25—A Co.—200 Bks.

E 29840

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 E 29840

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 4 Brehm's Lane St. 8-40 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas F. Leonard, Jr.

(a) RESIDENCE NO. 4 Brehm's Lane St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Doris E. Leonard

6 DATE OF BIRTH (month, day, and year) Apr 14/1906

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	21	9	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Contractor

(b) General nature of industry, business, or establishment in which employed (or employer) Building &&

(c) Name of employer Excavating

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Thos. F. Leonard

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Susie C. Ford

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Father

(Address)

15 Filed ..... 19 ..... Registrar

JAN 25 1926 HARRY JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24/1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shot Gun Wound in neck & head.

Suicide

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... (Coroner) ..... M. D.

1/24/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cemetery Date of Burial Jan 26 1928

20 UNDERTAKER John F. Denny ADDRESS 715 Light St

Spec.-7-17-26—A Co.—200 Bks.

E 29841

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 E 29841

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1624 Clarkson St. 23-32 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret E Kelley

(a) RESIDENCE NO. 1624 Clarkson St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. 6 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elmer E Kelley

6 DATE OF BIRTH (month, day, and year) Jan 16 1893

7 AGE	Years	Months	Days	IF LESS than I day ..hrs. or ..min..
	35	—	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work at

(b) General nature of industry, business, or establishment in which employed (or employer) home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John F Haffner

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Amanda Bennett

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Missouri

14 Informant Mrs Elmer E Kelley

(Address) 1624 Clarkson St

15 Filed 25 1928 19 J. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1928 19

17 I HEREBY CERTIFY, That I attended deceased from Mar 1 1927 to Jan 22 1928

that I last saw h alive on Jan 21 1928

and that death occurred, on the date stated above, at 10⅝ a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 9 mos. 22 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. K. Campbell M. D.

(Address) 644 Hanover

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery — Date of Burial Jan 25 1928

20 UNDERTAKER John H. Denny — ADDRESS 715 Light St.

Issued on receipt of certificates.

Physician or Midwife is required to fill out the blanks on the back of this form before a burial permit is issued.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29842

CERTIFICATE OF DEATH

31

E 29842

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 202 N Arlington Ave St. 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Chambers

(a) RESIDENCE NO. 202 N. Arlington Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 6, 1892

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min..
	35	5	17 ?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Mr Remer.

9 BIRTHPLACE (city or town)

(State or country) Baltimore

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (City or town)

(State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) unknown

14 Informant Sarah Hardy

(Address) 202 N Arlington Ave

15 Filed C. HAMPSON JONES, M. D. Registrar

JAN 25 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 22, 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 11, 1928, to Jan 22, 1928

that I last saw h[illegible] alive on Jan 21, 1928,

and that death occurred, on the date stated above, at 4.50a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia,
+ Abscess of Lung.

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 3 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. V. Hughes, M. D.

1/23. 1928 (Address) 825 N. Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial Jan 25th 1928

20 UNDERTAKER C. Jones ADDRESS 1115 Gilmor St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29843

CERTIFICATE OF DEATH.

90

E 29843 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St. Joseph's Hos

CITY OF BALTIMORE: (No.) ST., 5-8 WARD)

2-FULL NAME Kennetta Gibson

(a) RESIDENCE NO. 220 East ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Cyrus Gibson

6 DATE OF BIRTH (month, day, and year): Unknown 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
68 ? 67				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Co. Md.

10 NAME OF FATHER: Francis Gibson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Informant: Cyrus Gibson

(Address) 220 East St.

Filed JAN 25 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 23 19 28

17

I HEREBY CERTIFY, That I attended deceased from Jan 9, 19 28, to Jan 23, 19 28,

that I last saw her alive on Jan 23, 19 28,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cancer of Rectum

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Myocarditis

(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death? Hos

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H Lawrence Fahrney, M. D.

, 19 (Address) St. Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Calvary	Jan 25 19 28
20 UNDERTAKER: Mrs R. G. Elliott	ADDRESS: Catonsville

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29844
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90

E 29844
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. [BALTIMORE CITY HOSPITALS] ST. 26-37 WARD

2-FULL NAME Henry Bruckelander.

(a) RESIDENCE NO. 624 S. 13th ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland.

10 NAME OF FATHER Ludwick Bruckelander

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md.

12 MAIDEN NAME OF MOTHER Catherine Kaltuff

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

Informant
(Address) Records.

Filed [illegible] 19 [illegible]
[illegible] 1928 [illegible] Registrar

C. HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/22/ 19 28

17 I HEREBY CERTIFY, That I attended deceased from Jan. 18, 19 28 to Jan. 22, 19 28

that I last saw him alive on Jan. 22, 19 28

and that death occurred, on the date stated above, at 5:40 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic, acute
arteriosclerosis. Hypostatic
pneumonia, both lungs

(duration) yrs. 8 mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Gross & Sect.

(Signed) C. Wilmer Bond, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn	1/26 19 28
20 UNDERTAKER Louis Heumann	ADDRESS 32 E. Lanvale

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29845

CERTIFICATE OF DEATH.

31

E 29845

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2022 Ramsay St., ST. 20-28 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Paul E. List,

(a) RESIDENCE NO. 2022 Ramsay St., ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna K (nee Eisennacher)

6 DATE OF BIRTH (month, day, and year) June 29, 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	6	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER William List

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Bertha Mai

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Anna K. List (Address) 2022 Ramsay St.

15 Filed 1-25 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 23, 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 21, 1928, to Jan 21, 1928, that I last saw h live on Jan 21, 1928, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

3

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) S Keller Hemmig, M. D.

1/24 1928 (Address) 2000 Hallins Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery DATE OF BURIAL Jan 26, 28

20 UNDERTAKER Harry S Hatzfeld ADDRESS 53 Fondaw

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29846

CERTIFICATE OF DEATH.

167-001

REGISTERED NO. E 29846

1-PLACE OF DEATH

City of BALTIMORE: (No. 2029 N Bentalou St., St. 15-68 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen M. Parker,

(a) RESIDENCE NO. 2029 N Bentalou St., St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Laurence P. Parker

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE — Years: 44 — Months: — Days: — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Md.,

PARENTS

10 NAME OF FATHER: Wm. H. Ray

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Unknown

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): "

14 Informant: Mrs. Wm. H. Ray Jr.,

(Address): II Rolling Road.,

Jan 25 1926 HAMILTON JONES, M. D., Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 23, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, autopsy or inquiry, find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by gas.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Gas Stove

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D. (Coroner)

Jan 24, 1928 (Address) 2572 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. John's Cemetery

Date of Burial: Jan. 25 1928

20 UNDERTAKER: Harry H. Metzke

ADDRESS: 153 Fulton Ave.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29847

CERTIFICATE OF DEATH.

159-002

159 E 29847

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2028 Eastern Ward 2-4)

2-FULL NAME Jesse Luidner

(a) RESIDENCE NO. 2028 Eastern St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 24th 1928.

7 AGE Years Months Days IF LESS than 1 day 8 hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER John Luidner

11 BIRTHPLACE OF FATHER (city or town) Balto. Md., Paul
(State or country)

12 MAIDEN NAME OF MOTHER Anna M. [redacted]

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto. Md.

14 Informant Henry Paul
(Address) 2028 Eastern Ave

15 Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1928

17 I HEREBY CERTIFY that I took charge of the remains described above, held an Inquest (Inquest or autopsy or inquiry)
on the person and from the evidence obtained at said Inquest (inquest or inquiry) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Asphyxia due to Exhaustion (duration) yrs. mos. 8 hrs.

CONTRIBUTORY (Secondary) Fall (duration) yrs. mos. 8 hrs.

Signed: H. C. Yates M. D.

(Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

IF LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cem. Date of Burial Jan. 25 1928.

20 UNDERTAKER Lilly & Feiler Inc. ADDRESS 403 S. Wolfe St.

Spec.—1-12-23—M&T—500 Bks.

E 29848

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11/19 29848

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 125 Birckhead St (ST.) 24-33 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles W. Johnson

(a) RESIDENCE No. 125 Birckhead St. ST. WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. 11 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Feb. 19 1892

8 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	35	11	3	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER John Jahnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Katie Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

Informant (Address) Mrs Peters 125 Birckhead St.

Filed JAN 25 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 18 1927, to Jan 22 1928, that I last saw him alive on Jan 22 1928 and that death occurred, on the date stated above, at 12.30 P.M.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

CONTRIBUTORY (Secondary) La Grippe + Bronchial Pneumonia (duration) yrs. 1 mos. 4 ds.

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? →

Did an operation precede death? No Date of →

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. P. Wheeler, M. D.

1/25 1928 (Address) 1774 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery — DATE OF BURIAL: 1/25 1928

20 UNDERTAKER: J. Fenwick Bailey — ADDRESS: 130 E Fort

Spec.–7-17-26—A Co.—200 Bks.

Lavinia

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29849

CERTIFICATE OF DEATH

118 E 29849

1-PLACE OF DEATH

City of BALTIMORE: (No. Maryland General Hospital St., Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Levinia Morningstar

(a) RESIDENCE NO. 2238 E. Hoffman St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2-13-1873

7 AGE — Years: 54 — Months: 11 — Days: 12 — IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Howard Co. Md.

(State or country)

PARENTS

10 NAME OF FATHER Caleb Hyderley

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Baltimore Co. Md

12 MAIDEN NAME OF MOTHER Sarah Kane

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balt. Co. Md.

14 Informant

(Address) Hoffman road

Filed JAN 25 1926 HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-25 1926

17 I HEREBY CERTIFY, That I attended deceased from 1-23, 1926, to 1-25, 1926, that I last saw her alive on 1-25, 1926, and that death occurred, on the date stated above, at 3 45 A m.

The CAUSE OF DEATH* was as follows:

Strangulated umbilical Hernia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of 1-23-26

Was there an autopsy? None

What test confirmed diagnosis? Clinical signs

(Signed) [illegible] M. D.

. 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Co

Date of Burial 1/27 19 26

20 UNDERTAKER L. F. McCully

ADDRESS 1306 Fort

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29850

CERTIFICATE OF DEATH.

40 E 29850
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1522 N. Wolfe ST. 1-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sydney E. Hurley.

(a) RESIDENCE NO. 1522 N Wolfe st ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~ (write the word)
F	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ——

6 DATE OF BIRTH (month, day, and year) March 26 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or ... min.
	65	9	26.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hammond

(b) General nature of industry, business, or establishment in which employed (or employer) ——

(c) Name of employer ——

9 BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER John Hurley.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Marden Dawson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

PARENTS

14 Informant Mrs. B. Fitzpatrick (Address) 1522 N Wolfe st

15 Filed ... 19.. H. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 2 1928. to Jan 22 1928. that I last saw h— alive on Jan 22 1928. and that death occurred, on the date stated above, at 10.30 P m.

The CAUSE OF DEATH* was as follows:

A Endocarditis

CONTRIBUTORY (Secondary) (duration) Cardiac Asthenia yrs. mos 20 dys

18 Where was disease contracted if not at place of death? (duration) yrs. mos. dys.

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Walter W White M. D.

1/24 1928 (Address) 2800 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery. DATE OF BURIAL Jan 25 1928

20 UNDERTAKER George F. Rusk ADDRESS 1725 Harford Av

Spec.—1-12-23—M&T—500 Bks.

E 29851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 29851

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) ST. 7-9 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Morris Hohenberg.

(a) RESIDENCE NO. 711 Parkman Ave. ST. ..... WARD Selma - Ala -
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 15 ds. How long in U. S., if of foreign birth? 50 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Paula - Hohenberg

7 DATE OF BIRTH (month, day, and year) 6-25-57

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	69	6	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cotton Merchant - Ret'd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Isaac Hohenberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Pauline Weil

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Friends -
(Address) JOHNS HOPKINS HOSPITAL

Filed JAN 25 1928 H. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 9, 1928, to Jan 24, 1928, that I last saw him alive on Jan 24, 1928 and that death occurred, on the date stated above, at 11:15 P m.

The CAUSE OF DEATH* was as follows:

Benign Prostatic Hypertrophy

(duration) 3 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Septicaemia

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? Watauga

Did an operation precede death? Yes Date of Jan 18-28

Was there an autopsy? Yes.

What test confirmed diagnosis? autopsy

(Signed) Robert Hohenberg, M. D.

, 19 (Address) J. H. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Selma, Ala.

DATE OF BURIAL 1/29 1928

20 UNDERTAKER Baird Londheim

ADDRESS 118-20 W. Mt. Royal Ave.

Spec.—1-10-21—M&T—1500 Bks.

29852

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1925 E 29852

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 208 S. 6th St. Brooklyn ST. WARD 25

2-FULL NAME Ida Elizabeth Chesney Herford

(a) RESIDENCE NO. 208 S. 6th St. Brooklyn ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. 6 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Wh	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. A. Herford

6 DATE OF BIRTH (month, day, and year) July 18th 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	6	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER Wm Chesney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Almira Feggle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

PARENTS

14 Informant Wm Herford

(Address) 208 S. 6th St. Brooklyn

Filed 2 5 1928 19 HAMPSON JONES, M. D. Registrar

Rec'd

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 18th 1928 to Jan 23 1928

that I last saw h alive on Jan 22 11 PM 1928

and that death occurred, on the date stated above, at 9.30a m.

The CAUSE OF DEATH* was as follows:

Pneumonia Hypostatic

Shock, Traumatic.

CONTRIBUTORY (Secondary) Fracture femur, right neck. (duration) yrs. mos 5 ds.

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of 1/23/28

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Robert W Johnson M. D.

, 19 (Address) Brooklyn, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Louden Park Cem DATE OF BURIAL Jan 26 1928

20 UNDERTAKER C. Edward Evans ADDRESS 38 E. Fort Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

29853

CERTIFICATE OF DEATH.

74-001

74 E 29853

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 309 W. Biddle St. 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mary Emma Fitchett

(a) Residence No. 309 W. Biddle St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Fitchett

6-DATE OF BIRTH (month, day and year) Oct. 3 1841

7-AGE. 86 yrs. 3 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..Pa..... (State or Country).

PARENTS.

10-NAME OF FATHER. Wm. Weaver

11-BIRTHPLACE OF FATHER (city or town) Unknown (State or Country).

12-MAIDEN NAME OF MOTHER. Mary Emma Weaver

13-BIRTHPLACE OF MOTHER (city or town) Pa (State or Country).

14-

(Informant) Mrs. Harris

(Address) 309 W. Biddle St

JAN 25 1928 (Date Received) H. HAMILTON JONES, M. D. (Registrar)

By: [illegible]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 24 28

17- I HEREBY CERTIFY, That I attended deceased from June 14, 1928 to June 24 1928 that I last saw her alive on June 24 1928 and that death occurred, on the date stated above, at 1:30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ~ yrs. ~ mos. 10 ds

CONTRIBUTORY (Secondary) None

(Duration) ~ yrs. mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Pettetavin M. D.

, 19 (Address) 517 Hamilton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Hereford Md. St Luke's Cem. | DATE OF BURIAL. Jan. 26 1928

20-UNDERTAKER. W. J. Chatman | ADDRESS Pikesville Md

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

29854

CERTIFICATE OF DEATH.

90

REGISTRATION NO. 29854

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 322 S. Wolfe ST., 2nd WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Delia Scully

(a) RESIDENCE NO. 322 S. Wolfe ST., 2 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ever yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 1865

7 AGE: Years 63 | Months 8 | Days 4 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Dress Maker

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): New York

PARENTS

10 NAME OF FATHER: Wm Scully

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Knee

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Thos. E. Callan

(Address) 948 N Chester St.

15 Filed JAN 25 1926 19 H. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 8, 1925, to Jan 23, 1926,

that I last saw her alive on Jan 23, 1926,

and that death occurred, on the date stated above, at 6.35 P m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart disease

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Valvular Heart disease (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Geo. Selby, M. D.

Jan. 25, 1926 (Address) 1937 Gough St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Patrick Cemtry — DATE OF BURIAL: Jan 26 1926

20 UNDERTAKER: John A. Moran — ADDRESS: 3000 E. Balto St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

29855
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

REGISTERED NO. 29855

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 37 North Curley St (ST.) 6-11 (WARD)

2-FULL NAME Emily Jones

(a) RESIDENCE NO. 37 N. Curley St ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 8 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 14, 1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		8	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Wm. Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Essex Co Va

12 MAIDEN NAME OF MOTHER Mattie Brooks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Essex Co Va

14 Informant William M. Jones
(Address) 37 N Curley St.

15 Date Jan 25 1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 23 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 21, 1928, to Jan 23, 1928, that I last saw h[illegible] alive on Jan 23, 1928, and that death occurred, on the date stated above, at 7 20 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical data

(Signed) Lee Fehlenger M. D.

, 19 (Address) 3034 E Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Essex Co. Virginia DATE OF BURIAL Jan 27 1928

20 UNDERTAKER John F. Moran ADDRESS 3000 E. Balto St.

Spec.—1-12-23—M&T—500 Bks.

Antonio Dias

HEALTH DEPARTMENT—CITY OF BALTIMORE

29856

CERTIFICATE OF DEATH.

10-001 E 29856

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals ST. 5-8 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Antonio Dias

(a) RESIDENCE NO. 1239 Jefferson ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
48				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Portugal

10 NAME OF FATHER Horatio Dias

11 BIRTHPLACE OF FATHER (city or town) (State or country): Portugal

12 MAIDEN NAME OF MOTHER Leodocia

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Portugal

Informant: Wife Resides

(Address)

Filed ..... 19..... Registrar .....

JAN 25 1928 HAMPSON JONES M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-23 1928

17. I HEREBY CERTIFY, That I attended deceased from 1-12 1928 to 1-23 1928

that I last saw him alive on 1-23 1928

and that death occurred, on the date stated above, at 12:55 P.M.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction (Chronic)
(Adhesions of Sigmoid.)
Paralytic Ileus -

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary): Lobar Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 1-12-28

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Blackwell M. D.

19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Antrim Cemetery Jan.

DATE OF BURIAL: 25 1928

20 UNDERTAKER: Chas. N. Johnson

ADDRESS: 416 N. Carolina St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29857

CERTIFICATE OF DEATH.

90 E 29857

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1143 Hay ST. 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca Grayson Mitchell

(a) RESIDENCE NO. 1143 Hay ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem.	Col.	married

5a ~~If married, widowed, or divorced~~ ~~HUSBAND of~~ ~~(or)~~ WIFE of Emanuel Mitchell

6 DATE OF BIRTH (month, day, and year) December

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... domestic

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Joseph Grayson

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Hattie Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Hattie Grayson mother

(Address) 906 Hillman St.

Filed JAN 25 1928 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 24, 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1928, to Jan. 24, 1928,

that I last saw h.. alive on Jan. 22, 1928,

and that death occurred, on the date stated above, at 8:30 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 3 mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs & symptoms

(Signed) L. T. Thurwell M. D.

(Address) 3310 Eager Parkway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashbury Cemetery

DATE OF BURIAL Jan. 27 1928

UNDERTAKER Chas. H. Thomson

ADDRESS 411 N. Carlton St.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29858

CERTIFICATE OF DEATH

129 E 29858

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1927 E. 32nd St. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gerard B. Gassinger

(a) RESIDENCE NO. 1927 E. 32nd St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. — mos. — ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Louise M. Gassinger

6 DATE OF BIRTH (month, day, and year) June 27 1872

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	55	6	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Table

(b) General nature of industry, business, or establishment in which employed (or employer) Manufacturer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER August P. Gassinger

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Combrink

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Louise M. Gassinger (Address) 1927 E. 32nd St

15 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1928 Jan. 24

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1927, to Jan 24, 1928, that I last saw h alive on Jan 24 1928, and that death occurred, on the data stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows: Chronic Nephritis

Contributory

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) — yrs. — mos 4 da.

18 Where was disease contracted ?

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jefferson Buck M. D.

1/25 1928 (Address) 210 S. Clinton Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Holy Redeemer Cemetery	Jan 27 1928
20 UNDERTAKER Henry Hauck Son	ADDRESS 1301 E Eager St

Spec.—1-12-23—M&T—500 Bks.

E 29859

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29859

CERTIFICATE OF DEATH.

161-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Curtis Bay

CITY OF BALTIMORE: (No. 182 Pennington Avenue St. 25-27 WARD)

2-FULL NAME Baby Boy Kingsley

(a) RESIDENCE No. 182 Pennington Avenue St., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ✓ yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) January 23, 1928

AGE	Years	Months	Days	If LESS than 1 day 21 hrs or 24 min.
	✓	✓	✓	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

BIRTHPLACE (city or town) (182) Pennington Avenue (State or country) Baltimore, Maryland

10 NAME OF FATHER Arthur Kingsley

11 BIRTHPLACE OF FATHER (city or town) Boston (State or country) Massachusetts

12 MAIDEN NAME OF MOTHER Minnie Wilson Smith

13 BIRTHPLACE OF MOTHER (city or town) Baltimore, (State or country) Maryland

Informant Minnie Kingsley

(Address) 182 Pennington Ave

Filed 1928 G. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 23 1928

17 I HEREBY CERTIFY, That I attended deceased from January 23, 2 A.M. 1928, to January 23, 11:30 A.M. 1928.

that I last saw him alive on January 23, 1928,

and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ✓ yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (Secondary) Marked weakness

(duration) ✓ yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No. Date of ✓

Was there an autopsy? No.

What test confirmed diagnosis? ✓

(Signed) M. Alexander Harvey, M. D.

Sept. 1928 (Address) 1516 Madison Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL JAN 25 1928

20 UNDERTAKER

ADDRESS

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29860

E 29860

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 737 W Lexington ST. 18-26 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anton Ajmutis

(a) RESIDENCE NO. 737 W Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE: Years 67 | Months — | Days — | If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sailor 080

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer not known

BIRTHPLACE (city or town) (State or country): Lithuania

10 NAME OF FATHER: Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not known

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not known

Informant: Vosse Zabrauskas

(Address) 737 W Lexington St

FILED 1928 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 24 1928

17

I HEREBY CERTIFY, That I attended deceased from January 23, 1928, to January 24 1928,

that I last saw h[illegible] alive on January 24, 1928

and that death occurred, on the date stated above, at 4 P M.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John A Skladowsky M. D.

1/25, 1928 (Address) 642 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: 1/26 1928

20 UNDERTAKER: Chas. B. Fechenbach — ADDRESS: 637 W Pratt

Cor.—12-9-25—A Co.—200 Bks.

E 29861

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29861

CERTIFICATE OF DEATH.

REGISTERED NO. 181-001

1-PLACE OF DEATH

City of BALTIMORE: (No.) 528 W Barre (St.) 22-30 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jos Sirpinskas

(a) RESIDENCE NO. 528 W Barre St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? 16 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1892

7 AGE: Years 36 | Months | Days | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: not known

9 BIRTHPLACE (city or town)

(State or country): Lithuania

PARENTS

10 NAME OF FATHER: not known

11 BIRTHPLACE OF FATHER (city or town)

(State or country): not known

12 MAIDEN NAME OF MOTHER: not known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): not known

14 Informant: Antonas Jaralus

(Address): 528 W. Barre St.

15 Filed ..... 19 ..... C. BAMPSON JONES, M. D.

1928 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 22 1928

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

*(a) Gas Poisoning Ill. 6hr

Contributory (Secondary) Asphyxia (Duration) yrs. mos. ds.

Witness C. C. Bladen M. D.

(Coroner) 19 (Address) 1431 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem. Date of Burial: 1/26 1928

20 UNDERTAKER: Chas Kuchanska ADDRESS: 647 Pac St.

Spec.–7-17-26—A Co.—200 Blks.

Edwin

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29862

CERTIFICATE OF DEATH

100-001

E 29862

1-PLACE OF DEATH Md. Gen. Hospital

REGISTERED NO.

City of BALTIMORE: (No. London Ave Madison St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dr. E. L. Knapp

(a) RESIDENCE NO. 121 Dorchester Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 14, 1884

7 AGE: Years 43 Months 8 Days 10

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Dentist.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): New York

PARENTS

10 NAME OF FATHER: E. J. Knapp

11 BIRTHPLACE OF FATHER (City or town) (State or country): New York

12 MAIDEN NAME OF MOTHER: C. P. Conklin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): New York

14 Informant (Address): Clinical Records.

15 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 27, 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 22, 1928, to Jan 27, 1928

that I last saw him alive on Jan 27, 1928

and that death occurred, on the date stated above, at 6:20 P m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

CONTRIBUTORY (Secondary) (duration) Acute Nephritis yrs. mos. 10 ds.

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? NO Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical.

(Signed) 1/24/28 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bridgeport Conn

Date of Burial: 1/25 19

20 UNDERTAKER: J. Barton

ADDRESS: Baltimore

Spec—12-23-21—E.B.R.S.—400 Bks.

29863

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29863

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2015 E Lombard St. 2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bessie T. Egan

(a) Residence No. 2015 E Lombard St., 2d Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Wm J. Egan

6-DATE OF BIRTH (month, day and year) Sept 21 1863

7-AGE 64 yrs. 4 mos. 2 ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Maryland

PARENTS:

10-NAME OF FATHER, Patrick Kelley

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Catherine Callahan

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14-

(Informant) Katherine Egan

(Address) 2015 E Lombard

15-

Filed ..... 192.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 23/28

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 1928 to Jan 23 1928

that I last saw h. Es alive on Jan 23 1928

and that death occurred, on the date stated above, at 9 4 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Cerebral Collapse

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Hermann F. Grings M. D.

Jan 25, 1928 (Address) 1520 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL, Jan 26, 1928

20-UNDERTAKER John A. Curran — ADDRESS 3000 E Balto.

Jan 1928 FRANKLIN SQUARE HOSP.

ATH

Spec.—1-12-23—M&T—500 Bks.

E 29864 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29864

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) (Ward) 1925 31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elmer Morris (Aggie Elmer Perry)

(a) RESIDENCE NO. 634 Jasper st. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1906

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21 22			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

10 NAME OF FATHER Thomas Madison

11 BIRTHPLACE OF FATHER (city or town) Maryland

(State or country)

12 MAIDEN NAME OF MOTHER Mary Morris

13 BIRTHPLACE OF MOTHER (city or town) Maryland

(State or country)

Informant Hospital Records

(Address)

Filed 1928. 19 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 22 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 26, 1927, to Jan. 22, 1928,

that I last saw him alive on Jan. 22, 1928

and that death occurred, on the date stated above, at 8.45 a. m.

The CAUSE OF DEATH* was as follows:

Pul. Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous Adenitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Autop.

(Signed) L. Emmadine, M. D.

1-23 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL 1/25 1928

UNDERTAKER J. J. Daley Son

ADDRESS 1218 Light St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29865

CERTIFICATE OF DEATH.

E 29865

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2219 W Balto St. 70-64 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Gill

(a) RESIDENCE NO. 2219 W Balto ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Gill

6 DATE OF BIRTH (month, day, and year): Oct 30 1853

7 AGE: Years 74 Months 2 Days 23 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany. Kaiser

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. Charles J. Callahan (Address) 220 N. W. Baltimore St

15 Filed 1928 Dec. 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 23 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 18, 1928, to Jan 23, 1928,

that I last saw her alive on Jan 23, 1928,

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH was as follows: Agenic Cellulitis. Sudden Edema Hypostasis. Apoplexy

(duration) yrs. Hours mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? yes Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Robert E. Hatch M. D.

1/25/, 1928 (Address) 215 W Belvedere

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery DATE OF BURIAL: Jan 26 1928

20 UNDERTAKER: George L. Schwab ADDRESS: 201 Eutaw Ave

Spec.—1-10-21—M&T—1500 Bks.

E 29866

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29866

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1122 N. Eden ST. 10-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard W. Curry

(a) RESIDENCE NO. 1122 N. Eden ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Rose Krieger

6 DATE OF BIRTH (month, day, and year) June 9 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
48	7	6	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Park Asst.

(b) General nature of industry, business, or establishment in which employed (or employer) United Railways

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Howard H. Curry

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Lolly Evans

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant Mrs. H. W. Curry (Address)

15 Filed JAN 28 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 6. 1928. to Jan 23. 1928. that I last saw him alive on Jan 23 1928. and that death occurred, on the date stated above, at 8 p. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. W. Kenney, M. D.

, 19 (Address) 1617 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Jan 26 1928
20 UNDERTAKER	ADDRESS
Martin Ruby & Sons	1827 W North

Spec.—1-12-23—M&T—500 Bks.

E 29867

HEALTH DEPARTMENT—CITY OF BALTIMORE

74 1001

E 29867

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 924 W. Franklin (St.) 18-76 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Walsh

(a) RESIDENCE No. 924 W. Franklin ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 82 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Patrick Walsh

6 DATE OF BIRTH (month, day, and year) May 30, 1830

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	97	7	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER William O'Brien

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Anna Gegan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Annie M. Murray

(Address) 9 E. Centre Street

Filed 1928, 19 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 24 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 24, 1927, to January 23, 1928, that I last saw her alive on January 23, 19 28, and that death occurred, on the date stated above, at 10 30 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Not known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Personal observation

(Signed) Wm Conrad Bode, M. D.

, 19 (Address) 1900 Maryland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: 1/26 19 28

20 UNDERTAKER Henry L. Mears & Son — ADDRESS 808 W. Lanvale

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29868 101-901 E 29868

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. 7-12 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lorraine ~~Tamulonis~~ Tamulonis

(a) RESIDENCE NO. 922 S. Durham St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct/97

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
		3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Anton Tamulonis

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Margaret----

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Hospital Records

(Address)

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

Acute Purulent Pleurisy
(Autopsy at Hopkins)

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) J. C. Hallen M. D.
(Coroner)

1/25/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the state ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart — Date of Burial 1/26 1928

20 UNDERTAKER J. J. Fahey Sons — ADDRESS 1315 Eutaw

Spec.-7-17-26—A Co.—200 Bks.

29869

HEALTH DEPARTMENT—CITY OF BALTIMORE

60-006 E 29869

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No.) Maryland General Hospital (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Edith Russell

(a) RESIDENCE No. 1331 Greenmount Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 29, 1873

7 AGE: Years 54 Months 6 Days 26 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Musician

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer

9 BIRTHPLACE (city or town): Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER: Charles Russell

11 BIRTHPLACE OF FATHER (City or town)

(State or country): New York

12 MAIDEN NAME OF MOTHER: Ellen Forze

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Wash D.C.

14 Informant: Hosp. Records

(Address)

Filed ... 19 C. HAMPSON JONES, M. D.

No. ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-25-28 19

17 I HEREBY CERTIFY, That I attended deceased from 1-13-28, 19... to 1-25-28, 19...

that I last saw h[illegible] alive on 1-25-28, 19...

and that death occurred, on the date stated above, at 2.28 A.m.

The CAUSE OF DEATH* was as follows: Thyrotoxicosis (Toxic Goitre)

(duration) ... yrs. mos. 2 6 ds.

CONTRIBUTORY (Secondary) Auricular Fibrillation

(duration) ... yrs. [illegible] mos. ... ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? Yes Date of 1-24-28

Was there an autopsy? no

What test confirmed diagnosis? Clinic

(Signed) C. Zungerna M. D.

19 (Address) Md Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery

Date of Burial: 1/27 1928

20 UNDERTAKER: William Cook

ADDRESS: 5022 North

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29870

CERTIFICATE OF DEATH

109 E 29870

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 40 Bellwood Ave Ward 6-10)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lindsay L Klunk

(a) RESIDENCE NO. 40 Bellwood Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 13 1862

7 AGE: Years 65 Months 6 Days 14

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md (State or country)

PARENTS

10 NAME OF FATHER Charles Klunk

11 BIRTHPLACE OF FATHER (City or town) Baltimore Md (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Swem

13 BIRTHPLACE OF MOTHER (City or town) Baltimore Md (State or country)

14 Informant William F Carpenter (Address) 40 Bellwood Ave

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

JAN 26 1928 Date ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 3, 1928, to Jan 24, 1928, that I last saw h alive on Jan 23, 1928, and that death occurred, on the date stated above, at 2 45 a m.

The CAUSE OF DEATH* was as follows:

Immediate Bronchitis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Septic Parotitis + Septicemia

(duration) yrs. mos. 17 ds.

18 Where was disease contracted if not at place of death? Admission of Patient

Did an operation precede death? Date of Jan 15, 1927

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) Blank Long, M. D.

1/25 1928 (Address) 5631 Hartford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem't Date of Burial: Jan 26 1928

20 UNDERTAKER: William Beal ADDRESS: 526 North Ave

Spec.—1-12-23—M&T—500 Blks.

E 29871 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29871

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS 21-29 ST. WARD) 31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Cunningham.

(a) RESIDENCE NO. 1123 Ward. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 19 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	1	7	
	53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ship Watchmen.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland.

10 NAME OF FATHER Michael Cunningham

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant (Address) Records

Filed 5 1928 . 19 C. HAMPSON JONES, Registrar. Apr

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/25/ 1928

17

I HEREBY CERTIFY, That I attended deceased from Jun 9 , 1928. to Jun 25 , 1928.

that I last saw h[illegible]ve on Jun 25 , 1928

and that death occurred, on the date stated above, at 1130 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

Tuberculous Enteritis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Gross & Sub,

(Signed) C. Stevenson Boyd, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	1/28 1928
20 UNDERTAKER	ADDRESS
[illegible] Funeral Home	502 E Fayette St.

Cer.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29872

100-001

CERTIFICATE OF DEATH.

E 29872

1-PLACE OF DEATH

City of BALTIMORE: (No. 1015 E Russell St 21-31 St., Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Barry Cush

(a) RESIDENCE NO. 1015 E Russell St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug 12 99

7 AGE — Years: 29 — Months — Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Md.

PARENTS

10 NAME OF FATHER: Geo Harris

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Maria Ashe

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md.

14 Informant: Caroline Mathis

(Address): 1015 E Russell

15 Filed 1925 19 WILSON JONES Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. ds.

(Signed) M. D.

(Coroner)

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — Date of Burial: 1/27 1925

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 1303 Preston St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29873

CERTIFICATE OF DEATH.

101-001
101 E 29873

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 622 h Mount St. 16-22 Ward)

2-FULL NAME Julia Shields

(a) RESIDENCE (No. 622 h Mount St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: C

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Shields

6 DATE OF BIRTH (month, day, and year): unknown 1847

7 AGE: Years 5-1; Months; Days; IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 0?

(c) Name of employer

9 BIRTHPLACE (city or town): accomac co

(State or country): Va

PARENTS

10 NAME OF FATHER: Edmond Perry

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Va

12 MAIDEN NAME OF MOTHER: Lea Turner

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Va

14 Informant (Address): Charles Shields 622 h Mount st

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

1-24-1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 7, 1928, to Jan 24, 1928.

That I last saw h.r. alive on Jan 24, 1928,

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cholecystitis

(duration) ....yrs. ....mos. 17 ds.

CONTRIBUTORY (Secondary): Lobar Pneumonia

(duration) ....yrs. ....mos. 2 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical diagnosis

(Signed) Marvella Edgar, M. D.

, 19 (Address) 1YYrn Carlyst

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Date of Burial

Harberton wtwf Accomack Co Va 1/26/19 28

20 UNDERTAKER: Thomas E. Kelson

ADDRESS: 1303 Pleasant

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29874

CERTIFICATE OF DEATH

90 E 29874

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 934 w mulberry St 18-76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Loula Henry

(a) RESIDENCE NO. 934 Mulberry St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Henry

6 DATE OF BIRTH (month, day, and year) unknown 1880

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	48	—	→	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) Danville Va.

(State or country)

PARENTS

10 NAME OF FATHER Moses Thornton

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Annie Roam

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant John Smith

(Address) 934 mulberry St

15 Filed 5 1928 C. H. Thompson Jones M. D. Registrar C. H. SINGLETON, JR., M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 1 1928 to Jan 7 1928

that I last saw her alive on Jan 7 1928

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Metastatic Tumor

(duration) yrs. mos. 27 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. H. Hatcher M. D.

1/7 1928 (Address) 1115 Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery Date of Burial 1/26 1928

20 UNDERTAKER Thomas E. Kelson ADDRESS 1307 Pennsylvania Ave

Cor.—12-9-25—A Co.—200 Bks.

E 29875

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

143 ~~of~~ E 29875

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. St Joseph Hospital St. 9-18 Ward)

2-FULL NAME Margaret E. Slattery

(a) RESIDENCE NO. 1226 E. Federal St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Paul Slattery

6 DATE OF BIRTH (month, day, and year) Feb 15/1894

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	33	11	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Wm. E. Fisher

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Emma Keems

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Husband

(Address)

N 26 1928

[illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Jan 24/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Toxemia-Septic Peritonitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Abortion-self induced

(duration) yrs. mos. ds.

(Signed) [illegible] (Coroner) M. D.

1/25/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Date of Burial 1 27 1928

20 UNDERTAKER George & Ruth ADDRESS 1735 Hanford

Spec.—1-12-23—M&T—500 Blks.

E 29876

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29876

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 631 S. Hanover St. (Ward) 22-30

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin Balk

(a) RESIDENCE NO. 631 S. Hanover ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. — mos. — ds. How long in U. S., if of foreign birth? 45 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Fannie

6 DATE OF BIRTH (month, day, and year): Nov 1850

7 AGE — Years: 78 — Months: — — Days: — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Russia

10 NAME OF FATHER: Abraham Balk

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Adie —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

Informant (Address): Fannie Balk 631 S Hanover st

Filed: N 26 1928 Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 25 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1927, to Jan. 25, 1928, that I last saw him alive on Jan. 25, 1928, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

about (duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Sudden myocardial failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? clinical

(Signed) Nathan H Shapiro, M. D.

1/25, 1928 (Address) 1830 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Washington Rd

DATE OF BURIAL: 1/26, 1928

20 UNDERTAKER: A. L. Levinson & Bro

ADDRESS: 1127 E Baltimore st

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 29877
1-PLACE OF DEATH

101-001

E 29877
REGISTERED NO.

CITY OF BALTIMORE: (No. University Hospital ST. 4 WARD 30)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy Mc Closkey.

(a) RESIDENCE NO. Riderwood ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1913

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
14			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Lexington
(State or country) Ky

10 NAME OF FATHER E. J. Mc Closkey

11 BIRTHPLACE OF FATHER (city or town) Hamburg
(State or country) N. Y.

12 MAIDEN NAME OF MOTHER Minnie Howard

13 BIRTHPLACE OF MOTHER (city or town) Lexington
(State or country) Ky.

Informant Erin J. Mc Closkey
(Address) Riderwood Md.

Filed JAN 26 1928 JAMES H. JOYCE, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-24-1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 7 - , 1928, to Jan 24 , 1928,
that I last saw h[illegible] alive on Jan. 24 , 1928
and that death occurred, on the date stated above, at 12 mid-night

The CAUSE OF DEATH* was as follows:

Lobar pneumonia with empyema

(duration) yrs. mos 23 ds.

CONTRIBUTORY (Secondary) Pneumococcic Septicemia & endocarditis (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Riderwood, Md.

Did an operation precede death? yes Date of 1-8-28

Was there an autopsy? No

What test confirmed diagnosis? Operation & clinical findings

(Signed) F. F. Shuby, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery — DATE OF BURIAL Jany 27 1928

20 UNDERTAKER John D. Mitchell & Sons — ADDRESS 1911 Eutaw Place

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29878

CERTIFICATE OF DEATH

43 E 29878

1-PLACE OF DEATH Union Memorial Hospital

REGISTERED NO. 12-49

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST. (WARD)

2-FULL NAME Samuel W. Richmond Jr.

(a) RESIDENCE NO. 2012 University Pky ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. 5 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 31. 1916

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
#11		5	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Samuel W. Richmond

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Ethel Travers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lee Co. Md

Informant Father

(Address)

Filed 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1928, to Jan 24, 19 28, that I last saw him alive on Jan 24, 19 28 and that death occurred, on the date stated above, at 12 N

The CAUSE OF DEATH* was as follows:

Retroperitoneal Sarcoma

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Jan 16 '28

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Wallace Swartzwelder M. D.

19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: John O. Mitchell & Sons — DATE OF BURIAL: June 26 1928

20 UNDERTAKER: Western Cemetery — ADDRESS: 1900 Eutaw Place

HAMPSON JONES, M.D.

Spec.-7-17-26—A Co.—200 Bk.

E 29879

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-001

E 29879

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital St. 16-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Trotman

(a) RESIDENCE NO. 1707 Reggs av St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: albert Trotman

6 DATE OF BIRTH (month, day, and year): 1908

7 AGE: Years 20 Months Days

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): N C.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (City or town)

(State or country): N C.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): N C.

14 Informant: albert Trotman

(Address): 1707 Reggs ave

15 Filed JAN 26 1928

C. HAMPSON JONES, M. D. Registrar

By:

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-24 1928

17 I HEREBY CERTIFY, That I attended deceased from 11/14, 1927, to 1-24, 1928, that I last saw her alive on 1-24, 1928, and that death occurred, on the date stated above, at 9:15 a. m.

The CAUSE OF DEATH was as follows:

Typhoid fever

Pelvic Abscess (Uterus)

(duration) yrs. 2 mos. 10 ds.

CONTRIBUTORY (Secondary) General Toxemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 12/28/27

Was there an autopsy? yes

What test confirmed diagnosis? Clinical

(Signed) C. L. Jackson M. D.

1/24 1928 (Address) 808 Saratoga

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn bur Date of Burial: Jan 26 1928

20 UNDERTAKER: Daniel Easton ADDRESS 916 Eutaw

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29880

CERTIFICATE OF DEATH.

~~E 29880~~ 90

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital. St. 1-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cecil B. Hartman.

(a) RESIDENCE NO. 3131 Eastern Ave. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. 4 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White.	Married

5a If married, widowed or divorced
HXXXXXXX
(or) WIFE of Elmer M. Hartman.

6 DATE OF BIRTH (month, day, and year) September 10, 1904

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	23	4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Harry Wheatley.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Eva Bozman.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland.

14 Informant Elmer M. Hartman. (husband)

(Address) 3131 Eastern Ave.

15 Filed 1928 C. HARRISON JONES, M. D.

by PRG (Registrar)

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 24, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

Acute dilatation of the Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Otto Leonhardt M. D.

(Coroner)

1/28 1928 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Date of Burial 1/28 1928

20 UNDERTAKER Wm Cook ADDRESS 502 E Mulb

Spec.—1-12-23—M&T—500 Bks.

27° 441
E 29881

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29881

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 18-26 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis Wright

(a) RESIDENCE NO. 1140 N. Bratt ST., City WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 12-18-27

7 AGE — Years — Months 1 (5 wks.) — Days 7 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) ond

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md -

10 NAME OF FATHER Bernard Wright -

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md -

12 MAIDEN NAME OF MOTHER Anna Hallorj

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md -

Informant Records -
(Address) JOHNS HOPKINS HOSPITAL

Filed JAN 26 1928 19 H. A. BOND JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25 19 28

17 I HEREBY CERTIFY, That I attended deceased from Jan 23, 1928, to Jan 25, 1928, that I last saw her alive on Jan 25, 1928, and that death occurred, on the date stated above, at 2 P M.

The CAUSE OF DEATH* was as follows:

Syphilis, Congenital

(duration) Life mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Allan Blackman, M. D.

19 (Address) The Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn — DATE OF BURIAL Jan 27 1928

20 UNDERTAKER Wm. Fields — ADDRESS 200 N. Lombard

Spec.—1-12-23—M&T—500 Blks.

E 29882.

E 29882 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001

E 29882

1-PLACE OF DEATH Union Memorial Hosp

CITY OF BALTIMORE: (No. 3069 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Simon Raff

(a) RESIDENCE NO. 2107 Edmondson Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? Unknown yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White Russian	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Raff

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Born in Russia

10 NAME OF FATHER Unknown - Dead

11 BIRTHPLACE OF FATHER (city or town) (State or country) Born in Russia

12 MAIDEN NAME OF MOTHER Unknown - Dead

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant Mrs. Simon Raff

(Address) 2107 Edmondson Ave

Filed 1-26 1928 H. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-26 1928

17 I HEREBY CERTIFY, That I attended deceased from 1-25-28, 19 to 1-26 1928, that I last saw him alive on 1-26-28, 19 and that death occurred, on the date stated above, at 8 16 a m

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Asthma

(duration) Several yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) T J Geraghty M. D.

, 19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Louisville Ky	1/27 1928
20 UNDERTAKER	ADDRESS
Joeh Lewis	1439 E Baltimore St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29883

CERTIFICATE OF DEATH.

49 E 29883

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 11-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mildred Brown

(a) RESIDENCE No. 402 Orchard ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cooks

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

10 NAME OF FATHER Jacob Bowman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Annie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

Informant

(Address) records.

Filed NOV 26 1928 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/23/1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 11, 1928 to Jan 23, 1928

that I last saw h-- alive on Jan. 23, 1928

and that death occurred, on the date stated above, at 6.25 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of cervix

Cancerous

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? General + Sur.

(Signed) C. Wilmer Brady M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Peter's Cemetery

DATE OF BURIAL Jan 27, 1928

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 322 N. Schroeder St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29884

CERTIFICATE OF DEATH.

74001

E 29884

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1719 N. Dallas ST. 8-17 WARD)

2-FULL NAME William Jackson

(a) RESIDENCE No. 1719 N. Dallas ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Jackson

6 DATE OF BIRTH (month, day, and year) May 13, 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	8	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Richmond Va.

PARENTS

10 NAME OF FATHER Edward Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Richmond Va.

12 MAIDEN NAME OF MOTHER Nellie Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Richmond Va.

14 Informant Mary Jackson

(Address) 1719 N. Dallas

Filed Jan 28 1928 19 C. Hilton Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1. 25 1928

17

I HEREBY CERTIFY, That I attended deceased from 12. 20, 1928, to 1. 25, 1928, that I last saw h[illegible] alive on 1. 24. 1928, and that death occurred, on the date stated above, at 12:20 A m.

The CAUSE OF DEATH* was as follows:

Acute Hypertension. — Apoplexy

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam

(Signed) W. A. Berry, M. D.

, 19 (Address) 1420 E. Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arl. Cem.

DATE OF BURIAL 1/27 1928

20 UNDERTAKER Byron & Wright

ADDRESS 1218 McCulloh

Cor.—12-9-25—A Co.—200 Bks.

E 29885 HEALTH DEPARTMENT—CITY OF BALTIMORE 145-003

CERTIFICATE OF DEATH. E 29885

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 505 W. Lee St. St. 22-30 Ward)

2-FULL NAME Elizabeth Thomas.(C)

(a) RESIDENCE NO. 505 W. Lee St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Married.

5a If married, ~~XXXXXXXXXXXX~~ ~~XXXXXXXX~~ (or) WIFE of Milton Thomas.(C)

6 DATE OF BIRTH (month, day, and year) October 5, 1902

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	25	3	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Washington, D. C.

PARENTS

10 NAME OF FATHER Henry Johnson.(C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia.

12 MAIDEN NAME OF MOTHER Sarah Stravers.(C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia.

14 Informant Milton Thomas.(C) husband.

(Address) 505 W. Lee St.

15 Filed 1926 29 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 25, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the Heart.
2 hours after delivery of
still birth.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Otto M. Leinhardt M. D. (Coroner)

1/26 1926 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington M G Date of Burial 1926

20 UNDERTAKER S. L. Brown's Son ADDRESS 1044 Mc

Spec.—1-12-23—M&T—500 Bks.

E 29886 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29886

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home & Infirmary ST., 1/24/28 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Helen Jerrad Benson

(a) RESIDENCE No. 109 N Stricker ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. 5 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles W. Benson

6 DATE OF BIRTH (month, day, and year) aug. 17, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	5	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore (State or country)

10 NAME OF FATHER Jacob Richter

11 BIRTHPLACE OF FATHER (city or town) Lorraine France (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Boehmer

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

Informant Chas. W. Benson

(Address) 109 N Stricker St

Filed 6 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/24 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1928, to Jan 24, 1928, that I last saw her alive on Jan 24, 1928 and that death occurred, on the date stated above, at 12 35 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Ovary primary with general abdominal carcinomatosis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Jan 21 1928

Was there an autopsy? No.

What test confirmed diagnosis? None.

(Signed) H. Jerrad Jones, M. D.

(Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL 1/27/1928

20 UNDERTAKER Geo. H. Bell & Son — ADDRESS 2503 Edmondson

Spec.—1-10-21—M&T—1500 Bks.

E 29887

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 29887

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1228 Hanover St ST. 24-25 WARD)

2-FULL NAME Vincent Clark.

(a) RESIDENCE NO. 1228 Hanover St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) December 12 1918

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	1	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schoolboy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER James. Clark.

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Mary Gardner

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant James Clark father (Address) 1228 Hanover St

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 24 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1928, to January 27, 1928, that I last saw h[illegible] alive on January 23, 1928 and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation (Rheumatic)

(duration) yrs. mos 4 5 ds.

CONTRIBUTORY (Secondary) Acute Rheumatic Pneumonia

(duration) yrs. mos. 1 5 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Home

(Signed) Thos. J. A. Stevens, M. D.

1/27, 1928 (Address) 2078 Hartford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery DATE OF BURIAL Jan 31 1928

20 UNDERTAKER Margaret J. Flynn ADDRESS 1411 Eutaw St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 29888

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29888

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No.

City of BALTIMORE: (No. 5611 Belair Rd. St., 26-42 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leona A. Main

(a) Residence No. 5611 Belair Rd. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) June 16-1885

7-AGE. 32 yrs. 7 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) 000

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Baltimore, Md.

PARENTS

10-NAME OF FATHER. Anthony Main

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Poland

12-MAIDEN NAME OF MOTHER. Helen Zatorowski

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). U. S. A.

14-

(Informant) Anthony Main

(Address) 5611 Belair Rd.

15-

Filed 1928 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan. 23/28

I HEREBY CERTIFY, That I attended deceased from July 2nd 1927 to January 23rd 1928

that I last saw her alive on January 25 1928

and that death occurred, on the date stated above, at 10.25 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Colon

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of August 9th/27

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Symptoms + operation

(Signed) Amelia E. Sulf M.D.

1/25 1928 (Address) 1717 N. Caroline St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Redeemer — DATE OF BURIAL. 1/27 1928

20-UNDERTAKER. Leonard J. Ruck — ADDRESS 6405 Lefton Ave.

Spec.—1-12-23—M&T—500 Blks.

E 29889

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29889

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital (27-41) WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Clautice

(a) RESIDENCE No. 1402 Cooks Ave ST. WARD

(Usual place of abode) about

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie L. Clautice

6 DATE OF BIRTH (month, day, and year) Jan 6-1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	67		20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Motorman

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER John H. Clautice

11 BIRTHPLACE OF FATHER (city or town) (State or country) U. S. A.

12 MAIDEN NAME OF MOTHER Laura Ferrin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) U. S. A.

Informant Mrs. E. Clautice

(Address) 1401 Cooks Ave.

Filed 1926 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/25/1926

17

I HEREBY CERTIFY, That I attended deceased from 1/4/28, 19..., to 1/25/28, 19..., that I last saw him alive on 1/20/28, 19..., and that death occurred, on the date stated above, at 9:20 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of urinary bladder - metastases - pulmonary edema & uremia.

(duration) ? yrs. ? mos. 21 ds.

CONTRIBUTORY (Secondary) Uremia & pulmonary edema

(duration) ? yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ? Sinai Hosp.

Did an operation precede death? yes. Date of 1/6/28

Was there an autopsy? no

What test confirmed diagnosis? duration, symptoms, operation & pathology

(Signed) Benjamin Cohen, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cem	1/28 1926
20 UNDERTAKER L. J. Rinn	ADDRESS 6490 Sefton Ave

Spec.—1-10-21—M&T—1500 Bks.

E 29890

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29890

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (NO.) 2013 Bolton ST. 14-20 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rachel Saenbes

(a) RESIDENCE NO. 2013 Bolton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jacob Saenbes

6 DATE OF BIRTH (month, day, and year): 4-9-1865

7 AGE: Years 62 | Months 4 | Days 17 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Jacob Rumdelberger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Henriette Adler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: M. Saenbes (Address) 2013 Bolton St

15 6 1928 C. HAMPSON JONES, M. D., Registrar. Rch

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 26, 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1926 to Jan 26, 1928.

that I last saw h e alive on Jan 26, 1928.

and that death occurred, on the date stated above, at 10.45a m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) 3 yrs mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Symptoms

(Signed) Isidor J. Frey M. D.

1928 (Address) 2324 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Jan 29/28

20 UNDERTAKER: J Ahrens & Co — ADDRESS: 2432 Reisterstown Rd

Spec.—1-12-23—M&T—500 Blks.

E 29891

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29891

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital (WARD) 145

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maria A. Matarosa.

(a) RESIDENCE NO. 520 Pearl - ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F -	W -	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Matarosa.

6 DATE OF BIRTH (month, day, and year) Aug 9-1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	43	5	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cefalu Italy -

PARENTS

10 NAME OF FATHER Vincent Maranto

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cefalu Italy -

12 MAIDEN NAME OF MOTHER Rosaria Di Francesca

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cefalu Italy -

14 Informant (Address) Joseph Maranto 411 S. Paca St.

15 Filed 5-1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-24 1928

17 I HEREBY CERTIFY, That I attended deceased from 1-23-, 1928, to 1-24, 1928

that I last saw her alive on 1-24, 1928

and that death occurred, on the date stated above, at 11.55 A m

The CAUSE OF DEATH* was as follows:

Surgical shock with acute suppression of urine.

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Cesarean section -

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 1-22-28

Was there an autopsy? no -

What test confirmed diagnosis? clinical

(Signed) S. Gruner, M. D.

1-25, 1928 (Address) 1604 Linden ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Jan 27 1928

20 UNDERTAKER: L. A. Krause & Son — ADDRESS: 703 Fairmount Ave

Spec.—1-10-21—M&T—1500 Bks.

E 29892 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29892

101.001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1317 Cookson ST. 24-35 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George H. Ryer

(a) RESIDENCE NO. 1317 Cookson ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 24 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
52	51	—	—	—

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Toolmaker ~~Motorman~~

(b) General nature of industry, business, or establishment in which employed (or employer) Ship work ~~Steel Co.~~

(c) Name of employer ~~Bethlehem~~ Bath Dry Dock Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John A. Ryer

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Evelyn Mosley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs Evelyn Ryer (Address) 1317 Cookson St

15 Filed 1928 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1928

17 I HEREBY CERTIFY, That I attended deceased from January 16, 1928, to Jan 24, 1928, that I last saw h[illegible] alive on Jan 23, 1928, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? None

(Signed) Charles Stevens, M. D.

1/27, 1928 (Address) 2878 Hartford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Hill — DATE OF BURIAL Jan 28 1928

20 UNDERTAKER Chas L. Stevens — ADDRESS 1501 Eutaw

Spec.—1-12-23—M&T—500 Blks.

E 29893

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29893

CERTIFICATE OF DEATH.

REGISTERED NO. 10-081

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1834 N. Chester ST., 8-17 WARD)

2-FULL NAME Thomas Edward Hannahan

(a) RESIDENCE NO. 1834 N. Chester ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of -

6 DATE OF BIRTH (month, day, and year) Aug 5. 1909

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	18	5	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Thos. J. Hannahan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Nettie Valiant

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Thos. J. Hannahan

(Address) 1834 N. Chester St.

Filed JAN 26 1928 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1928, to Jan 26, 1928, that I last saw him alive on Jan 26, 1928, and that death occurred, on the date stated above, at 4.05 Am.

The CAUSE OF DEATH* was as follows:

acute Gastric dilatation

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Thos. K. Geraghty, M. D.

Jan 26 1928 (Address) 7225 St Paul st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

20 UNDERTAKER George W. Zirkler

DATE OF BURIAL Jan 30 1928

ADDRESS 1737 E. Eager st

Spec.—1-12-23—M&T—500 Bks.

29894

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29894

CERTIFICATE OF DEATH.

46

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balty City Hospital ST., WARD)

2-FULL NAME Julia Groeninger

(a) RESIDENCE No. 5707 Belair Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. Groeninger

6 DATE OF BIRTH (month, day, and year) Nov. 2- 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) Balto. Maryland (State or country)

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Maryland (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth

13 BIRTHPLACE OF MOTHER (city or town) Maryland (State or country)

Informant Geo. Groeninger

(Address) 5707 Belair Road

Filed JAN 26 1928 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1927, to Jan 25, 1928

that I last saw h[illegible] alive on Jan 25, 1928

and that death occurred, on the date stated above, at 5.00 P. m.

The CAUSE OF DEATH* was as follows: Carcinoma of Cervix

(duration) Unknown ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) L. Heycock M. D.

, 19 (Address) Balty City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL Jan 27 1928

UNDERTAKER George W. Zirkler

ADDRESS 1737 E Eager st

Spec.—1-12-23—M&T—500 Bks.

29895

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29895

CERTIFICATE OF DEATH

155

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto. General Hospital (ST.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Winfred Holland

(a) RESIDENCE NO. 2703 Riggs ST. Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 8, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	59	9	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Truckman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Summerset
(State or country) Maryland

10 NAME OF FATHER James E. Holland

11 BIRTHPLACE OF FATHER (city or town) Summerset
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Margaret Ford

13 BIRTHPLACE OF MOTHER (city or town) Summerset
(State or country) Maryland

PARENTS

Informant Mrs. Adelyne J. Holland
(Address) 2703 Riggs Ave

Filed JAN 26 1928 C. HAMPSON JONES, M. D. Registrar

Rec. 0520

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 25 1928

17

I HEREBY CERTIFY, That I attended deceased from October 5, 1927, to January 25, 1928, that I last saw h[illegible] alive on January 27, 1928 and that death occurred, on the date stated above, at 3.50 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Osteomyelitis of Sacrum

(duration) 1 1/2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis — Secondary anemia

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of October 7, 1927

Was there an autopsy? No Surgery Sacrum

What test confirmed diagnosis? Clinical - X-Ray - Operation

(Signed) Paul Schenker, M. D.

, 19 (Address) West Balto. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harmony Somerset County Md

DATE OF BURIAL Jan 27 1928

20 UNDERTAKER Henry Lutz

ADDRESS 1203 N. Broadway

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29896

E 29896

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 804 N. Gilmor St. St. 16-22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Washington Lonesome

(a) RESIDENCE NO. 804 N. Gilmor St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Lonesome

6 DATE OF BIRTH (month, day, and year) Oct. 15, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	71	3	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lab. OH O

(b) General nature of industry, business, or establishment in which employed (or employer) Constructio n

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Caroline Co. Va.

10 NAME OF FATHER Joe Lonesome

11 BIRTHPLACE OF FATHER (city or town) (State or country) Caroline Co. Va.

12 MAIDEN NAME OF MOTHER Laura Banks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Caroline Co. Va.

PARENTS

Informant Kate Lonesome

(Address) 804 N. Gilmor St.

Filed JAN 26 1928 C. HAMPSON JONES, M. D. Registrar

By ERR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/25 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept. 1st. 1927 to Jan. 25th. 1928.

that I last saw him alive on Jan. 23rd. 1928

and that death occurred, on the date stated above, at 4;20 a. m

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

(duration) 1 yrs. 3 mos 23 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Examination

(Signed) Walter D. Jackson, M. D.

, 19 (Address) 1631 W. Franklin St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Lion — DATE OF BURIAL Jan 29 1928

20 UNDERTAKER Joseph A Lively — ADDRESS 409 N Mount St

Cor.—12-9-25—A Co.—200 Bks.

E 29897

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29897

90

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 609 N. Gay St St., 5-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W. Durand

(a) RESIDENCE NO. 609 N. Gay St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 25/1857

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	70	11	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Paints & Hardware

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER John H. Durand

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Mary J. Wilkinson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) England

14 Informant Mary Durand Zimmerman

(Address) 1719 N. 7th St Phila, Pa

15 Filed JAN 26 1928 C. HAMPSON JONES, M. D. Registrar

16 Made Place

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [signature] M. D.

(Coroner)

1/25/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Philadelphia Pa Date of Burial Jan 27th 1928

20 UNDERTAKER George Schulling & Son ADDRESS 1136 E Monument

Spec.—1-12-23—M&T—500 Bks.

E 29898 ✓ E 29898

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1713 Jefferson ST. 6-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John B. Schalitzky

(a) RESIDENCE NO. 1713 Jefferson ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6yr yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND (or WIFE) of Caroline E. Schalitzky

6 DATE OF BIRTH (month, day, and year) Sept 9 - 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	80	8 9	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cigar Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

10 NAME OF FATHER Valentine Schalitzky

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Bavaria

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Bavaria

Informant Caroline E. Schalitzky
(Address) 1713 Jefferson St.

Filed JAN 26 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan - 11, 1928, to Jan 25, 1928

that I last saw he alive on Jan - 25, 1928

and that death occurred, on the date stated above, at 2 A m

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Martin A. Steele, M. D.

1-26-28 (Address) 806 N Gilmor ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Jan 27 1928

20 UNDERTAKER Robt J. Turner ADDRESS 1447 E. Broadway

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29899

CERTIFICATE OF DEATH.

145-003

E 29899

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Mercy Hospital St. 28-66 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Gertrude Cook

(a) RESIDENCE NO. Cooks Lane and Edmondson Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John A. Cook

6 DATE OF BIRTH (month, day, and year): November 29, 1892

7 AGE: Years 35 Months 1 Days 26 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Wilbur Hoff

11 BIRTHPLACE OF FATHER (city or town): Baltimor County

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Theresa Scharf

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country): Maryland

14 Informant: John A. Cook

(Address): Cooks Lane and Edmondson Ave.

15 Filed 1928 19 HARRISON JONES M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 25, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.

Acute dilatation of the Heart

1 1/2 hrs after delivery.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Walter Reinhardt M. D.

(Coroner)

1/26 19 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State Life yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral

Date of Burial: 1/28 1928

20 UNDERTAKER: Joseph L. Cook

ADDRESS: 1003 W. Baltimore St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29900

E 29900

CERTIFICATE OF DEATH.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1929 Patterson Place ST., 8 WARD)

2-FULL NAME Joseph W. Taylor

(a) RESIDENCE NO. 1929 Patterson Place ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 5/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1-18-28

7 AGE: Years | Months | Days 8 | If LESS than 1 day, ... hrs or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Robert Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Catherine Nolan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Robert Taylor
(Address) 1929 Patterson Place

Filed 1928 C. HAMPSON JONES, M. D.
By ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25 19 28

17 I HEREBY CERTIFY, That I attended deceased from Jan 11 19 28 to Jan 25 19 28
that I last saw h... alive on Jan 6 19 28
and that death occurred, on the date stated above, at 11:20 P m.
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.
CONTRIBUTORY (Secondary) Cardiac Debility
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? Date of Jan 18 28
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) H. Mitchell Bond M. D.
19 28 (Address) 20 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cemy — DATE OF BURIAL 1/27 19 28

20 UNDERTAKER: Louis Cook — ADDRESS 502 E Fall

Spec.—6-9-19—H. P. Co.—1000 Rks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29901

CERTIFICATE OF DEATH.

E 29901

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital 25 2 V WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma V. Kaiser

(a) RESIDENCE. No. Second Ave- Halethorpe Md

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 15 days How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry C Kaiser

6 DATE OF BIRTH (month, day, and year): Aug 1st 1871

7 AGE: Years 56 Months 5 Days 24 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Frank N Bradley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Elizabeth Kayser

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore City Md

14 Informant (Address): Henry C Kaiser Halethorpe Md

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

Mar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 25 Jan 1928

17 I HEREBY CERTIFY, That I attended deceased from 11 Jan, 1928, to 24 Jan, 1928, that I last saw her alive on 24 Jan, 1928, and that death occurred, on the date stated above, at 1:50 P m.

The CAUSE OF DEATH* was as follows:

Hypertrophic Cirrhosis of Liver

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Haemorrhage intestinal (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Halethorpe Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Caldwell Woodruff M. D.

25 Jan 1928 (Address) Linthicum Hgts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: 1/28/ 1928

20 UNDERTAKER: F S Weisheit

ADDRESS: 850 W Baltimore St

Spec.—1-12-23—M&T—500 Bks.

E 29902

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29902

CERTIFICATE OF DEATH.

× 129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 4-30 WARD)

2-FULL NAME Annie Armiger

(a) RESIDENCE No. Harwood - Maryland ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX. Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wife of John H Armiger

6 DATE OF BIRTH (month, day, and year) Nov 12-1859

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
68	2	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) a. a. co md

10 NAME OF FATHER William Norfolk

11 BIRTHPLACE OF FATHER (city or town) (State or country) a a co md

12 MAIDEN NAME OF MOTHER Sarah Parker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) a a co md

Informant Daniel H Armiger

(Address) 1203 Fagen St Baltimore

1928 No. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 26 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1928, to Jan 26, 1928, that I last saw h[illegible] alive on Jan 26, 1928, and that death occurred, on the date stated above, at 6:46 P m.

The CAUSE OF DEATH* was as follows:

Bronchial + Cardiac asthma, M

(duration) yrs. 3 mos 4 ds.

CONTRIBUTORY (Secondary) Myocardial failure Arteriosclerosis (duration) yrs. 10 mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical + Lab.

(Signed) L. C. Thompson M. D.

1/26 1928 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Friendship Cemetery a a co

DATE OF BURIAL Jan 28 1928

20 UNDERTAKER B L Hopkins

ADDRESS Annapolis Md

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

E 29903

CERTIFICATE OF DEATH.

90 E 29903

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 124 S. Bethel ST. 3-5 WARD)

2-FULL NAME Moses Milligan

(a) RESIDENCE NO. 124 S. Bethel ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Milligan

6 DATE OF BIRTH (month, day, and year): 1861

7 AGE: Years 66 (69) Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer (650)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Moses Milligan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Elizabeth

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Lillian E. Johnson (Address) 124 S. Bethel St.

15 Filed 7-1928, 19 Registrar: HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 25 1928

17 I HEREBY CERTIFY That I attended deceased from Jan 1, 1928, to Jan 25, 1928, that I last saw him alive on Jan 25, 1928, and that death occurred, on the date stated above, at 3 30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular heart disease

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Robert J. Green, M. D.

1-26, 1928 (Address) 120 Aisquith St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ashury Cemetery DATE OF BURIAL: Jan. 29 1928

20 UNDERTAKER: Chris. T. Johnson ADDRESS: 1614 E. Caroline St.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29904

CERTIFICATE OF DEATH.

49 E 29904

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2247 W. Fayette ST. 70-64 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sedonia Mahaney

(a) RESIDENCE NO. 2247 W. Fayette ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James H. Mahaney

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	--	--	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None (D)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER John W. Sank

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Minnie Knight

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

PARENTS

Informant James H. Mahaney
(Address) 2247 W. Fayette St.

Filed Jan 27, 1928. C. HARRISON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 18, 1928, to Jan 26, 1928, that I last saw h alive on Jan 26, 1928, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Sepsis -
Mitral, aortic Endocard.

(duration) 2½ yrs. mos. ds.

CONTRIBUTORY (Secondary) Degenerative Myocard.

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? yes. Date of Sept 1927 ?

Was there an autopsy? no

What test confirmed diagnosis? Clin.

(Signed) [illegible], M. D.

27, 1928 (Address) 11 E Cary St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL 1/30/1928

UNDERTAKER Henry U. Wears & Son

ADDRESS W. Calvert

Spec.—1-12-23—M&T—500 Bks.

Joseph · Till

29905

HEALTH DEPARTMENT—CITY OF BALTIMORE

49 E 29905

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hosp. St. 14-20 WARD)

2-FULL NAME Till, Joseph Till

(a) RESIDENCE No. 1426 Division St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred unknown ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ~~unknown~~

6 DATE OF BIRTH (month, day, and year) Unknown 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
70				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none 004

(b) General nature of industry, business, or establishment in which employed (or employer) Barber for self.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa.

10 NAME OF FATHER Till, Andrew

11 BIRTHPLACE OF FATHER (city or town) (State or country) Del.

12 MAIDEN NAME OF MOTHER Christy, Rebecca

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Y.

Informant Louisa Noble

(Address) 1426 Division Street.

Filed 1-27, 1928 C. HAMPSON DYKES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-28-1928

17

I HEREBY CERTIFY, That I attended deceased from 11-29-27, 19 , to 1-28-28, 19 ,

that I last saw him alive on 1-28-28, 19 ,

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of prostate

Duration yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

Duration yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 1-16-28

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) F. B. League, M. D.

1-30, 1928 (Address) Univ. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Phila Pa.

DATE OF BURIAL Jan 28, 28

20 UNDERTAKER Samuel T. Kemsley

ADDRESS 578 N Biddle

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29906

CERTIFICATE OF DEATH.

74-001

E 29906
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. West Baltimore Gen'l Hosp (Ward) 16-18

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Marshall

(a) RESIDENCE NO. Concord N.H. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Miriam Marshall

6 DATE OF BIRTH (month, day, and year) July 13 1858

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	69	6	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md

PARENTS

10 NAME OF FATHER Wm J Marshall

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Susan Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs Helen Stewart.
(Address) 3815 Woodbine Ave

15 Filed JAN 27 1928 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 26 192 8

17 I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

(Signed) D. T. Hennessy M. D.
(Coroner)

(Address) 2572 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. Date of Burial Jan 27 1928

20 UNDERTAKER Wm Tuckner Sons ADDRESS Norristown Pa

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

29907

CERTIFICATE OF DEATH.

3+ E 29907

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Children's Hospital School St.: 07-48 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Eleanor Storm

(Residence in Baltimore: No. 709 Hillcrest Drive York Park St.; yrs. 8 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F.

4-COLOR OR RACE. W.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April (Month) 3rd (Day), 1923 (Year)

7-AGE, 4 yrs. 9 mos. 22 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Child
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Louis Storm

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Rose R. Dunwoody

13-BIRTHPLACE OF MOTHER (State or Country), Bally.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Rose E. Storm

(Address) 709 Hillcrest Rd.

15-

Filed....., 191.... C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 25 (Day), 1928 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1st 1927, to Jan 25 1928, that I saw h[illegible] alive on Jan 25 1928, and that death occurred, on the date stated above, at 3:20 A m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Hips and Spine

(Duration) 2 yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [signature] M. D.

Jan. 25, 1928 (Address) Green Spring & Union

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 7 mos. — ds. In the State 2 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? at home.

Former or usual residence 709 Hillcrest Ave.

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, Jan. 27, 1928

20-UNDERTAKER Wm. J. Tucker & Sons ADDRESS North & Pa

RPK

Cor.—12-9-25—A Co.—200 Bks.

E 29908

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

E 29908

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Front St near Forrest St. 5-8 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W. Harrison

(a) RESIDENCE NO. Middle River Baltimore Co. Md St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married

5a If married, HUSBAND of Frances Harrison

6 DATE OF BIRTH (month, day, and year) February 11, 1869.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	58	11	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician.

(b) General nature of industry, business, or establishment in which employed (or employer) 054

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Prince Georges Co. Va.

PARENTS

10 NAME OF FATHER William Harrison.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia.

12 MAIDEN NAME OF MOTHER Anne Boisseau.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia.

14 Informant Frances Harrison. (wife)

(Address) Middle River Baltimore Co. Md.

Filed JAN 27 1926 C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) January 25, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Leonhardt M. D.

(Coroner)

1/26, 1926 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Middle River

Former or usual residence Baltimore Co. Md.

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Greenmount Cemetery — Date of Burial Jan. 28 1926

20 UNDERTAKER Frederick Leonhardt Sons — ADDRESS Fullerton

Spec.—1-12-23—M&T—500 Bks.

20978 E 29909

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29909

CERTIFICATE OF DEATH.

X 45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James S. Jones

(a) RESIDENCE No. 3500 14th St-N.W. Wash. D C WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed, or Divorced (write the word)~~: Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Mary C. Jones

6 DATE OF BIRTH (month, day, and year) Dec 5 1878

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
49	1	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

066

9 BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER William W. Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Indiana

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

PARENTS

Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 9, 1928, to Jan 26, 1928,

that I last saw h[illegible] alive on Jan 26, 1928

and that death occurred, on the date stated above, at 1.45 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma Caecum

Pulmonary Embolism

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 20 Jan 28

Was there an autopsy? Yes

What test confirmed diagnosis? X

(Signed) Edward A. Lee M. D.

(Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Washington D C — DATE OF BURIAL: Jan 27 1928

20 UNDERTAKER: George J. Smith — ADDRESS 15?? Pulliam

Spec.—1-12-23—M&T—500 Bks.

E 29910 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29910

CERTIFICATE OF DEATH.

100 201

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1503 N. Monroe St ST. 15-21 WARD)

2-FULL NAME Phyllis L Shapiro

(a) RESIDENCE NO. 1503 N. Monroe St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 27-1921

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(h) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER David Shapiro

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Fanny Strauss

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Baltimore Md

Informant David Strauss

(Address) 1503 N. Monroe St

Filed 12 27 1928

C. HAMILTON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 19 28

17

I HEREBY CERTIFY, That I attended deceased from 1/24/27, 19 . to 1/26/27, 19 .

that I last saw her alive on 1/26/27, 19 ,

and that death occurred, on the date stated above, at 4:30P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. — mos 1 ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Those of Broncho Pn

(Signed) Walter C Bacon, M. D.

1/26/28 (Address) 100 E 20th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Nelson Mem Rd

DATE OF BURIAL: 1/27/28

20 UNDERTAKER: Jack Lewis

ADDRESS: 1439 E Balt

Spec.—1-12-23—M&T—500 Bks.

E 29911 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 29911

CERTIFICATE OF DEATH

1-PLACE OF DEATH Balto City Hospt REGISTERED NO. 1-43 90

CITY OF BALTIMORE: (No. Balto Md ST. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Spillner

(a) RESIDENCE No. 2704 Evergreen Ave ST., WARD

(Usual place of abode) Hamilton Md

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Matilda Spillner

6 DATE OF BIRTH (month, day, and year) June 23 67

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	7	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Police

(b) General nature of industry, business, or establishment in which employed (or employer) None 061

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER George Spillner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizetta Schneider

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant (Address) Balto City Hospt Balto Md

Filed JAN 27 1928 HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-25 1928

17 I HEREBY CERTIFY, That I attended deceased from 1-6- 1928 to 1-25 1928

that I last saw him alive on 1-24 1928

and that death occurred, on the date stated above, at 5.45 A m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Psychosis of Cardio Renal Insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Wm H Armistead M.D.

1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL Jan 28 1928

20 UNDERTAKER H McRoulson — ADDRESS 2238 W North

Spec.—1-10-21—M&T—1500 Bks.

E 29912 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101 E 29912

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital 16 67 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eleanor Querk

(a) RESIDENCE No. 3071 Grayson ST. ..... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. 3 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Widow
5a If married, widowed, or divorced HUSBAND of (or) WIFE of
6 DATE OF BIRTH (month, day, and year): Oct 17 25
7 AGE: Years 2 | Months 3 | Days 11 | If LESS than 1 day, hrs. or min.
8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9 BIRTHPLACE (city or town) (State or country): Balto Md
10 NAME OF FATHER: Valentine Querk
11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.
12 MAIDEN NAME OF MOTHER: Kroeger
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.
PARENTS
14 Informant: Valentine Querk
(Address): 3071 Grayson
15 Filed JAN 27 1928 ADDISON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 25 1928
17 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1928, to Jan. 25, 1928
that I last saw h[illegible] alive on Jan 25, 1928
and that death occurred, on the date stated above, at 8:40 P. m.
The CAUSE OF DEATH* was as follows:
Emphysema
(duration) yrs. mos 12 ds.
CONTRIBUTORY (Secondary) Myocarditis
(duration) yrs. mos. ds.
18 Where was disease contracted if not at place of death? home
Did an operation precede death? yes Date of Jan 13, 1928
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) Elizabeth B. Sherman, M. D.
, 19 (Address) Franklin Sq. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer
DATE OF BURIAL: Jan 28 1928
UNDERTAKER: W M Ponton
ADDRESS: 2238 N Monroe

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29913

101 V

101 E 29913

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2036 Druid Hill Ave St. Nathan St Ward 14-20)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nathan Armstrong

(a) RESIDENCE NO. 2036 Druid Hill St. Ward 14

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Negro

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Cora Armstrong

6 DATE OF BIRTH (month, day, and year): Nov 5 1884

7 AGE

Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
42	2	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer): 074

(c) Name of employer

9 BIRTHPLACE (city or town): Raleigh

(State or country): N. C.

PARENTS

10 NAME OF FATHER: Thomas Armstrong

11 BIRTHPLACE OF FATHER (city or town)

(State or country): N.C.

12 MAIDEN NAME OF MOTHER: Dempsey Evans

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant: Cora Armstrong

(Address) 2036 Druid Hill

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 24 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 22 1928, to Jan 24 1928, that I last saw h.. alive on Jan 24 1928, and that death occurred, on the date stated above, at 115 m.

The CAUSE OF DEATH was as follows:

Bilateral Lobar Pneumonia

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) J. Duckett, M. D.

1-26, 1928 (Address) 1176 Druid Hill

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — Date of Burial: 1/28 1928

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 303 Eastman St.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29914

CERTIFICATE OF DEATH.

49

REGISTERED NO. E 29914

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3823 Fait ave St., 26 Ward)

2-FULL NAME Henry Platt

(a) RESIDENCE No. 3823 Fait Ave St., 26 Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 2 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of the late Barbara Platt

6 DATE OF BIRTH (month, day, and year) Nov. 19 1864

7 AGE	Years	Months	Days	If LESS than 1 day, .. hrs. or .. min.
63	64	2	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

4 Informant Herman Platt (Son)
(Address) 3823 Fait ave

5 Filed 1928 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24th 1928

17 I HEREBY CERTIFY, That I attended deceased from 1/4, 1928, to 1/24, 1928, that I last saw h— alive on 1/21, 1928, and that death occurred, on the date stated above, at 11 A. P. m.

The CAUSE OF DEATH* was as follows:

Adeno Carcinoma (neck)

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. C. Garnett M. D.

1/28, 1928 (Address) 633 S. 37

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	Jan. 28th 1928
20 UNDERTAKER	ADDRESS
D. Lilly Geiler Inc	403 S. Wolfe St

Spec.—1-12-23—M&T—500 Bks.

E 29915 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10H-001
N. Prado

E 29915
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 847 N. Milton ST., 7-13 WARD)

2-FULL NAME Regina G. Trainor.

(a) RESIDENCE NO. 847 N. Milton Ave ST., 7 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. 4 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 17th 1908

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	4	7	

8 OCCUPATION OF DECEASED Employed at Shoe Factory

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Trainor

11 BIRTHPLACE OF FATHER (city or town) Balto. Md
(State or country)

12 MAIDEN NAME OF MOTHER Margaret Beatty

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md
(State or country)

14 Informant John Trainor
(Address) 847 N. Milton Ave

15 Filed JAN 27 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1928

17 I HEREBY CERTIFY, That I attended deceased from June 27, 19 8, to Jan 24, 19 28, that I last saw her alive on Jan 24, 19 28, and that death occurred, on the date stated above, at 10.20 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

CONTRIBUTORY (Secondary) (duration) Cerebral Embolism yrs. mos. 1 ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John Kraus M. D.

(Address) 750 S. Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Jan 28 1928
20 UNDERTAKER	ADDRESS
Lilly + Zeiler & Lee.	1038 W. Fayette St.

Spec.—1-10-21—M&T—1500 Blks.

29916

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

98 E 29916

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 304 W. 28 ST.) 12-51 (WARD)

2-FULL NAME Clarence Davis

(a) RESIDENCE No. 304 W 28 ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. 6 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Florrie Davis

6 DATE OF BIRTH (month, day, and year) May 28 96

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	31	6	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter 070

(b) General nature of industry, business, or establishment in which employed (or employer) Drug Store

(c) Name of employer S. W. Heaps

9 BIRTHPLACE (city or town) (State or country) Balto; Md.

PARENTS

10 NAME OF FATHER John H. Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Melanie Bollo

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Melanie Davis (Address) 304 W 28th St.

15 Filed 1928 Registrar C. HAMILTON BOSLEY, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 25 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1928, to Jan 25, 1928, that I last saw h[illegible] alive on Jan. 24, 1928, and that death occurred, on the date stated above, at 7:55 a.m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos 0 0 ds.

CONTRIBUTORY (Secondary) Acute regurgitation

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) H. H. Hamilton M. D.

1-26 1928 (Address) 4037 Fall. Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cem. DATE OF BURIAL Jan 28 1928

20 UNDERTAKER P. F. Chase & Sons ADDRESS 1100 N. Mon

Spec.—1-12-23—M&T—500 Bks.

E 29917 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29917

CERTIFICATE OF DEATH.

113

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Josephs Hosp ST. 27-41 WARD)

2-FULL NAME Melvin Schutz

(a) RESIDENCE NO. 217 Ridgecroft Rd ST. ..... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 1 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs

6 DATE OF BIRTH (month, day, and year): March 23 1927

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Henry Schutz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Sonia Edelman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Sonia Schutz
(Address) 217 Ridgecroft Road.

15 Filed JAN 27 1928 H. Gladden Jones M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 26 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1928, to Jan 26, 1928,
that I last saw h[illegible] alive on Jan 26, 1928
and that death occurred, on the date stated above, at 11 00 A.M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Carcinoma

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H Lawrence Fahrney M. D.

19 (Address) St. Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oakhaven Cemetery

DATE OF BURIAL: Jan 28 1928

20 UNDERTAKER: Hughes & Jones Inc

ADDRESS: 424 W Fred

Spec.—1-10-21—M&T—1500 Bks.

Brown

HEALTH DEPARTMENT—CITY OF BALTIMORE.

E 29918

CERTIFICATE OF DEATH.

162

E 29918

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 31 ROSEMONT AVE. ST. 27-43 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME BABY BROWN.

(a) RESIDENCE NO. 31 ROSEMONT AVE. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
MALE.	WHITE.	----------

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1/24" - 1928.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. NB

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) BALTO. MD.
(State or country)

PARENTS

10 NAME OF FATHER H. R. BROWN.

11 BIRTHPLACE OF FATHER (city or town) N.Y.C.
(State or country) N.Y.

12 MAIDEN NAME OF MOTHER SOPHIE KOEHNLEIN.

13 BIRTHPLACE OF MOTHER (city or town) BALTO. MD.
(State or country)

14 Informant Mother

(Address)

15 Filed 1927 1928 HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/25 1928.

17 I HEREBY CERTIFY, That I attended deceased from NO ONE IN ATTENDANCE. 19 to 19

that I last saw h alive on 19

and that death occurred, on the date stated above, at 1/25 28 3A m.

The CAUSE OF DEATH* was as follows:

PUERPERAL SEPTICEMIA FROM MOTHER.

(duration) yrs. mos 2 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) C. F. Taylor M. D.

19 (Address) 17 West Va Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL Jan. 28-29

20 UNDERTAKER Fred A. Schumacher Sons

ADDRESS 703 Hanover

OVER.

Spec.—1-12-23—M&T—500 Bks.

E 29919

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29919

CERTIFICATE OF DEATH.

12

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp. ST., 8-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary [illegible] Hofmann

(a) RESIDENCE NO. 1405 N. Milton Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) ~~WIFE of~~ HUSBAND of Charles E. Hofmann

6 DATE OF BIRTH (month, day, and year) Dec. 23 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	111	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Andrew Dillen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Mary E. O'day

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mrs. Chas. E. Hofmann

(Address) 1405 N. Milton Ave.

15 Filed HAMSON [illegible], M.D. 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 26 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1925, to Jan 26, 1925, that I last saw h[illegible] alive on Jan. 26, 1925, and that death occurred, on the date stated above, at 6 30 A. m.

The CAUSE OF DEATH* was as follows:

Acute Hepatitis

(duration) yrs. mos 10 ds.

CONTRIBUTORY - Toxemia (Secondary)

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) T. P. Thompson, M. D.

, 19 (Address) St. Josephs Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cem. DATE OF BURIAL 1/30 1925

20 UNDERTAKER Jos. P. Herrmann ADDRESS 156 E. Lanvale

Spec.—1-10-21—M&T—1500 Blks.

E 29920

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 29920

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2852 Kentucky Ave (ST.) (WARD)

2-FULL NAME Margaret ~~Pfeister~~ C. Pfeister

(a) RESIDENCE No. 2852 Kentucky Ave (WARD)

(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? 47 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John C Pfeister

6 DATE OF BIRTH (month, day, and year) May 1 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Geo Stt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Cath Stitch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John C Pfeister

(Address) 420 N Stricker ave

15 Filed NOV 27 1928 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/25 19 28

17 I HEREBY CERTIFY, That I attended deceased from Dec 13 19 27 to Jan 25 19 28

that I last saw h... alive on Jan 25 19 28

and that death occurred, on the date stated above, at 9 00 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Chronic Valvula Heart Disease, Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. A. Meyer Jr M. D.

1/26, 19 (Address) 15 N Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem. | DATE OF BURIAL 28-28 19

20 UNDERTAKER J W J Hurst & Son | ADDRESS 136 Eutaw

Spec.—1-12-23—M&T—500 Bks.

E 29921

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 29921

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1726 E Lamont ST. 15-67 WARD)

2-FULL NAME Mary Elizabeth Hurtt

(a) RESIDENCE NO. 1726 E Lamont ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W.

5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 20-1908

7 AGE Years 19 Months 7 Days 6 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED None

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Thomas D. Hurtt.

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Vannoy Youngblood

13 BIRTHPLACE OF MOTHER (city or town) Talbot Co (State or country) Md

14 Informant Thomas D. Hurtt (Father)

(Address) 1726 E Lamont St.

15 Filed JAN 27 1928 HARRISON JONES, M. D. Registrar

Dat

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26th 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1927, to Jan 25, 1928, that I last saw h[illegible] alive on Jan 25, 1928, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Nephritis (High tension)

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute dilatation of Heart (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? P.E. - Lab

(Signed) Hiram E. Wood, M. D.

1928 (Address) 735 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery DATE OF BURIAL Jan 28th 28

20 UNDERTAKER Bertram Moore ADDRESS 1723 W Lafayette Ave

Spec. 6-9-19 H. P. Co. 1000 Bks.

Tisdale

E 29922 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29922

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 338 N. Preston St. 11-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bennie M. Tisdale

(a) RESIDENCE. No. 338 N. Preston St., WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of baby

6 DATE OF BIRTH (month, day, and year) April 6 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	8	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Kenbridge Va

PARENTS

10 NAME OF FATHER Willie Tisdale

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Sylvia Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant husband

(Address)

15 Filed JAN 27 1928, 19 HAMPTON LOVE M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27, 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 23, 1928, to Jan 27, 1928, that I last saw h. alive on Jan 26th, 1928, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Balto. Md

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Eruption

(Signed) H. Engelhardt M. D.

19 (Address) 3324 Woodland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Jan 27 28
20 UNDERTAKER Frank Easton	ADDRESS 916 Cross

Spec.—1-12-23—M&T—500 Bks.

29923

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100 001 E 29923

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 511 N. Carey ST. 18-16 WARD)

2-FULL NAME Mildred Jones

(a) RESIDENCE NO. 511 N. Carey ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C.	

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 25 / 27

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		5	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... none

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER John H. Jones

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Mildred Cook

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant John H. Jones
(Address) 511 N. Carey St.

15 Filed 27 1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 24 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1928, to Jan. 24, 1928, that I last saw her alive on Jan. 24, 1928, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) ... yrs. ... mos. 2 wks ds.

CONTRIBUTORY (Secondary) Bronchio Pneumonia

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Doctor

(Signed) Dr G. W. Kemmerer, M. D.

1-24 1928 (Address) 708 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — DATE OF BURIAL Jan 27 1928

20 UNDERTAKER Mrs. R. A. Elliott — ADDRESS 1725 Ashland Ave

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29924

CERTIFICATE OF DEATH

160

E 29924

REGISTERED NO.

1-PLACE OF DEATH Provident Hospital

City of BALTIMORE: (No. 413 W. Biddle St. 16-22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ernest Chestnis Young

(a) RESIDENCE NO. 1519 Lanvale St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ——

6 DATE OF BIRTH (month, day, and year): Jan 18—1928

7 AGE Years Months Days 10

IF LESS than 1 day ..... hrs. or ..... min.. 4

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: baby

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Md.

(State or country)

PARENTS

10 NAME OF FATHER: ? Unknown

11 BIRTHPLACE OF FATHER (City or town): Unknown

(State or country)

12 MAIDEN NAME OF MOTHER: Mary E. Young

13 BIRTHPLACE OF MOTHER (city or town): Pa

(State or country)

14 Informant: Mary Young

(Address) 1519 Lanvale St.

15 Filed JAN 27 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1928 Jan 25.

17 I HEREBY CERTIFY, That I attended deceased from Jan 19, 1928, to Jan 25, 1928, that I last saw him alive on Jan 25, 1928, and that death occurred, on the date stated above, at 8:15 p. m.

The CAUSE OF DEATH* was as follows:

Inanition.

Inanition

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos ..... ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Ex

(Signed) Ernest C. Milton, M. D.

. 19 (Address) 2001 Penna. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — Date of Burial 1/27/28

20 UNDERTAKER: Mrs. Geo. H. Holland — ADDRESS 1631 Druid Hill Ave

Very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

E 29925

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 29925

REGISTERED NO.

1-PLACE OF DEATH - Sydenham Hospital

City of BALTIMORE: (No. 14-20 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Wetzel

(a) RESIDENCE NO. St. Vincent's Orphan Asy St. Division St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	single (child)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown.

7 AGE	Years	Months	Days	IF LESS than 1 day ..hrs. or ..min..
5 yrs.	5 (appr)			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer) ?

(c) Name of employer

9 BIRTHPLACE (city or town) ?

(State or country)

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (City or town)

(State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ?

(State or country)

14 Informant Sydenham Hosp.

(Address) Harford Ave. Balto. Md

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1928.

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1928, to Jan 27, 1928, that I last saw her alive on Jan 27, 1928, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. da.

18 Where was disease contracted

If not at place of death? -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) S. R. Eachman, M. D.

, 19 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart — Date of Burial 1/27 1928

20 UNDERTAKER J J Fahey Sons — ADDRESS 121 E Eutaw

JAN 27 1928

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29926 E 29926

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 9 N. Hare ST. 6-10 WARD)

2-FULL NAME Frank Mentlik

(a) RESIDENCE NO. 9 N. Hare ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? 37 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Marie Mentlik

6 DATE OF BIRTH (month, day, and year) Feb. 7, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	11	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer at home.

9 BIRTHPLACE (city or town) Zlakovice (State or country) Cechs-Slovakia

PARENTS

10 NAME OF FATHER Albert Mentlik

11 BIRTHPLACE OF FATHER (city or town) Zlakovice (State or country) Cechs-Slovakia

12 MAIDEN NAME OF MOTHER Marie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cechs-Slovakia

14 Informant Frank Mentlik Jr. (Address) 9 North Hare St.

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 26 1928

17 I HEREBY CERTIFY, That I attended deceased from June 11, 1927, to Jan. 26, 1928.

that I last saw h alive on Jan. 26, 1928

and that death occurred, on the date stated above, at 6 57 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma (Stomach)

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs & X-ray

(Signed) Vincent V. Joseph, M. D.

, 19 (Address) 845 N. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill Cemetery

DATE OF BURIAL Jan. 29 1928

20 UNDERTAKER August Pasch.

ADDRESS 2256 Eastland Ave

Spec.—1-12-23—M&T—500 Blks.

E 29927

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29927

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH 557 Pressman St

CITY OF BALTIMORE: (No.) ST., 14-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Steward

(a) RESIDENCE NO. 557 (Usual place of abode) ST., Pressman WARD

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Unmarried

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unmarried

6 DATE OF BIRTH (month, day, and year) Jan 24-1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER William Davis Steward

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Angela Landen

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Angela Landen Steward (Address) 557 Pressman ST

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1928

17 I HEREBY CERTIFY, That I attended deceased from January 24, 1928, to January 27, 1928, that I last saw him alive on January 26, 1928, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical history

(Signed) M. Alexander Novey M. D.

, 19 (Address) 15-16 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL Jan 28 1928

20 UNDERTAKER Daniel Carton ADDRESS 916 Park Ave

Cor.—12-9-25—A Co.—200 Bks.

E 29928

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29928

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 1026 Penna. ave St. 17-24 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. F. Gibson

(a) RESIDENCE NO. 1030 Hilmer alley St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of deceased

6 DATE OF BIRTH (month, day, and year) about 1878

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer General

9 BIRTHPLACE (city or town) Jan 17, 1878

(State or country) Va.

10 NAME OF FATHER Ellie Gibson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Martha Moore

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

PARENTS

14 Informant (Address) Martha Moore 1030 Hilmer alley

15 Filed 1928 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1928 Jan 27

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) no history

(duration) yrs. mos. ds.

(Signed) C. T. Freeman M. D.

(Coroner)

Jan 27, 1928 (Address) 2572 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn cem Date of Burial Jan 27 1928

20 UNDERTAKER Denwood Easton ADDRESS 916 Pa ave

Spec.—12-9-25—A Co.—200 Bks.

August Meyers

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29929

CERTIFICATE OF DEATH.

74-08

E 29929

1-PLACE OF DEATH

City of BALTIMORE: (No. Still Hospital St. 10-14 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME August Meyer

(a) RESIDENCE NO. Patter & Valley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Meyer

6 DATE OF BIRTH (month, day, and year) Aug 11, 1848

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	79	5	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None - Ret'd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Patrick Meyer

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Flavin

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Still Hospital

(Address) Patter & Valley

15 Filed 1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

17 I HEREBY CERTIFY, That I attended deceased from No record 19 to 19,

that I last saw h[illegible] alive on 19,

and that death occurred, on the date stated above, at 4:30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death Date of

Was there an autopsy

What test confirmed diagnosis

(Signed) F. A. Warner, M. D.

1-6, 1928 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Date of Burial 1/28 1928

20 UNDERTAKER Wm Cook ADDRESS 502 E Madison

Instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

29930 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29930

CERTIFICATE OF DEATH.

100-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS 17-50 ST. (WARD)

2-FULL NAME Thomas J. Dwyer

(a) RESIDENCE No. 318 Greenmount Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Orderly

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas Dwyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Rosendia Cruz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Records.

15 Filed 1-27 1928 . 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/26/1928

17

I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1928 to Jan. 26, 1928.

that I last saw h[illegible]ive on Jan. 26, 1928.

and that death occurred, on the date stated above, at 3:20 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage, Chronic

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? General Path.

(Signed) C. Hampson Jones M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 1/28 19 28

20 UNDERTAKER P. Welsh

ADDRESS 502 E. Wash

Spec.—1-12-23—M&T—500 Bks.

E 29931

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29931

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals WARD) 27

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis Czajkowski

(a) RESIDENCE NO. 3608 Dillwell ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 17 1853

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75		12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

PARENTS

9 BIRTHPLACE (city or town) (State or country) Poland.

10 NAME OF FATHER John Czajkowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Phillip Czajkowski

(Address) 3608 Dillwell Ave

Filed 7 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 23, 1928, to Jan 25, 1928,

that I last saw h alive on Jan 25, 1928,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis and Generalized Arteriosclerosis

yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm. Reeve M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary — DATE OF BURIAL Jan 28 1928

20 UNDERTAKER F. W. Bazewski — ADDRESS 1930 Eastern Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29932

CERTIFICATE OF DEATH.

13 E 29932

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5001 (St.) Chapparoke Rd (WARD) 7-4

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles K. Byron

(a) RESIDENCE NO. 5001 (St.) Chapparoke Rd. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 1 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah L. Byron

6 DATE OF BIRTH (month, day, and year): Dec 17 1869

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	1	17.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Engineer B&O

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Cicely Pa

PARENTS

10 NAME OF FATHER: Winfield S. Byron

11 BIRTHPLACE OF FATHER (city or town) (State or country): Dark Brow

12 MAIDEN NAME OF MOTHER: Lavinia Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unk

14 Informant: Wesley S. Byron

(Address): 5001 Chapparoke Rd

15 Filed: 1 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-27 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 15, 1927, to Jan 27, 1928, that I last saw him alive on Jan 27, 1928, and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Pyelonephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Myocardial Insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of June 1926

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) T. M. Uhler, M. D.

19 (Address) 873 W 36th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cem	Jan. 30 1928
20 UNDERTAKER	ADDRESS
A. Howard Evans	35 E. Fayette

Spec.—1-12-23—2&T—500 Bks.

E 29933

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29933

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 6-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia a Johnson

(a) RESIDENCE NO. 519 N. Dallas St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	C	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 12 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	51	3	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Dr Blake

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Richard Johnson

11 BIRTHPLACE OF FATHER (city or town) Norfolk (State or country) Virginia

12 MAIDEN NAME OF MOTHER Annie Wadd

13 BIRTHPLACE OF MOTHER (city or town) Culpepper (State or country) Virginia

14 Informant Celestine Smyth

(Address) 519 N. Dallas St

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1. 24 1926

17

I HEREBY CERTIFY, That I attended deceased from 1-21-1926, to 1-24-26.

that I last saw her alive on 1-24-26

and that death occurred, on the date stated above, at 6 30 m.

The CAUSE OF DEATH* was as follows:

Hypertension Cardio-Vascular disease

Uremia - edema

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical findings

(Signed) C. Hampson Jones M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cemetery	1-28 1926
20 UNDERTAKER	ADDRESS
Mrs Edw H. Bailey	1421 Jefferson

Spec.—1-12-23—M&T—500 Blks.

E 29934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 29934

23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 32 E. Woodland Ave ST. 27-51 (WARD)

2-FULL NAME Rebecca Lollar Stevens

(a) RESIDENCE NO. 32 E. Woodland Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE Lawrence Stevens

6 DATE OF BIRTH (month, day, and year) June 2nd 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	7	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Jesse Shreeve

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Virginia C. Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Lawrence Stevens

(Address) 32 E. Woodland ave.

Filed 27 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/27 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan. 11 1928 to Jan 27 1928

that I last saw h alive on Jan 26 1928

and that death occurred, on the date stated above, at 2 10 a m.

The CAUSE OF DEATH* was as follows:

Lethargic Encephalitis

(duration) yrs. mos 16 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? P.E.

(Signed) James A. Todd M. D.

1/27 1928 (Address) 735 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wesley Chapel Md

DATE OF BURIAL 1-30 1928

20 UNDERTAKER W. J. Dietrich & Sons

ADDRESS Pa Road

Spec.—1-12-23—M&T—500 Bks.

E 29935

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29935

CERTIFICATE OF DEATH.

REGISTERED NO. 57

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 15-68 WARD)

2-FULL NAME Margaret R. Marshall

(a) RESIDENCE NO. 2605 W. North Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jno. H. Marshall

6 DATE OF BIRTH (month, day, and year) June 6 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	7	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Arent

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Lang

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Germany

14 Informant Jno. H. Marshall

(Address) 2605 W. North Ave

19 Filed 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 26 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 23 '28 19, to Jan 26 '28 19,

that I last saw h[illegible] alive on Jan 26 '28 19

and that death occurred, on the date stated above, at 5-5-5 a.m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

ulcerated oesophagus

~~Perforation~~

Intoxication (duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) perforation of oesophagus (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of Jan 27 '28 (Operation)

Was there an autopsy? no

What test confirmed diagnosis? Phy findings

(Signed) Emil Schmieden, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn DATE OF BURIAL Jan 28 1928

20 UNDERTAKER Jno. J. Tucker, Son ADDRESS N. Paca

Directions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 29936

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29936

CERTIFICATE OF DEATH.

REGISTERED NO. 57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1608 Hollins St., (ST.) (WARD) 19-28

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna R. Killalea

(a) RESIDENCE NO. 1608 Hollins St., ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 3, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52		24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.,

PARENTS

10 NAME OF FATHER Thomas Killalea

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Barron

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Katharine Killalea
(Address) Catonsville Md.

15 Filed 27 1928. 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov 28, 1927, to Jan 27, 1928, that I last saw her alive on Jan 26, 1928 and that death occurred, on the date stated above, at 3.30a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no —

What test confirmed diagnosis? clinical

(Signed) Henry A. Foutz M. D.

1/27, 1928 (Address) 2036 W Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL Jan. 30 1928

20 UNDERTAKER Harry L. Witzke

ADDRESS 1531 W Lombard St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29937 E 29937

CERTIFICATE OF DEATH.

185

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Mer Hosp St. 18-29 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H Jenkins

(a) RESIDENCE NO. 1109 W Lombard St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov 9 1871

7 AGE: Years 46 Months 9 Days 14 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER Ellis T Jenkins

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Henrietta Bartlett

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Wm R. Jenkins

(Address) 415 E 21st St

15 Filed JAN 10 1926 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:*

Acc Fall.

Fracture of Skull

(Duration) 2 yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Contusion

(Duration) yrs. mos. 1 ds.

Jan 27 1926 Signed) J. C. Hades M. D.

(Coroner)

19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Prospect Cemetery Grave Date of Burial Jan 28 1926

20 UNDERTAKER: Harry T. Pitzke ADDRESS 53 Roseland Pl

Very important. See instructions on back of certificate. Last Statement of OCCUPATION is

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29938

CERTIFICATE OF DEATH

100-001

E 29938

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1517 E. Hoffman St.) (8-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph H. Storck

(a) RESIDENCE NO. 1517 E. Hoffman St. Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. 8 mos. 19 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Marie Storck

6 DATE OF BIRTH (month, day, and year) May 5 1887

7 AGE	Years	Months	Days	IF LESS than 1 day ____ hrs. or ____ min..
	40	8	19 21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chemist

(b) General nature of industry, business, or establishment in which employed (or employer) 023

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Edmund C. Storck

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Meisel

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant Mrs. Marie Storck

(Address) 1517 E. Hoffman St

15 Filed JAN 28 1928 C. HAMPSON JONES, M. D. Registrar

Rec'd

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 26 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 19th, 1928, to Jan 26th, 1928, that I last saw h~~im~~ alive on Jan 26th, 1928, and that death occurred, on the date stated above, at 7.40 P. m.

The CAUSE OF DEATH* was as follows:

1 Bronchio Pneumonia

(duration) ____ yrs. ____ mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Wilson Whitt, M. D.

1/27 1928 (Address) 3003 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (1) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — Date of Burial Jan. 30 1928

20 UNDERTAKER Henry Storck Son — ADDRESS 1301 E. Eager St

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

See Letter on file from Dr Fahey dated 2/1/28

E 29939

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45 E 29939

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No. 426 ST., E WARD)

2-FULL NAME Martin J. Kelly

(a) RESIDENCE NO. 1427 Eaton St WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S., if of foreign birth? 25 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(a) WIFE~~ of Catherine Kelly

6 DATE OF BIRTH (month, day, and year) ~~Nov~~ April 15-1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56 ~~52~~	9	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Employed by United Railway

(b) General nature of industry, business, or establishment in which employed (or employer) Overhead department

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER M. Kelly

11 BIRTHPLACE OF FATHER (city ~~or town~~) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Ellen Flannigan

13 BIRTHPLACE OF MOTHER (city or ~~town~~) Ireland (State or country)

14 Informant Mrs Catherine Kelly (Address) 1427 Eaton St

15 Filed JAN 28 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1928, to Jan 27, 1928, that I last saw h~~e~~ alive on Jan 27, 1928, and that death occurred, on the date stated above, at 9.55 m.

The CAUSE OF DEATH* was as follows:

Cancer of Rectum

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility Years 7

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Jan 17 28

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical symptoms.

(Signed) H. Lee Fahey, M. D.

1/27, 1928 (Address) St Joseph Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery DATE OF BURIAL Jan 31 1928

20 UNDERTAKER Henry Hook Son ADDRESS 1501 E Eager St

Spec.—1-12-23—M&T—500 Bks.

E 29940 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29940

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 552 (Street) Baker (Ward) 14-59

REGISTERED NO. 24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary C. Waters

(a) RESIDENCE No. 552 Baker ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. H. Waters

6 DATE OF BIRTH (month, day, and year) — — 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	68	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) Laundress at home

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Carroll County Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Bessie Stewart (Address) 2118 Ellin St

15 Filed Jan 28 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 26, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 7th, 1927, to Jany 26th, 1928, that I last saw her alive on June 25th, 1928, and that death occurred, on the date stated above, at 8 P. M.

The CAUSE OF DEATH* was as follows:

Bronchitis & Pulmonary Congestion (duration) — yrs. Two mos. — ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage & Hemiplegia (duration) — yrs. — mos. Six ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Symptoms &

(Signed) Edward E. MacKenzie M. D.

Jany 27, 1928 (Address) 1339 N. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem

DATE OF BURIAL Jan 29, 1928

20 UNDERTAKER Samuel T. Hemsley

ADDRESS 578 N Bridle

Spec.—1-12-23—M&T—500 Blks.

E 29941

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29941

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 529 Orchard St. (Ward)

REGISTERED NO. 17-24/100-501

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Shirley Deshields

(a) RESIDENCE NO. 529 Orchard St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 12-1926

7 AGE — Years: 1 — Months: 6 — Days: 15 — If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: James Deshields

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Georgia Booth

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Md.

14 Informant (Address): James Deshields 529 Orchard St.

15 Filed 8 1928 . 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 27 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 19, 1928, to Jan 27, 1928, that I last saw h[illegible] alive on Jan 26, 1928, and that death occurred, on the date stated above, at 7 45 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) — yrs. — mos. 8 ds.

CONTRIBUTORY (Secondary): None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Pettigrew, M. D.

, 19 (Address) 817 Hamilton Ter

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: Jan 28 19 28

20 UNDERTAKER: Samuel T. Beasley

ADDRESS 578 N Bradley St

Spec.—1-10-21—M&T—1500 Bks.

E 29942

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29942

CERTIFICATE OF DEATH.

100-

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 318 E Hamburg ST. 24-33 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Matthew

(a) RESIDENCE NO. 318 E Hamburg ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs 1 mos 27 ds How long in U. S., if at foreign birth? yrs mos ds

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 28 1925

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
2	1	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Rusael Matthew

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mable Stewart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs Mable Matthew

(Address) 318 E Hamburg St

15 8 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26th 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 24 1928 to Jan 26 1928

that I last saw h alive on Jan 26 1928

and that death occurred, on the date stated above, at 8 40 P m.

The CAUSE OF DEATH* was as follows:

1 Bronchopneumonia (primary) (duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Influenza (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. C. Campbell M. D.

1/27 1928 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem Baltimore Md

DATE OF BURIAL: 1-28 1928

20 UNDERTAKER: Ed B Hark

ADDRESS: 115 E Mt St

Spec.—1-10-21—M&T—1500 Bks.—See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 29943

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29943

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3526 E Baltimore ST.) WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maggie Maseth,

(a) RESIDENCE NO. 3526 E. Baltimore ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John L. Maseth.

6 DATE OF BIRTH (month, day, and year): Nov 5, 1886

7 AGE — Years: 41 — Months: 2 — Days: 21 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Adam Bachmann

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Burgemeyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: John L. Maseth (Address): 3526 E Baltimore St

15 Filed JAN 28 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 26 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 5, 1927, to Jan 26, 1928, that I last saw h[illegible] alive on Jan 26, 1928 and that death occurred, on the date stated above, at 7:30 m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

Endocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Chronic Parenchymatous Nephritis (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) M. L. Mayer, M. D.

1/26, 1928 (Address) 2612 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn

DATE OF BURIAL: Jan 29 1928

20 UNDERTAKER: John Ulhot

ADDRESS: 2008 Calvert

Spec.—1-12-23—M&T—500 Bks.

E 29944

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29944

CERTIFICATE OF DEATH.

122-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 427 N Belnord ST.) 6-10 (WARD)

2-FULL NAME Nettie Meier

(a) RESIDENCE NO. 427 N Belnord ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis F. Meier

6 DATE OF BIRTH (month, day, and year) Mar 26 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER August Meyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Amelia Fisher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Marie Rosenfeld

(Address) 427 N Belnord

15 JAN 28 1928

16 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 19 28, to Jan 26, 19 28,

that I last saw h-- alive on Jan 26, 19 28,

and that death occurred, on the date stated above, at 8 30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertrophic Cardiosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) G H Meyer, M. D.

19 (Address) 1523 E 3 mo

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem

DATE OF BURIAL Jan 30, 19 28

20 UNDERTAKER Jos Ullrich Sons

ADDRESS Orleans

Spec.—1-10-21—M&T—1500 Blks.

E 29945

HEALTH DEPARTMENT—CITY OF BALTIMORE.

E 29945

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1323 Myrtle Ave (ST.) 17 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Coolidge

(a) RESIDENCE NO. 1323 Myrtle Ave (ST.)

(Usual place of abode) WARD

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ? 1853

7 AGE: Years 75; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant (Address) Mrs. Preston 1421 Argyle Ave

15 Filed JAN 28 1928 C. HAMPSON JONES, M.D.

By [signature]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1928

17 I HEREBY CERTIFY, that I attended deceased from Jan 20 1928 to Jan 27 1928

that I last saw h[illegible] alive on Jan 27 1928

and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Thos. J. Woolridge M. D.

1-27 1928 (Address) 203 W Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 1/31/1928

20 UNDERTAKER [signature] ADDRESS Mrs. Geo. H. Holland 1038 Druid Hill Ave

FROM is very important. See instructions on back of certificates.

Spec.—1-12-23—MAT—500 lbs.

E 29946

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29946

100-001

CERTIFICATE OF DEATH

1-PLACE OF DEATH Union Memorial Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 33rd & Calvert ST. 8-17 WARD)

2-FULL NAME Dr. J. Wickham France

(a) RESIDENCE NO. 1407 N. Gay St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6 DATE OF BIRTH (month, day, and year) Nov. 23rd 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	2	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland (State or country)

PARENTS

10 NAME OF FATHER Jacob France

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Roberts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Daughter

(Address) Same

Filed JAN 28 1928 C. HAMPSON JONES, Registrar

Recorded

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 25 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 18, 1928, to Jan 25 1928, that I last saw him alive on Jan 25, 1928 and that death occurred, on the date stated above, at 8:50 P m

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 10 ds. (?)

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs.

(Signed) J. J. Geroghty, M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL 1/28 1928

UNDERTAKER C. L. Fanning

ADDRESS Jan - 1928 E. Lafayette Ave.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29947.

CERTIFICATE OF DEATH.

90 E 29947

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 119 W 27th St. 12 51 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rachel C. Cowden

(a) RESIDENCE NO. 119 W 27th St. 12 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lewis Cowden

6 DATE OF BIRTH (month, day, and year): Feb 4 1860

7 AGE — Years: 67 — Months: 11 — Days: 22 — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housework

(b) General nature of industry, business, or establishment in which employed (or employer): home

(c) Name of employer: self

9 BIRTHPLACE (city or town): Penn

(State or country)

PARENTS

10 NAME OF FATHER: Robinson

11 BIRTHPLACE OF FATHER (city or town): Penn

(State or country)

12 MAIDEN NAME OF MOTHER: McMichael

13 BIRTHPLACE OF MOTHER (city or town): Ga

(State or country)

14 Informant: L Cowden

(Address): 119 W 27th St

15 Filed ....., 19 ..... HAMPSON JONES, M. D.

by ..... Registrar

8 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/26 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest find that said deceased came to death (Inquest, autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows: Myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) John H. Cowden M. D. (Coroner)

1/27. 1928 (Address) 92 Roland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lancaster Co. Penna — Date of Burial: 1/29 1928

20 UNDERTAKER: Phelps & Herwig — ADDRESS: 2416 Eutaw St

very important. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29948

CERTIFICATE OF DEATH

101-081

E 29948

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1957 N. Pat. Pk. Ave St., 8-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Abraham A. Stokvis

(a) RESIDENCE NO. 1957 N. Pat. Pk Av St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) ~~WIFE of~~: Mollie Stokvis

6 DATE OF BIRTH (month, day, and year): Feb 28 1873

7 AGE: Years 54 Months 11 Days 28 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer): Hooper Mills

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Jos. Stokvis

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mollie Stokvis

(Address): 1957 N. Pat. Pk Av

15 Filed JAN 28 1926 19 H. HANSON JONES, M. D. Registrar RKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Jan 26/28

17 I HEREBY CERTIFY, That I attended deceased from Jan 24 19 26 to Jan 26 19 26

that I last saw h alive on Jan 26 19 26

and that death occurred, on the date stated above, at 5 30 P. m.

The CAUSE OF DEATH* was as follows:

Intal Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) F. Hendrix M.D.

19 (Address) 1400 N. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship Date of Burial 1/30 19 28

20 UNDERTAKER: Philip Herwig ADDRESS 2016 Orleans St

very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 29949

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

162

E 29949

1-PLACE OF DEATH

City of BALTIMORE: (No. 2301 Madison St., 19 Ward)

2-FULL NAME Dora S. Phoebus

(a) RESIDENCE NO. 2301 Madison St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 24. 28

7 AGE: Years 5 Months 4 Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: W

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

PARENTS

10 NAME OF FATHER Allen Phoebus

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Sykesville Md

12 MAIDEN NAME OF MOTHER Ethel Fisher

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore

14 Informant Allen Phoebus

(Address) 2301 E. Madison St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 19 24

17 I HEREBY CERTIFY, That I attended deceased from Jan 24 19 28 to Jan 28, 19 28, that I last saw h.. alive on Jan 28, 19 28, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) .....yrs. .....mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William A. Rowan M. D.

(Address) 801 Cathedral St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — Date of Burial: 1/28 1928

20 UNDERTAKER: Phelps & Herring — ADDRESS: 2004 Eden St

8 1926

MADISON JONES M D

Registrar

Very Important. See instructions on back of certificate. Exact statement of OCCUPATION is

Spec.—1-12-23—M&T—500 Bks.

E 29950

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24-004 E 29950

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109 Orleans ST. 1-W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hugh Conway

(a) RESIDENCE NO. 216 S. Robinson ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Emma Conway

6 DATE OF BIRTH (month, day, and year) Feby 18 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	11	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Inspector 073

(b) General nature of industry, business, or establishment in which employed (or employer) Western Md R.R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Grant Conway

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Margaret Kennedy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mrs Emma Conway (Address) 1109 Robinson St

15 Filed JAN 28 1928 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26th 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 23 1928 to Jan 26 1928

that I last saw him alive on Jan 26 1928

and that death occurred, on the date stated above, at 11.45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Robert J Green M. D.

19 (Address) 120 Aisquith St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Ce DATE OF BURIAL Jan 30th 28

20 UNDERTAKER John J Cowan & Son ADDRESS 901 Hollins

Spec.—1-12-23—M&T—500 Blks.

E 29951

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29951

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2437 N. Calvert St ST. 17-50 WARD)

2-FULL NAME Rebecca Gibbons Oliver

(a) RESIDENCE NO. 2437 N. Calvert St ST., WARD Resident
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 10 mos. 2 ds. How long in U. S., if of foreign birth? 65 yrs. 10 mos. 2 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) March 24 1862

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	10	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER John Oliver

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Susan Elcroad

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant Mr. Herbert Oliver (Brother)
(Address) 2437 N. Calvert St.

15 Filed 1-28 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1928, to Jan 26, 1928

that I last saw h alive on Jan 26, 1928

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John M. Elcroad, M. D.

, 19 (Address) 6/2 W 40th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL Jan. 28 1928

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE.

Spec.—1-12-23—M&T—500 Bks.

E 29952

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

35 E 29952

1-PLACE OF DEATH Union Memorial Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1744 St., WARD)

2-FULL NAME Carl Sparks

(a) RESIDENCE NO. Belair Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 6. 1916

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
11		6	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER William Sparks

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Mattie Gamble

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Mrs. William Sparks

(Address)

15 Filed JAN 28 1928 C. HAMPSON JONES, M. D. Registrar

By RRS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1928.

17 I HEREBY CERTIFY, That I attended deceased from Jan 19, 1928, to Jan 29, 1928, that I last saw h alive on Jan 28, 1928 and that death occurred, on the date stated above, at 3 45 p m.

The CAUSE OF DEATH* was as follows:

Streptococcus Septicemia

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary)

Bronco-pneumonia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Belair Md.

Did an operation precede death? yes Date of Jan 21, 1928

Was there an autopsy? no

What test confirmed diagnosis? Positive blood culture

(Signed) Palmer F. C. Williams, M. D.

1/28. 1928 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
North Hillsborough N.C.	Jan 28 1928
20 UNDERTAKER	ADDRESS
John O. Mitchell & Sons	Pres Baltimore

Spec.—1-12-23—M&T—500 Bks.

E 29953

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29953

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home & Infirmary (St.) 6-9 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Lewis Foster

(a) RESIDENCE NO. Rocky Mount, N. C. ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Olive B. Foster

6 DATE OF BIRTH (month, day, and year) Jan 21, 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49		5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Railroad Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penn.

PARENTS

10 NAME OF FATHER Milton J. Foster

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Louisa Rush

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn.

14 Informant Mrs. Foster

(Address) Rocky mount N. C.

15 Filed 8 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 27 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1928, to Jan 28, 1928, that I last saw h[illegible] alive on Jan 26, 1928 and that death occurred, on the date stated above, at 11:20 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary) Pyloric Obstruction

(duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Yes Date of 1-9-28, 1-25-28

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Heard Jessup, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pine View Cemetery Rocky Mount DATE OF BURIAL Jan 31, 28

20 UNDERTAKER John A. Moran ADDRESS 3000 E. Balto St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29954

CERTIFICATE OF DEATH.

101-001 E 29954

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1450 Fawson ST. 21-35 WARD)

2-FULL NAME Eoreine Ryer

(a) RESIDENCE NO. 1317 Carlin ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John A. Ryer.

6 DATE OF BIRTH (month, day, and year) March 16 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	10	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) A. A. Co Md

PARENTS

10 NAME OF FATHER John Morley.

11 BIRTHPLACE OF FATHER (city or town) (State or country) AA Co Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) A A Co Md

14 Informant William Ryer

(Address) 1317 Carlin Ave

Filed JAN 29 1928 HAMPSON JONES, M. D. Registrar

By: R H H

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1928, to Jan 27, 1928, that I last saw her alive on Jan 27, 1928, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Chas L. Stearns, M. D.

1/28, 1928 (Address) 2578 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL Jan. 30 1928

20 UNDERTAKER Chas. L. Stearns — ADDRESS 1501 E Fort Ave.

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 29955

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1526 Druid Hill Ave ST. 14th WARD)

REGISTERED NO. 1 29 E 29955

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry L Johnson

(a) RESIDENCE NO. 526 Druid Hill ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Pinkie Johnson

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baggage Man

(b) General nature of industry, business, or establishment in which employed (or employer) for Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Essex Co Va

PARENTS

10 NAME OF FATHER Harry Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Emeley ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Pinkie Johnson

(Address) 526 Druid Hill ave

15 Filed Jan 29, 1928 H. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 7, 1927, to Jan 24, 1928, that I last saw h— alive on Jan 24, 1928, and that death occurred, on the date stated above, at 5 Pm.

The CAUSE OF DEATH* was as follows:

Nephritis Chronic

(duration) Abt 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Examination

(Signed) J. Garland Schmidt M. D.

Jan 29, 1928 (Address) 1534 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 1/29 1928

20 UNDERTAKER Samuel F. Beasley

ADDRESS 516 Biddle

Instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29956

CERTIFICATE OF DEATH.

E 29956

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital St. 27-37 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME... Ernest Pudew

(Residence in Baltimore: No. Not Known St.; yrs. mos. ds.)

Not Known

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Unknown Widowed, or Divorced, (Write the word.)
Male	N Carolina	

6-DATE OF BIRTH. ..... (Month) ..... (Day) ..... 1..... (Year)

7-AGE. 52 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or ..... min.*

8-OCCUPATION
(a) Trade, profession, or particular kind of work ..... Labor
(b) General nature of industry, business, or establishment in which employed (or employer) ..... O'H

9-BIRTHPLACE, (State or Country). Alabama

PARENTS

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER, (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W Severe

(Address) U.S.V. Bureau

15- C. HAMPSON JONES, M. D.

FILED JAN 29 1928 192.. R H

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan 18 (Month) (Day) 192 8 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inq ued (Inquest, autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry) found that said deceased came to. death on the day stated above.

The CAUSE OF DEATH* was as follows:

a Ac. Alcoholism

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... mos. 1 ds.

Jan 29 1928 C. H. Jones M. D. (Coroner)

(Address) 933 N. Paca

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions Transients, or Recent Residents).
At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. National Cemetery DATE OF BURIAL. 1/30/28

20-UNDERTAKER. Jos Lennon & Bro ADDRESS 1127 Balto st

Rec—12-23-21—E.B.R.S.—400 Bks.

E 29957

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29957

CERTIFICATE OF DEATH.

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1420 E Fayette St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mackel Epstein

(a) Residence No. 1420 E Fayette St., Ward.

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? 28 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-~~Single~~, Married, ~~Widowed~~ or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Meyer N.

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE, 58 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Lazar Melofsky

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER Annie Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia

14- (Informant) Meyer N. Epstein

(Address) 1420 E. Fayette St

15-

Filed: 1928 (Registrar.)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 1/28/28

17- I HEREBY CERTIFY, That I attended deceased from January 21 1928 to January 28 1928, that I last saw her alive on January 27 1928, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? By Symptoms

(Signed) Harris J. Finder M. D.

1/28. 1928 (Address) 2026 E. Baltimore St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Fetzer Southern ave

DATE OF BURIAL. 1/29. 1928

20-UNDERTAKER. Sol Lurnsor & Bro

ADDRESS 1127 E Balto St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29958

CERTIFICATE OF DEATH.

001

E 29958

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 637 S. Linwood ave ST. 1-2 WARD)

2-FULL NAME John Catiz

(a) RESIDENCE NO. 637 S. Linwood ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bettie Catiz

6 DATE OF BIRTH (month, day, and year) Dec. 26. 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Can Capper

(b) General nature of industry, business, or establishment in which employed (or employer) 5 6

(c) Name of employer Tin Decorator Co.

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Bettie Catiz (Address) 637 S. Linwood ave

15 Filed JAN 29 1928 T. STAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 27 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1928, to Jan. 27, 1928, that I last saw him alive on Jan. 27, 1928 and that death occurred, on the date stated above, at 2.20 P. m.

The CAUSE OF DEATH* was as follows:

Gastric hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Gastric ulcer (Cardiac)

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? (Home)

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? P. S. & S.

(Signed) John V. Fezzetichin, M. D.

, 19 (Address) 1738 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetery

DATE OF BURIAL Jan 31 1928

20 UNDERTAKER George W. Zirkler

ADDRESS 1737 E Eager st

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29959

CERTIFICATE OF DEATH.

179 E 29959

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2041 E. Oliver ST. (WARD) 8-17

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Madgalena Ahlfeldt

(a) RESIDENCE NO. 2041 E. Oliver St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Ahlfeldt

6 DATE OF BIRTH (month, day, and year) Sept. 14-1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	4	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Saleslady

(b) General nature of industry, business, or establishment in which employed (or employer) Delicatessen

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Albert H. W. Ahlfeldt (Address) English consul

15 Filed JAN 29 1928 THAMPSON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 27 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1928, to Jan 27, 1928, that I last saw h[illegible] alive on Jan 27, 1928 and that death occurred, on the date stated above, at 4 45 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

from history (duration) Ans. yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

(Address) 3100 Hanford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore cemetery

DATE OF BURIAL Jan 30 1928

UNDERTAKER George W. Zirkel

ADDRESS 1737 E. Eager st

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29960

CERTIFICATE OF DEATH.

90 E 29960

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 N. Caroline ST., 8-17 WARD)

2-FULL NAME Charlotte L Trautman

(a) RESIDENCE No. 1705 N. Caroline ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
~~HUSBAND of~~ or) WIFE of Theodore C. Trautman

6 DATE OF BIRTH (month, day, and year) May 27th 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	8	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Theresa M Lang

(Address) 1705 N. Caroline st

15 Filed JAN 29 1928 CLAUDSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 27th 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1928 to Jan 27, 1928, that I last saw h e alive on Jan 26, 1928 and that death occurred, on the date stated above, at 1230 a m.

The CAUSE OF DEATH* was as follows:

Cardiac Syncope

(duration) about 6 hours yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Usual

(Signed) G. Lobstein Ewalt, M. D.

Jan 27 1928 (Address) 2945 St. Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Jan 30th 1928

20 UNDERTAKER Geo. Schilling & Sons ADDRESS 1120 E Monument St

Instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29961

CERTIFICATE OF DEATH

100-001

E 29961

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2012 Ashland Ave (St.) 13 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary R. Rosenberger.

(a) RESIDENCE NO. 2012 Ashland Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Rosenberger

6 DATE OF BIRTH (month, day, and year): April 1852

7 AGE — Years: 75 Months: 9 Days: IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 37

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Patrick Lynch

11 BIRTHPLACE OF FATHER (City or town) (State or country): Orland

12 MAIDEN NAME OF MOTHER: H. Connell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Orland

14 Informant: John Rosenberger

(Address): 2012 Ashland Ave

15 Filed JAN 29 1928, 19 H. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 27 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 24 1928 to Jan 27 1928

that I last saw her alive on Jan 27 1928

and that death occurred, on the date stated above, at 3 30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary): Acute Cardiac Dilat

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Hanson Jones M. D.

(Address) 701 W Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: Jan 30 1928

20 UNDERTAKER: Geo M. Fink & Son — ADDRESS: Gilmor & [illegible]

very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29962

100-001

CERTIFICATE OF DEATH.

REGISTERED NO. E 29962

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital Ward 6-9)

2-FULL NAME Isaac Stone

(a) RESIDENCE NO. 24 N Bond St Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 4 mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 1926

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	1	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Mof Stone

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Anna Steinberg

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Mrs Stone

(Address) 24 N Bond St

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (Primary)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner)

1/29/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Hebrew Cem Date of Burial 1/29 1928

20 UNDERTAKER Jacob Lewis ADDRESS 1439 Eutaw St

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

20 2447 E 29963

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 49 E 29963

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

2-FULL NAME SIMON WENNER

(a) RESIDENCE NO. Scottdale - Pa ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Kate Wenner

6 DATE OF BIRTH (month, day, and year) December

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Store Keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Harry Wenner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Yetta —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed JAN 29 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan - 27 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct - 11, 1927, to Jan - 27, 1928, that I last saw h/M alive on Jan - 27, 1928 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma Bladder

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Leukemia

(duration) yrs. mos. 24 hrs.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Dec 27

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) [illegible] M. D.

1/30, 1928 (Address) J. H. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mehrem Rosedale — DATE OF BURIAL 1/29, 1928

20 UNDERTAKER Jack Lewis 1439 E Balt St — ADDRESS

Spec.—1-12-23—M&T—500 Bks.

E 29964 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Monument St ST. 726 WARD) 129

REGISTERED NO. E 29964

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Harry Gamerman

(a) RESIDENCE No. 1078 S. Charles ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? 17 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Gamerman

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Retail

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Louis Gamerman (Address) 700 N Fayette St

15 Filed JAN 29 1928 CHAS. E. COOPER, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 16, 1928, to Jan 28, 1928, that I last saw h e alive on Jan 28, 1928 and that death occurred, on the date stated above, at 6 A m

The CAUSE OF DEATH* was as follows:

Chronic nephritis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Barnard Glass, M. D.

1/28 1928 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Friedal	1/29 1928

20 UNDERTAKER Jack Lewis ADDRESS 1139 E Baltimore St

Instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29965

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90 E 29965

REGISTERED NO.

City of BALTIMORE: (No. 2111 Vine St. 21-69 Ward)

2-FULL NAME Ida Berger

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE NO. 2111 Vine St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. 11 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John F. Berger

6 DATE OF BIRTH (month, day, and year): Feb 1 1858

7 AGE

Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
69	11	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: Fred. Andrews

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country): Md

14 Informant: Ethel Carr

(Address): 211 Vine St.

15 Filed ..... (19) ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 26 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1927, to Jan 26, 1928, that I last saw h[illegible]ive on Jan 26, 1928, and that death occurred, on the date stated above, at 10.50 a.m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Endocarditis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Acute Dilatation of Heart

(duration) ..... yrs. ..... mos. 1 ds.

Is Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) R. K. Campbell, M. D.

1/28, 1928 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — Date of Burial: Jan 30 1928

20 UNDERTAKER: Wm. C. Jackson Jones — ADDRESS: Hyde

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 29966 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29966

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2212 Ken Oak Rd ST., 27-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia C. Knell

(a) RESIDENCE NO. 2212 Ken Oak Rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. 2 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank H. Knell

6 DATE OF BIRTH (month, day, and year) Nov. 22/866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	61	2	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Chas. H. Lang

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary L. Lehenbauer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Frank H. Knell

(Address) 2212 Ken Oak Rd

15 Filed 1926 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 26 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1928, to Jan 26, 1928, that I last saw h[illegible] alive on Jan 26, 1928, and that death occurred, on the date stated above, at 3.15 PM m.

The CAUSE OF DEATH* was as follows:

A. Lobar Pneumonia

(duration) ... yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) ... yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Walter W Wisler Jr M. D.

1/27 1926 (Address) 2800 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

DATE OF BURIAL Jan. 30, 28

20 UNDERTAKER Wm Tuckner & Sons

ADDRESS North Ave

Above is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29967

CERTIFICATE OF DEATH.

45 E 29967

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 6 Northfield Place (St.) 27-48 (Ward)

2-FULL NAME Katie Virginia Risinger

(a) RESIDENCE No. 6 Northfield Place St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. 6 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jno C Risinger

6 DATE OF BIRTH (month, day, and year): July 1 1851

7 AGE — Years: 76 Months: 6 Days: 25 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Jno M Stromyer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Barbara Erdmuth

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Jno C Risinger (Address) 6 Northfield Place

15 Filed: Nov 1928 Registrar: [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 27 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 12 1927 to Jan 27 1928 that I last saw her alive on Jan 27 1928 and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho-Pneumonia

Senile Atrophic Cirrhosis

Anemia due to probable Intestinal Carcinoma (duration) yrs. 4 mos 15 ds. +

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None —

(Signed) M. Gibson Porter M. D.

1/29 1928 (Address) 423 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: Jan 30 1928

20 UNDERTAKER: [illegible] — ADDRESS: North Ave

Important: See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 29968

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

97-002

E 29968

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1204 W. Fayette ST. 18-16 WARD)

2-FULL NAME James Allen Hartley

(a) RESIDENCE NO. 1204 W. Fayette ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. 6 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Gladys W. Hartley

6 DATE OF BIRTH (month, day, and year): July 2nd 1892

7 AGE — Years: 35 Months: 6 Days: 6 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Conductor

(b) General nature of industry, business, or establishment in which employed (or employer): W. R. & E. Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: W. Frances W. Hartley

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Sarah E. Radcliffe

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penna

14 Informant: Gladys W. Hartley

(Address): 120 Dr. Frances St.

15 Filed JAN 28 1928 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 27 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1928, to Jan. 27, 1928, that I last saw him alive on Jan. 27, 1928, and that death occurred, on the date stated above, at 12 noon

The CAUSE OF DEATH* was as follows:

Chronic Ethmoiditis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) General septicemia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes. Date of Jan. 19-1928

Was there an autopsy? No -

What test confirmed diagnosis? Clinical Findings.

(Signed) Authur V. Buchness, M. D.

1-27, 1928 (Address) 37 S. Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Jan 30 1928

20 UNDERTAKER: Geo. Crutchfield Sons

ADDRESS: 400 Eutaw Place

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

29969

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 29969

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 560 N. University Parkway WARD) 90-44

2-FULL NAME Dr Arthur Lee Trumbleson

(a) RESIDENCE NO. 560 N. University Parkway ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Nicholson Trumbleson

6 DATE OF BIRTH (month, day, and year) Mch 21, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	60	10	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Charles Trumbleson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah Nukum

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Florence C. Trumbleson Jan 28, 1928

(Address) Md

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec, 1926, to Jan 28, 1928,

that I last saw h in alive on Jan 28, 1928,

and that death occurred, on the date stated above, at 5.45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Sclerosis

(duration) yrs 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Nov 25-27

Was there an autopsy? No Consult authorized

What test confirmed diagnosis? Examination

(Signed) Ex Doc Lear M. D.

(Address) 704-5-6 Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery DATE OF BURIAL Jan 31 1928

20 UNDERTAKER John A. Mitchell & Sons ADDRESS 1900 Eutaw Place

HAMILTON JONES, M. D.

JAN 29 1928

THION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29970

CERTIFICATE OF DEATH

101-001

101 E 29970

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Preston Apartments St. 11-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edgar D. Rouse

(a) RESIDENCE NO. Preston Guilford Acres St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Helen C. Rouse

6 DATE OF BIRTH (month, day, and year): Aug 17, 1878

7 AGE — Years: 49 Months: 5 Days: 10 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cashier

(b) General nature of industry, business, or establishment in which employed (or employer): Continental Can Co.

(c) Name of employer

9 BIRTHPLACE (city or town): Balto Md

(State or country)

PARENTS

10 NAME OF FATHER: Buckhead Rouse

11 BIRTHPLACE OF FATHER (City or town): Harford Co Md

(State or country)

12 MAIDEN NAME OF MOTHER: Hedrilla Sherard

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: Robert A. Rouse

(Address): Cambridge Apts

15 Filed JAN 25 1928 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 27 1928

17 I HEREBY CERTIFY, That I attended deceased from January 15, 1928 to January 27, 1928, that I last saw him alive on January 27, 1928, and that death occurred, on the date stated above, at 10.45 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary): Arteriosclerosis, Cerebral hemorrhage

(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Julius Friedenwald, M. D.

19 (Address) 1013 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Date of Burial: January 30 1928

20 UNDERTAKER: John O'Mitchell ADDRESS: 1900 Eutaw Place

EDWIN JONES, M. D.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 29971

E 29971

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. 806 Washington Blvd Ward 21)

2-FULL NAME Christine Hoffmann

(a) RESIDENCE NO. 806 Washington Blvd Ward 21

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of: Paul Hoffmann

6 DATE OF BIRTH (month, day, and year): Nov 15 — 1857

7 AGE: 70 Years | Months: 2 | Days: 11 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Stanford County

(State or country): Md

10 NAME OF FATHER: Geo J. Herold

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Stanford Ct Md.

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town): Stanford

(State or country): County Md

PARENTS

14 Informant: Paul Hoffmann

(Address): 806 Washington Blvd.

15 Filed 1928 H. [illegible] JONES M.D. Registrar

By:

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 28 — 19 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 10, 19 27, to Jan 28, 19 28, that I last saw her alive on Jan 25, 19 28, and that death occurred, on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary): Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X Ray

(Signed) [signature] M. D.

1 28 19 28 (Address) 817 Scott St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery — Date of Burial 1/30/28

20 UNDERTAKER: Geo Leimbach & Son — ADDRESS 525-N Fremont

If DEATH is from more than one cause, state the disease causing death, or in deaths from violent causes, state the means and nature of injury as the primary cause, and the other morbid conditions, if any, giving rise to the primary cause, stating the underlying cause last. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 29972

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hospital for Women of Maryland

CITY OF BALTIMORE: (No. ST. 17-50 WARD)

REGISTERED NO. 146 E 29972

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Malony

(a) RESIDENCE NO. 310 E. 23rd Street ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. 10 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ or) WIFE of Charles N. Malony

6 DATE OF BIRTH (month, day, and year) Mar 2nd 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	10	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Joseph Walsh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Katherine McGrath

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Brother - John P. Walsh

(Address) 348 Gorsuch Ave - Balto Md

15 Filed JAN 29 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1928, to Jan 26, 1928, that I last saw h[illegible] alive on Jan 26, 1928, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Puerperal Septicaemia

following Caesarean Section

due to pelvic contraction (Chronic)

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Jan 16 28

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John McA Burland, M. D.

Jan 26, 1928 (Address) 1811 Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Jan 31 1928

20 UNDERTAKER Henry A. Eutaw Sons — ADDRESS Madison & Eutaw

IK

Instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

29973

111-001

E 29973

1-PLACE OF DEATH Md. Gen. Hosp. REGISTERED NO. 25-37

City of BALTIMORE: (No. ____ St. ____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martin Lear

(a) RESIDENCE NO. 336 Maryland St. Ave West Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ~~yrs.~~ ~~mos.~~ ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs. M. Lear

6 DATE OF BIRTH (month, day, and year): Nov. 20, ~~1879~~ 1880

7 AGE: Years 47 Months 2 Days 7 IF LESS than 1 day ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Grocer 034

(b) General nature of industry, business, or establishment in which employed (or employer): General Grocery

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country)

PARENTS

10 NAME OF FATHER Theodore Lear

11 BIRTHPLACE OF FATHER (City or town) ~~Balto~~ Phila. (State or country)

12 MAIDEN NAME OF MOTHER Marian Sparks

13 BIRTHPLACE OF MOTHER (city or town) Salem, N. J. (State or country) ~~Balto~~

14 Informant Hosp. Record (Address)

15 Filed JAN 29 1928 Registrar C. W. Ridgely

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Jan. 27, 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 14, 19 28, to Jan 27, 19 28, that I last saw h.... alive on Jan 27, 19 28, and that death occurred, on the date stated above, at 3.35 P. m.

The CAUSE OF DEATH* was as follows:

Ruptured Duodenal Ulcer

Peritonitis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Lung Infarct

(duration) yrs. mos. 3 ds.

18 Where was disease contracted Home

if not at place of death?

Did an operation precede death? Yes Date of 1-14-28

Was there an autopsy? No

What test confirmed diagnosis? Clin. Evidence

(Signed) [illegible], M. D.

1/27/28 (Address) Md Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery Date of Burial 1/30, 1928

UNDERTAKER Henry W. Mears & Son ADDRESS 805 N. Calvert

OF DEATH in plain terms, so that it may be properly classified. PHYSICIANS should state CAUSE very important. See instructions on back of certificates. Exact statement of OCCUPATION is

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29974

CERTIFICATE OF DEATH.

101 E 29974

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1029 Mc Donough ST. 7-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Snack

(a) RESIDENCE NO. 1029 Mc Donough ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 ~~Single~~, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William J Snack

6 DATE OF BIRTH (month, day, and year) June 3-1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	71	7	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mary Ferguson

(Address) 1214 N. Clay st

15 Filed 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1928

17 I HEREBY CERTIFY, That I attended deceased from 1-24, 1928, to 1-28, 1928

that I last saw he alive on 1-28, 1928

and that death occurred, on the date stated above, at 2:15 m

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration

(duration) 2 yrs. mos 1- ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) David Miller JR, M. D.

1/28 1928 (Address) 1500 Belvedere

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Natural Cemetery — DATE OF BURIAL Jan 30 1928

20 UNDERTAKER Robt J Turner Sr — ADDRESS 1447 Broadway

FRONT is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Hks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29975

CERTIFICATE OF DEATH.

74-001

REGISTERED NO. E 29975

1-PLACE OF DEATH

City of BALTIMORE: (No. 408 N. Brice St. 76-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Wirschnitzer

(a) RESIDENCE NO. 408 N. Brice St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 73 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 Color or Race White

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word) Widow

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Carl Wirschnitzer

6 DATE OF BIRTH (month, day, and year) apr 8 - 1854

7 AGE 71 Years 73 Months 9 Days 20 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Ernest Harris

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Dorothy Uelkhahn

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Chas Wirschnitzer

(Address) 2029 E Hoffman st

15 Filed JAN 29 1926 19 G. H. Bond Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) No history

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D. (Coroner)

Jan 29, 1926 (Address) 2572 Edmondson av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.... yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Date of Burial Jan 30 1926

20 UNDERTAKER Robt J Turner ADDRESS 1122 N Broadway

If DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

See Letter on file from Dr Badagliacca dated 2/3/1928

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29976

CERTIFICATE OF DEATH.

100-01

E 29976

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. 01 ST. 10 (WARD)

2-FULL NAME Elizabeth Saxton

(a) RESIDENCE NO. 3116 Hilkens Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Oscar Saxton

6 DATE OF BIRTH (month, day, and year) October 4, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
50 47		3	22 23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER William Schubart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany Maryland

12 MAIDEN NAME OF MOTHER Margaret Schubart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Oscar W. Saxton (Address) 3116 Hilkens Ave

15 Filed JAN 29 1928 H. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26, 1928.

17 I HEREBY CERTIFY, That I attended deceased from Jan 23, 1928 to Jan 26, 1928.

that I last saw h... alive on , 19

and that death occurred, on the date stated above, at 8.30 P. m

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Francis L. Badagliacca M. D.

, 19 (Address) St. Agnes' Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL June 30, 1928

20 UNDERTAKER E. LeRoy Stiffler — ADDRESS 125 E North Ave

ATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29977
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

129 E 29977
REGISTERED NO.

CITY OF BALTIMORE: (No. 2311 Hamilton Avenue ST. 27-44 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Cullings Mann

(a) RESIDENCE NO. 2311 Hamilton Avenue ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Walter T. Mann

6 DATE OF BIRTH (month, day, and year) June 30, 1905

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	6	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 0
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS
10 NAME OF FATHER Joseph Cullings
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.
12 MAIDEN NAME OF MOTHER Adele Brown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Walter T. Mann
(Address) 2311 Hamilton Ave

15 Filed JAN 28 1928, 19 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1928, to Jan 27, 1928, that I last saw h alive on Jan 27 1928, and that death occurred, on the date stated above, at 1:30 P m.

The CAUSE OF DEATH* was as follows:
Anaemia
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) Chas Simms M. D.
1/28 1928 (Address) 702 Hanover Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: Jan 30 1928

20 UNDERTAKER: E. LeRoy Tilden — ADDRESS: 256 Northumberland

Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 29978

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 29978

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. 9-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Johnson

(a) RESIDENCE NO. 1017 LafayetteSt. Cape May, N. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Johnson

6 DATE OF BIRTH (month, day, and year) Jan 25/1866

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	62	0	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) N.J.

PARENTS

10 NAME OF FATHER Enick Sharp

11 BIRTHPLACE OF FATHER (city or town)

(State or country) N.J.

12 MAIDEN NAME OF MOTHER Jane Miller

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) N.J.

14 Informant Thomas Johnson

(Address) Cape May, N.J.

15 Filed JAN 29 1928 H. [illegible] JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28/1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Embolism-Fractured 5th cervical vertebra on Jan 12/28- overturned auto. Phila Rd &Pensil Corner. Accident (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. A. Mecray (Coroner) M. D.

1/28/1928 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. 2 weeks

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cape May N. J. Date of Burial 1/29 1928

20 UNDERTAKER Chas. E. Macfarlan ADDRESS 18 Grant Royal

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

29979.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 29979 90 **E 29979**

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No.) 100 Calhoun St ST. 9-14 (WARD)

2-FULL NAME Mrs Rosa Robert.

(a) RESIDENCE NO. 812 E. Preston St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Thomas Roberts

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
54 yrs	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

0 21

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Beulah Pelaez (Address) 1513 Park Ave

15 Filed JAN 29 1928 H. A. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 27 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1928, to Jan 27, 1928, that I last saw her alive on Jan 27, 1928, and that death occurred, on the date stated above, at 1.45 P m.

The CAUSE OF DEATH* was as follows: Rheumatic Cardio vascular disease. mitral Stenosis. myocarditis.

(duration) 12 yrs. mos ds.

CONTRIBUTORY (Secondary): Pulmonary oedema

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) W Warren Walker M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	1/30/1928

20 UNDERTAKER: Chas F. Evans & Son

ADDRESS: 1180 N. Payson (W.S.)

CAUSE OF DEATH to be written in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

24980

E 29980

CERTIFICATE OF DEATH.

31 **E 29980**

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (T.B.) ST. 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Stevenson

(a) RESIDENCE NO. 1144 Little Mc Elderry st. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1887 ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
41	40 ?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

041

9 BIRTHPLACE (city or town) (State or country) South Carolina

PARENTS

10 NAME OF FATHER Tom Rainey

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Carolina

12 MAIDEN NAME OF MOTHER Sarah Rogers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) South Carolina

14 Informant Hospital Records (Address)

15 Filed JAN 23 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 23 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 22 1928, to Jan. 23 1928, that I last saw her alive on Jan. 23, 1928, and that death occurred, on the date stated above, at 4.20 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes,

What test confirmed diagnosis? Autopsy & Clin.

(Signed) Edmund Otis M. D.

1-23 1928 (Address) Baltimore City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem. DATE OF BURIAL 1/27/28

20 UNDERTAKER F. J. Lahey & Sons ADDRESS 3 S. Eighty Av

FROM IS very important See instructions on back of certificates. EXACT STATEMENT OF OCCUPA-

Spec.—1-12-23—M&T—500 Bks.

210 E 29981

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 29981

REGISTERED NO. E 29981

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSP ST. 7-4 WARD)

2-FULL NAME Eugene Welch

(a) RESIDENCE No. 1 Or Ridge St - ST. ..... WARD Meron - Conn -
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Steam Engr -

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Conn -

PARENTS

10 NAME OF FATHER Chas - Welch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa -

12 MAIDEN NAME OF MOTHER Ida Welch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa -

14 Informant Friends -
(Address) JOHNS HOPKINS HOSP

15 Filed JAN 29 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 1928

17 I HEREBY CERTIFY, That I attended deceased from 19 Nov 27, to 29 Jan. 28, that I last saw h[illegible] alive on 29 Jan. 28, and that death occurred, on the date stated above, at 7.30 m.

The CAUSE OF DEATH* was as follows:

Pneumonia Primary
Intestinal Obstruction, due to adhesions from old appendix operation

(duration) yrs. 1 mos. 9 ds.

CONTRIBUTORY (Secondary) Splenectomy for hemolytic Jaundice of (duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 14 Jan. 1928

Was there an autopsy? Yes

What test confirmed diagnosis? Yes

(Signed) J. D. Hart M. D.

19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL York Pa.

DATE OF BURIAL Jan 30 1928

20 UNDERTAKER Wm Cook

ADDRESS 504 E North

IMPORTANT See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE 29982

E 29982

CERTIFICATE OF DEATH

129 E 29982

1-PLACE OF DEATH

City of BALTIMORE: (No. 3164 Wilkens Ave. 20-70 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel O'Neill

(a) RESIDENCE NO. 3164 Wilkens Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State)

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If ~~married, widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~: Susan A O'Neill

6 DATE OF BIRTH (month, day, and year): Aug 10 - 1853

7 AGE: Years 74 Months 5 Days 17 IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto Co

(State or country): Md

PARENTS

10 NAME OF FATHER: Smallwood O'Neill

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Md

12 MAIDEN NAME OF MOTHER: Dk

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Dk

14 Informant: Mrs. M. O'Neill

(Address) 3164 Wilkens Ave.

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 27 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1928, to Jan 27, 1928, that I last saw h[e] alive on Jan 26, 1928, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Chronic Int. Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Findings

(Signed) W. A. Buell, M. D.

1/28, 1928 (Address) 1407 Greek Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — Date of Burial: Jan. 30 1928

20 UNDERTAKER: Charles J. Schwab — ADDRESS: 505 Monroe St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

210135

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29983

CERTIFICATE OF DEATH.

E 29983

REGISTERED NO.

1-PLACE OF DEATH

JOHNS HOPKINS HOSP

CITY OF BALTIMORE: (No.) ST., 7-4 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruth Manson

(a) RESIDENCE No. 809 Edgewick ST., Norfolk, Va.
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 5, 1918

7 AGE	Years	Months	Days 23	If LESS than 1 day hrs. or min.
	0	—	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER George Manson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Elvira Farrell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Records
(Address)

15 Filed JAN 29 1928 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 28 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1928 to Jan. 28, 1928, that I last saw h alive on Jan. 25, 1928, and that death occurred, on the date stated above, at 5 20 P. M.

The CAUSE OF DEATH* was as follows:

Brain Tumor - Hypophysis - Benign

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Jan 26, 1928

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Operative

(Signed) Robt. L. Faulkner M. D.

1-29, 1928 (Address) Johns Hopkins Hospital Balto. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Norfolk Va — DATE OF BURIAL 1/29/28

20 UNDERTAKER Harry A Witzke — ADDRESS 1531 Londonne

FROM IS very important See instructions on back of certificates. EXACT statement of OCCUPA-

Spec.—1-12-23—M&T—500 Blks.

E 29984

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 100-001

E 29984

1-PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. 25-12 ST. WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm Silgle

(a) RESIDENCE NO. Harlem Lane Catonsville Md WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 14 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	38	6	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Frederick Sigle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant mother- Mrs. Elz. Silgle (Address) Harlem Lane Catonsville

15 Filed JAN 30 1928 HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-28 1928

17

I HEREBY CERTIFY, That I attended deceased from 1-16, 1928, to 1-28, 1928, that I last saw h[illegible] alive on 1-28, 1928 and that death occurred, on the date stated above, at 12 05 P m

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frances L. Dedaplinsca M. D.

, 19 (Address) St Agnes' Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Salem-Lutheran

DATE OF BURIAL 1/31 1928

20 UNDERTAKER X Wm Cook

ADDRESS 502 E North Ave

TION is very important See instructions on back of certificates. [illegible] may be properly classified. EXACT statement of OCCUPA-

Spec—12-23-21—E.B.R.S.—400 Bks.

E 29985 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29985

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. 201 E Lafayette Ave St., 9-19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Gaines Slattery

(a) Residence No. 201 E Lafayette Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, W

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Earl Gaines

6-DATE OF BIRTH (month, day and year) July 3, 1900

7-AGE. 27 yrs. 6 mos. 24 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Stone

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, William Slattery

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Ella Thompson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Thomas J. Gaines

(Address) 201 E Lafayette Ave

15- Filed JAN 30 1928 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 27, 1928

17- I HEREBY CERTIFY, That I attended deceased from July 1927 to Jan 27, 1928

that I last saw her alive on Jan 26, 1928

and that death occurred, on the date stated above, at a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Don't Know (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) — (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Don't Know

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. K. Bomar M. D.

1/29, 1928 (Address) 11 W Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Fairmount — DATE OF BURIAL. 1/30, 1928

20-UNDERTAKER. [illegible] — ADDRESS 502 E Lafayette Ave

Instructions on back of certificates. Information required by law to be properly classified. Exact statement of OCCUPATION is very important. See

Spec.—1-12-23—M&T—500 Bks.

E 29986 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 29986

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 7-9 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William A. Morgan

(a) RESIDENCE NO. Plum - Texas ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan - 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farming

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penn —

PARENTS

10 NAME OF FATHER La Fayette Morgan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penn —

12 MAIDEN NAME OF MOTHER Martha Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn —

14 Informant John E. Morgan

(Address) Plum Texas

15 Filed JAN 30 1928 Registrar R P K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 2 1928 to Jan 29 1928 that I last saw h. alive on Jan 29 1928 and that death occurred, on the date stated above, at 6 P— m.

The CAUSE OF DEATH* was as follows:

Carcinoma, stomach

Partial gastrectomy

Peritonitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 1-27-28

Was there an autopsy? yes

What test confirmed diagnosis? Pathological

(Signed) J. R. Smith M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Plum Texas DATE OF BURIAL Jan 30 1928

UNDERTAKER Allen O Mitchell ADDRESS 1900 Eutaw Place

IMPORTANT See instructions on back of certificates. Exact statement of OCCUPATION is very important

Spec.—1-12-23—M&T—500 Blks.

William Young

E 29987

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

7 1001

7 E 29987

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 14 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Young

(a) RESIDENCE NO. 209 Bloom ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Charles Young

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Mary Scotts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Records.

15 Filed JAN 30 1928 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/26/ 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 29, 1927, to Jan 26, 1928, that I last saw h[illegible] alive on Jan. 26, 1928 and that death occurred, on the date stated above, at 7.20 P. m.

The CAUSE OF DEATH* was as follows:

Strangulation - suicide -

cerebral hemorrhage,

arteriosclerosis. Strangulation

(duration) yrs. 1 mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Gunshot Suic.

(Signed) C. Holmes Boyd, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: Jan 30 1928

20 UNDERTAKER: Dan'l Earnest — ADDRESS 916 Eas

THION is very important See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-12-23—M&T—500 Blks.

E 29988

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

47 E 29988

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) 1142 Woodyear St. 16-23 WARD)

2-FULL NAME Celia Robinson

(a) RESIDENCE NO. 1142 Woodyear. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Fifty yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John W Robinson

6 DATE OF BIRTH (month, day, and year): 1899

7 AGE: Years 29 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto City

10 NAME OF FATHER: Conrad Hadley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary E Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

PARENTS

14 Informant: John W Robinson

(Address) 1142 Woodyear St

15 Filed JAN 30 1928 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-27-1928

17 I HEREBY CERTIFY, That I attended deceased from 1-15-, 1928, to 1-27, 1928, that I last saw h[illegible] alive on 1-27-, 1928 and that death occurred, on the date stated above, at 2. A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(duration) 2 yrs. 6 mos ds.

CONTRIBUTORY (Secondary): Not known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of May 1927

Was there an autopsy? No.

What test confirmed diagnosis? Medical

(Signed) Jas. A. Walters, M. D.

, 19 (Address) 1635 McElderry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: Jan 30 1928

20 UNDERTAKER: David Carton — ADDRESS 916 Oa ave

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29989

CERTIFICATE OF DEATH.

48 ✓ **E 29989**

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Wyman Park ST. 1451 WARD)

2-FULL NAME August C. Schmidt

(a) RESIDENCE NO. Apt. 302 Wyman Park ST. Apts. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of or) ~~WIFE~~ of Barbara L. Schmidt

6 DATE OF BIRTH (month, day, and year) May 26-1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63.	8	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Realtor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER August C. Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Barbara Schmidt Wyman Park Apt 302

15 Filed JAN 30 1928 H. A. [illegible], M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 5, 1928 to Jan 26, 1928,

that I last saw ~~him~~ alive on Jan 26, 1928,

and that death occurred, on the date stated above, at 5 45 P. m.

The CAUSE OF DEATH* was as follows:

Cancer of face

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Pathological

(Signed) Jno A Hutcher, M. D.

, 19 (Address) 122 Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem. — DATE OF BURIAL Jan. 30 1928

20 UNDERTAKER Josiah Syfer. — ADDRESS 1600 N. Kent St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 29990 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29990

CERTIFICATE OF DEATH.

REGISTERED NO. 9001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Josephs Hosp (St.) 9-18 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella McKewen

(a) RESIDENCE No. 1307 Fremont ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael McKewen

6 DATE OF BIRTH (month, day, and year) June 6 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	7	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Grogan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine O'Neil

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Michael McKewen

(Address) 1307 Fremont Ave

15 Filed JAN 30 1928 C. HERBERT JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 27 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1928, to Jan. 27, 1928.

that I last saw h[illegible] alive on Jan. 27, 1928, at 7.45 a m.

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Cardiac decompensation of several weeks duration

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Thyocarditis

(duration) several yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H Laurence Fahnestock, M. D.

, 19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL 1 31 1928

20 UNDERTAKER George J Ruth

ADDRESS 1735 Harford Ave

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 2999½ 11-801 ✓ E 2999½

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3525 Parkdale Ave (WARD) 57

2-FULL NAME John D. Foreman

(a) RESIDENCE NO. 3525 Parkdale Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Birdie C. Foreman

6 DATE OF BIRTH (month, day, and year): Aug 6, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	5	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Policeman.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): md.

PARENTS

10 NAME OF FATHER: Geo. Foreman

11 BIRTHPLACE OF FATHER (city or town) (State or country): md

12 MAIDEN NAME OF MOTHER: Elizabeth Eggleston

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md

14 Informant: Birdie C. Foreman (Address) 3525 Parkdale Ave

15 Filed JAN 30 1928 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 27, 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 24, 1928 to Jan 27, 1928

that I last saw h[e] alive on Jan. 26, 1928

and that death occurred, on the date stated above, at 7 11a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Lagrippe

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical exam.

(Signed) C. F. Engelhardt M. D.

1/27/28 (Address) 1210 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — DATE OF BURIAL: Jan 30 1928

20 UNDERTAKER: Chenowith & Son — ADDRESS: 367 Chestnut

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

German

E 29992

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1928 E 29992

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 319 S Bruce St (WARD) 14-7

2 FULL NAME Ellen Gorman

(a) RESIDENCE NO. 319 S. Bruce ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Gorman

6 DATE OF BIRTH (month, day, and year): Dec 10, [illegible]

7 AGE: Years 79 | Months 1 | Days 16 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Thomas Gorman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Jane Burns

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs Jennie Turner

(Address) 319 S Bruce St.

15 Filed JAN 30 1928 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jany 26 1928

I HEREBY CERTIFY, That I attended deceased from Jany 26, 1927 to Jany 26, 1928.

that I last saw him alive on Jany 26, 1928.

and that death occurred, on the date stated above, at 4.10 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (secondary) Accident (duration) yrs. 2 mos. ds.

over

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. O'Neill, M. D.

1/27, 1928 (Address) 108 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cemetery DATE OF BURIAL: Jan 30 1928

20 UNDERTAKER: George Schwaltz ADDRESS: 101 Fulton Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29993

CERTIFICATE OF DEATH.

E 29993

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 20-64 Ward)

Registered No. 1601

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Duprat

(a) Residence No. 2535 Fredrick Ave St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Jan 26 1928

7-AGE. ....yrs. ....mos. 2 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. Louis Duprat

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Oregon

12-MAIDEN NAME OF MOTHER. Lelia Porter

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Rockwell Md.

14- (Informant) Louis Duprat (Address) 2504 Lehmann St.

15- Filed JAN 30 1928 JAMESON JONES, M. D. Registrar. By R. C. J.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 28 1928

17- I HEREBY CERTIFY, That I attended deceased from Jan 26 1928 to Jan 28 1928

that I last saw her alive on Jan 28 1928

and that death occurred, on the date stated above, at 4.20 P m

The CAUSE OF DEATH* was as follows:

Prematurity.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there no autopsy? No

What test confirmed diagnosis? Baby Gem

(Signed) Dwight Reynolds M. D

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. London Park Cemetery DATE OF BURIAL. Jan 31 1928

20-UNDERTAKER. George L. Schwab ADDRESS 320 Fulton Ave.

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29994

CERTIFICATE OF DEATH

E 29994

REGISTERED NO. 9

1-PLACE OF DEATH

City of BALTIMORE: (No. Sydenham Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorsey Nelson

(a) RESIDENCE NO. 1328 W. Lanvale St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. 6 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Black

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): DEC 11 - 1926

7 AGE: Years / Months / Days 17

IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Kingston

(State or country): North Carolina

PARENTS

10 NAME OF FATHER: Arthur Nelson

11 BIRTHPLACE OF FATHER (City or town): Kingston

(State or country): North Carolina

12 MAIDEN NAME OF MOTHER: Mary Wilks

13 BIRTHPLACE OF MOTHER (city or town): Kingston

(State or country): North Carolina

14 Informant: Mrs. Mary Nelson

(Address): 1328 W Lanvale St.

15 Filed ..... C. HARRISON JONES M. D. Registrar

By ..... Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Jan. 28, 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 19 28, to Jan 28, 19 28,

that I last saw her alive on Jan 28, 19 28,

and that death occurred, on the date stated above, at 4 45 p. m.

The CAUSE OF DEATH* was as follows:

Pertussis

(duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) ..... yrs. ..... mos. ? ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) J. L. Levin, M. D.

Jan 29 19 28 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cem.

Date of Burial: Jan 30 19 28

20 UNDERTAKER: Thos. H. Kease & Son

ADDRESS: 1100 Madison

JAN 30 1928

If not correctly supplied, AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29995

CERTIFICATE OF DEATH.

11-001.

E 29995
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1734 E. Lafayette Ave. ST. 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Henriette Weed

(a) RESIDENCE No. 1734 E. Lafayette Ave. ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William B. Weed

6 DATE OF BIRTH (month, day, and year): Dec. 14, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Saleslady

(b) General nature of industry, business, or establishment in which employed (or employer): Bakery

(c) Name of employer: Arthur's Bakery

9 BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

PARENTS

10 NAME OF FATHER: Frederick J. Grote

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Maryland

12 MAIDEN NAME OF MOTHER: Elizabeth Kramer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Maryland

14 Informant: Mrs Alice Grote

(Address): 1731 N. Broadway

15 JAN 30 1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 27 1928

17 I HEREBY CERTIFY, That I attended deceased from January 20, 1928, to January 27, 1928, that I last saw h[illegible] alive on January 27, 1928, and that death occurred, on the date stated above, at 11:40 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia, both lungs

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? 1734 Lafayette Ave

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible] Carman, M. D.

1-29, 1928 (Address) 1707 N Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: Jan. 30 1928

20 UNDERTAKER: Hughes & Jones Inc — ADDRESS: 424 N. Broadway

Filed JAN 30 1928 C. HAMILTON JONES, M. D. Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29996

CERTIFICATE OF DEATH

108 E 29996

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No.) 1239 St. Matthew St. (or) 5-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nettie Schilling

(a) RESIDENCE NO. 1239 St. Matthew St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Schilling

6 DATE OF BIRTH (month, day, and year) Mch 1st 1879

7 AGE: Years 48 Months — Days — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER Wm Chaney

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Mch

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Mr. Henry Schilling

(Address) 1239 St Matthew St

15 Filed JUL 3 1928 16 HAMILTON JONES, M. Registrar

Fee Paid

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 29 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1928, to Jan 29, 1928, that I last saw h[illegible] alive on Jan 28, 1928 and that death occurred, on the date stated above, at 6 AM m.

The CAUSE OF DEATH* was as follows:

Septicaemia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Infected tooth & cardiac failure

(duration) yrs. 6 mos. ds.

18 Where was disease contracted

If not at place of death? not known

Did an operation precede death? yes Date of —

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) R. L. Esslinger, M. D.

(Address) 1514 E Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Cemetery — Date of Burial Jan 31 1928

20 UNDERTAKER Henry Horek Son — ADDRESS 501 E Lafayette St

This information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

THIS IS A PERMANENT RECORD.

Spec.—8-24-14—M. & T.—2000 Bks.

E 29997 HEALTH DEPARTMENT—CITY OF BALTIMORE E 29997

CERTIFICATE OF DEATH.

100-001

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 826 E Fayette St. Ward 6-18)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dora F Flynn

(Residence in Baltimore: No. 826 E. Fayette St. St.: 3 yrs. 3 mos. 26 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, January 29, 1924 (Month) (Day) (Year)

7-AGE 3 yrs. 3 mos. 26 da.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... none

9-BIRTHPLACE, (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER, Walter N. Flynn

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania

12-MAIDEN NAME OF MOTHER Francis Dean

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).. Abraham Delaporte

(Address).... 2029 E North Ave

15- Jan 30 1928 HAMILTON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 28, 1928 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 28 1928, to Jan 28 1928, that I saw h er alive on January 28 1928, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) ....yrs. ....mos. 3 da.

CONTRIBUTORY (Secondary) Carbon Monoxide Poisoning

(Duration) ....yrs. ....mos. ....da.

(Signed).. Abraham Delaporte M. D.

Jan. 28, 1928 (Address). 2029 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence 826 E. Fayette St.

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery — DATE OF BURIAL, Jan 30, 1928

20-UNDERTAKER H M Routson — ADDRESS 2238 N Arlington

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29998

100-001

E 29998

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2956 Presstman ST. 16-67 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rogers W. Eareckson,

(a) RESIDENCE NO. 2956 Presstman ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 4 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) August 31. 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	2	4	27 28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Vincent O. Eareckson,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Mary M. Merryman,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Vincent O. Earckson

(Address) 2956 Presstman St.

Filed JAN 30 1928 19 Harrison Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JAN 28 1928 19

17

I HEREBY CERTIFY, That I attended deceased from Jan 12, 1928, to Jan 28, 1928, that I last saw h[illegible] alive on Jan 28, 1928, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Bronchs pneumonia (duration) yrs. mos 16 ds.

CONTRIBUTORY (Secondary) Bronchs pneumonia (duration) yrs. mos. 16 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Hale S. Tublett, M. D.

Jan 29 19 28 (Address) 2220 Harrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine

DATE OF BURIAL JAN 31 1928 19

20 UNDERTAKER Geo W Little

ADDRESS 1708 Edmondson Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 29999

CERTIFICATE OF DEATH.

60-601

E 29999

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals WARD) 27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida Brown

(a) RESIDENCE NO. 380 3/4 Forster ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE: Years 53; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER Karl Linkle

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Minnie

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Balto City Hospitals (Address)

15 Filed JAN 30 1928 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27, 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1928, to Jan 27, 1928

that I last saw h alive on Jan 27, 1928

and that death occurred, on the date stated above, at 4 p.m.

The CAUSE OF DEATH* was as follows:

Exophthalmic Goiter

acute myocarditis (hyperthyroidism)

(duration) yrs. 1/2 mos ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of 1-25-28

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) [illegible] M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: Jan 31 1928

20 UNDERTAKER: J. Kelly & Zeiler Inc — ADDRESS: 4038 Wabash

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30000

CERTIFICATE OF DEATH.

Registered No. E 30000

1-PLACE OF DEATH

City of BALTIMORE: (No. 2768 Hennick Ave St., 46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura C. Sheeler

(a) Residence No. 2768 Hennick Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE. W

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Wilbur H. Sheeler

6-DATE OF BIRTH (month, day and year) Sept 23. 1845

7-AGE. 82 yrs. 4 mos. 5 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. At Home

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Balto Md

PARENTS:

10-NAME OF FATHER. Nathaniel Bright

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Richmond

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Richmond

14- (Informant) Mrs W. L. Silverwood

(Address) 2763 Hennick Ave

Nov 30 1928 HARRISON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 28 1928

17- I HEREBY CERTIFY, That I attended deceased from Jan 1st 1928 to Jan 28th 1928

that I last saw h. alive on Jan 27th 1928

and that death occurred, on the date stated above, at 9 00 m.

The CAUSE OF DEATH* was as follows:

Chronic Valv Endocarditis with Failing Compensation

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(Duration) Unknown yrs. mos. ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jefferies Cook M. D.

1/29, 1928 (Address) 2763 Club Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Druid Ridge

DATE OF BURIAL. 1/30 1928

20-UNDERTAKER. W. M. Cook

ADDRESS 522 E North Ave

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

Dr. Donald 1540 N Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30001

CERTIFICATE OF DEATH.

E 30001

1-PLACE OF DEATH

Registered No. .....

City of BALTIMORE: (No.) 1032 East 26th St. 9-47 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lilly M Owens

(a) Residence No. 1032 East 26th St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? 26 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of John S Owens

6-DATE OF BIRTH (month, day and year) May 1 1875

7-AGE. 52 yrs. 8 mos. 28 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. At Home

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Nathaniel Pratt

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Baltimore Md

14- (Informant) John S Owens

(Address) 1032 E 26th St

15- Filed JAN 30 1928 16- HAMILTON JONES, M. D. Registrar.

17- Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 29/28

17- I HEREBY CERTIFY, That I attended deceased from June 1 1926 to Jan 29 1928

that I last saw h.R. alive on Jan 29 1928

and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Intestines

(Duration) yrs. 16 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Place of death

Did an operation precede death? Yes Date of Aug 1927 Laparotomy

Was there an autopsy? No

What test confirmed diagnosis? Clinical Observation

(Signed) A M Macdonald M. D.

Jan 29, 1928 (Address) 1540 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Bellevue Md DATE OF BURIAL. Jan 31 1928

20-UNDERTAKER. ADDRESS. Williamback 502 E Fath

U. S.—WHITE ..., WITH UNDERLINING IN... should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30002

CERTIFICATE OF DEATH

101-001

E 30002

1-PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE: (No. 646 Park Heights Ave St.) 15-56 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Ida Cunningham.

(a) RESIDENCE NO. 4646 Park Heights Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov 26" 1860

7 AGE — Years: 67 — Months: 2 — Days: 3 — IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Harford Co

(State or country): Md

PARENTS

10 NAME OF FATHER: Benjamin Cunningham

11 BIRTHPLACE OF FATHER (City or town): Perry Hall Balto Co

(State or country)

12 MAIDEN NAME OF MOTHER: Margaret E Greenfield

13 BIRTHPLACE OF MOTHER (city or town): Harford Co

(State or country)

14 Informant: Mary I. Cunningham

(Address) 4646 Park Heights Ave.

15 Filed JAN 30 1928 19

C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 29 19 28

17 I HEREBY CERTIFY, That I attended deceased from Jan 4, 19 28, to Jan 29, 19 28.

that I last saw her alive on Jan 29, 19 28.

and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 26 ds.

CONTRIBUTORY (Secondary): Mitral Insufficiency

(duration) ? yrs. mos. 26 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Hugh D Tulett M. D.

, 19 (Address) 4754 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — Date of Burial: Feb 1 1928

20 UNDERTAKER: Mrs Mary Tyson — ADDRESS: 4415 Park Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 30003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 30003

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 711 Mulliken ST. 6-9 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Richardson

(a) RESIDENCE. No. 711 Mulliken ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: fem

4 COLOR OR RACE: col.

5 Single, Married, Widowed, or Divorced (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Daniel Richardson

6 DATE OF BIRTH (month, day, and year): unknown 1861

7 AGE: Years 67; Months —; Days —; If LESS than 1 day, hrs. or min. —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: laundress

(b) General nature of industry, business, or establishment in which employed (or employer): washing & ironing at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) (State or country) —

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant (Address): Mary Stewart 711 Mulliken St.

15 Filed JAN 30 1920 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 2, 1920

17 I HEREBY CERTIFY, That I attended deceased from Nov 26, 1919, to Jan 2, 1920, that I last saw h[illegible] alive on Dec 23, 1919, and that death occurred, on the date stated above, at 2.30 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the breast

(duration) 6 yrs. 2 mos. 1 ds.

CONTRIBUTORY (Secondary) Cardiac insufficiency

(duration) — yrs. 1 mos. 3 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? Yes Date of Nov 27, 19

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) N. Paul Straith, M. D.

, 19 (Address) 354 N. Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: June 30, 1920

20 UNDERTAKER: Mrs. B. G. Elliott ADDRESS: 1725 Ashland Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30004

CERTIFICATE OF DEATH.

24-001 E 30004

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 627 N Bethel St. 69 Ward)

2-FULL NAME Rachel Ann Spriggs

(a) RESIDENCE NO. 627 N Bethel St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto city

(State or country)

PARENTS

10 NAME OF FATHER Richard Ario Springs

11 BIRTHPLACE OF FATHER (city or town)

(State or country) md

12 MAIDEN NAME OF MOTHER Martha

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Not

14 Informant Julia Crawley

(Address) 627 N Bethel St

15 Filed JAN 31 1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 15 1927, to Jan 27, 1928, that I last saw h.. alive on Jan 26, 1928, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) 1 yrs. 2 mos. 12 ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

Indigestion (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Edward Fisher, M. D.

Jan 30 1928 (Address) 1612 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem Date of Burial Jan 30 1928

20 UNDERTAKER Samuel H. Hensley ADDRESS 1318 Bl...

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—MAT—500 Bks.

30005

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45E 30005

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 336 E. 26th St., 12-50 WARD)

2-FULL NAME John Bruning

(a) RESIDENCE No. 336 E. 26th St. ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M Bruning

6 DATE OF BIRTH (month, day, and year) Aug 26, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	5	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Oyster Business

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER George Bruning

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Hagen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs John Bruning (Address) 336 E. 26th St.

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 28 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1927, to Jan. 28, 1928, that I last saw him alive on Jan. 27, 1928 and that death occurred, on the date stated above, at 11:20 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Intestines

(duration) yrs. 9+ mos — ds.

CONTRIBUTORY (Secondary) —
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical symptoms

(Signed) A. F. Robinson, M. D.

1-30, 1928 (Address) 836 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cemetery — DATE OF BURIAL: Jan 31 1928

20 UNDERTAKER: F. A. Krauser & Son — ADDRESS: 703 Hanover

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Blanks should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

E

JAN 30 1928

HAROLD JONES, M. D.
Registrar

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30006 — 100-001 — E 30006

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3038 Creatman St. 16-67 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elaine Hain

(Residence in Baltimore: No. 3038 Creatman St.; .....yrs., mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
FEMALE	WHITE	

6-DATE OF BIRTH, Jan (Month) 16th (Day), 1928 (Year)

7-AGE, ...yrs. .....mos. 11 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), BALTO. MD

PARENTS.

10-NAME OF FATHER, Joseph R Hain

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Mae E. Purcell

13-BIRTHPLACE OF MOTHER (State or Country), Plymouth Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph R Hain

(Address) 3038 Presstman St

15- JAN 30 1928 Filed ..... By ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 27 (Day), 1928 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 17 1928, to Jan 27 1928, that I saw her alive on Jan 27 1928, and that death occurred, on the date stated above, at 10.30 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) .....yrs. .....mos. 1 ds.

CONTRIBUTORY (Secondary) .....

(Duration) .....yrs. .....mos. .....ds.

(Signed) John [illegible] M. D.

1/27 1928 (Address) 1219 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Jan 30 28

20-UNDERTAKER F. A. Kramer & Son — ADDRESS 703 Hanover

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

E 30007

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 31

E 30007

REGISTERED NO.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

City of BALTIMORE: (No. 134 N. Luzerne Ave St. 6-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Wolf

(a) RESIDENCE NO. 134 N Luzerne Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Wolf.

6 DATE OF BIRTH (month, day, and year) Oct 5th 1886

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	41	3	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Otto Duker Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER John Wolf

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary C Kuetz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

14 Informant Mrs Lena Wolf (Address) 134 N Luzerne Ave

15 Filed JAN 30 1928 WILLIAM H. LEMMON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28. 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 25. 1928 to Jan 28. 1928 that I last saw h[illegible] alive on Jan 28. 1928 and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous Laryngitis

(duration) yrs. 5 mos. ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) A. T. Dix M. D.

Jan 30. 1928 (Address) 24 S Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — Date of Burial 1/31 1928

20 UNDERTAKER Louis Heumann — ADDRESS 375 S Broadway

Spec—12-23-21—E.B.R.S.—400 Eks.

Dr Montgatoyd

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30008

CERTIFICATE OF DEATH.

124 E 30008

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 407 E 25th St. (or) 12-50 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George W Schultz

(a) Residence No. 1407 E 25th St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: M

4-COLOR OR RACE: W.

5-Single, Married, Widowed, or Divorced. (Write the word): Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Helen Schultz

6-DATE OF BIRTH (month, day and year): Oct 6 1856

7-AGE: 71 yrs. 3 mos. 23 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Glass Blower, Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Md.

PARENTS

10-NAME OF FATHER: Arnold Schultz

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Anna Kelly

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Md

14- (Informant) Mrs. G. W. Schultz

(Address) 1407 E. 25th St

15- Filed: 1928 19 C. HARRY JAMES, M. D. Registrar.

The

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Jan 25 1928

17- I HEREBY CERTIFY, That I attended deceased from Dec 29th 1927 to Jan 28th 1928

that I last saw h[illegible] alive on Jan 24th 1928

and that death occurred, on the date stated above, at 1 P M

The CAUSE OF DEATH* was as follows:

Cachexia

(Duration) yrs 1 mos ds

(a) TRIBERCULOSIS Intestinal Diphtheria

(Secondary)

(Duration) ? yrs mos ds

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) Geo W Jungmeyer M D

1/29/1928 Address 1401 E 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
London Park	1/30 1928
20-UNDERTAKER.	ADDRESS
H. Cook	502 Eutaw St

Should be carefully supplied. AGE should be given EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30009

CERTIFICATE OF DEATH.

E 30009

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) 3775 Culver St 20-10 (ST. WARD)

2-FULL NAME Susan Schott.

(a) RESIDENCE NO. 3775 Culver St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 12th 1851

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
76	7	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not Known

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

14 Informant: August C. Heim (Address) 3775 Culver St.

15 Filed JAN 30 1928 19 H. R. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 24, 1928, to Jan 29, 1928, that I last saw h[illegible] alive on Jan 29, 1928, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Endocarditis, Acute Valvular Hypostatic Pneumonia

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Norton G. Peters M. D.

1/31/28 19 (Address) 257 W. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park. DATE OF BURIAL: Jan 31st 1928

20 UNDERTAKER: Patrick A. Kannon ADDRESS: 3757 Roseville

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30010

E 30010

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4903 Crowson Road St. 97-48 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emilie H. I'Allemand

(a) RESIDENCE No. 4903 Crowson Road ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? 84 yrs. -- mos. -- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles L'Allemand

6 DATE OF BIRTH (month, day, and year) May 13, 1838

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	8	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Braunschweig (State or country) Germany

PARENTS

10 NAME OF FATHER J. H. L. Moehle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Maria A Kuhne

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Miss Clara L'Allemand

(Address) 4903 Crowson Road

15 FILED JAN 30 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/28 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 9, 1928, to Jan, 28, 1928,

that I last saw her alive on Jan, 27, 1928,

and that death occurred, on the date stated above, at 8.15 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 19 ds.

CONTRIBUTORY (Secondary) Senility; Arterial Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. M. Gilbert M. D.

1/30, 1928 (Address) 415 Cedarcroft Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL 1/31 1928

20 UNDERTAKER Henry U. Mears & Emlen P. Calvert

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec– 12-23-21—E.B.R.S.—400 Bks.

E 30012

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30012

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. 616 Hamburg St. St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Pauline Schmikat

(a) Residence No. 616 Hamburg St. St., 21 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced. (Write the word.)
female	white	married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of August Schmikat

6-DATE OF BIRTH (month, day and year) July 20, 1846

7-AGE.	If LESS than 1 day.
81 yrs. 6 mos. 8 ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS:

10-NAME OF FATHER, Gatleib Winkelman

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), unknown

14- (Informant) August Schmikat

(Address) 616 Hamburg St.

15- Filed JAN 30 1928, 192 — C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 1/28/28

17- I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1927 to Jan. 28 1928

that I last saw her alive on Jan. 28 1928

and that death occurred, on the date stated above, at 1.50p.m

The CAUSE OF DEATH* was as follows:

Cardiac Asthenia

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Ch. Int. Neph.

(Duration) yrs. 6 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Urin Analysis

(Signed) [signature]

19 (Address) 1126 W. Cross St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park	Jan 31st 1928

20-UNDERTAKER E. Sloman Son — ADDRESS 1034 Hanover St.

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 30012

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30012

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 804 W 34 ST. 13 (WARD) 52

REGISTERED NO. 161-28

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Anthony

(a) RESIDENCE NO. 804 W 34 ST., 13 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. 3 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1/26/28

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	0	0	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Born md

PARENTS

10 NAME OF FATHER: Elmer Anthony

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto md

12 MAIDEN NAME OF MOTHER: Myrtle Robb

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto md

14 Informant (Address)

15 Filed ... 19 ... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-28 1928

17 I HEREBY CERTIFY, That I attended deceased from 1-26, 1928, to 1-28, 1928, that I last saw him alive on 1-28, 1928, and that death occurred, on the date stated above, at 5 50 m.

The CAUSE OF DEATH* was as follows:

Premature Gestation

(duration) ... yrs ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) ... M. D.

1/29 1928 (Address) 310 N Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: JAN 30 1928

20 UNDERTAKER: Commissioner Health,

ADDRESS:

JAN 30 1928

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30013

E 30013

CERTIFICATE OF DEATH

REGISTERED NO. 2121

1-PLACE OF DEATH

City of BALTIMORE: (No. Providence Hos St. (If not in hospital, Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Binnk

(a) RESIDENCE NO. 400 Austin St St. Ward F

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: C

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years — Months 18 — Days — IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town) Unknown

(State or country)

12 MAIDEN NAME OF MOTHER Annie Simms

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Informant .....

(Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 26 19 28

17 I HEREBY CERTIFY, That I attended deceased from Jan 23, 19 28, to Jan 26, 19 28, that I last saw h.. alive on Jan 26, 19 28, and that death occurred, on the date stated above, at 6.40 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

Primary

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Rickets

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Signs

(Signed) Fred D. Gainer M. D.

19 (Address) Providence Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL Date of Burial JAN 30 1928 19

20 UNDERTAKER C. HARRISON JONES M.D. COMMISSIONER OF HEALTH. ADDRESS

Par. ... & Adgar

JAN 30 1928

2121 RMR

E. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-28—M&T—500 Blks.

E 30014

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30014

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 Dryden Drive ST.) 28-66 WARD)

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary V. Sauerland

(a) RESIDENCE NO. 717 Dryden Drive ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. 3 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: white

5 ~~Single~~, ~~Married~~, Widowed, ~~or Divorced~~, (write the word): widow

5a If married, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of: Alexis P. Sauerland

6 DATE OF BIRTH (month, day, and year): 8 7 12/54

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	3	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Saml Morrow

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Margaret Walker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant: Mr. Imbach

(Address) 717 Dryden Drive

15 1928 C. HAMPSON JONES, M. D. 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 29 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 26 1927 to Jan 29 1928, that I last saw her alive on Jan 29 1928, and that death occurred, on the date stated above, at 3.50 P. m.

The CAUSE OF DEATH* was as follows:

Nephritis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Coma

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual tests

(Signed) H. C. Knight, M. D.

1928 (Address) 4025 Edmondson ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Feb 1 1928

20 UNDERTAKER: H. Fahey & Sons — ADDRESS: 1807 N. North

...mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should ...
... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU...
...TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30015

E 30015

CERTIFICATE OF DEATH.

REGISTERED NO. 160

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 33d + Calvert Sts ST. 28-b4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Betty Anne Jones

(a) RESIDENCE NO. 4306 Maine Ave, Forest Park Md ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 21 1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	9	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland
(State or country)

PARENTS

10 NAME OF FATHER Jackson C Jones

11 BIRTHPLACE OF FATHER (city or town) Maryland
(State or country)

12 MAIDEN NAME OF MOTHER Anna Armiger

13 BIRTHPLACE OF MOTHER (city or town) Maryland
(State or country)

14 Informant C Leo Jones
(Address) 4306 Maine Ave Forest Park

Filed JAN 30 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1928, to Jan 28, 1928, that I last saw her alive on Jan 28, 1928, and that death occurred, on the date stated above, at 5:45 P. m

The CAUSE OF DEATH* was as follows:

Extreme malnutrition

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wallace R Swadley, M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount — DATE OF BURIAL Jan 31 1928

20 UNDERTAKER Geo J Smith — ADDRESS 1382 Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 30016

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 30016

111-001

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital 610 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank J. Schramek.

(a) RESIDENCE NO. 604 N. Belnord Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. ---------- (If non-resident give city or town and State) How long in U. S., if of foreign birth? 20 ---------- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, widowed or divorced, HUSBAND of XXXXXXXXXXXXXXXX Annie Schramek.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	37	----------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Austria.

PARENTS

10 NAME OF FATHER Frank Schramek.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Austria.

12 MAIDEN NAME OF MOTHER Annie Bumba.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Austria.

14 Informant Charles Schramek. (brother)

(Address) 604 N. Belnord Ave.

15 Filed 1928 18 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) January 29, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Rupture of a gastric Ulcer.
operation

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) (duration) ....yrs. ....mos. ....ds.

(Signed) Otto Leonhardt M. D. (Coroner)

1/30 1928 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill Date of Burial Feb 1 1928

20 UNDERTAKER Frank Cronhardt ADDRESS 1916 Eutaw Pl

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 30017

CERTIFICATE OF DEATH.

E 30017

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 808 N. Shuter St., 1-12 Ward)

2-FULL NAME Elizabeth Hum

(a) RESIDENCE NO. 808 N Shuter St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Feb 19 1926

7 AGE: Years 1 | Months 8 | Days 10 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country)

PARENTS

10 NAME OF FATHER Jacob Hum

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Balto

12 MAIDEN NAME OF MOTHER Blanche Hubbard

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Balto

14 Informant Jacob Hum

(Address) 808 N Shuter St

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1928, to Jan 29, 1928, that I last saw her alive on Jan 29, 1928, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas. H. Smith, M. D.

Jan 30, 1928 (Address) 830 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Date of Burial Jan 31 1928

20 UNDERTAKER: Grant Coe & Son ADDRESS 1906 Eutaw

Filed Jan 31 1928 C. HAMPSON JONES, M. D. Registrar

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30018

E 30018

CERTIFICATE OF DEATH.

101-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 Gilmor ST. 16th WARD)

2-FULL NAME Della Brooks

(a) RESIDENCE NO. 619 Gilmor ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Chas J Brooks

6 DATE OF BIRTH (month, day, and year) May 15 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	55	8	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Step daughter

(Address)

C. HARRISON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 26 1928, to Jan 29 1928,

that I last saw her alive on Jan 28 1928

and that death occurred, on the date stated above, at 6 30 A. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) 0 yrs. 0 mos 3 ds.

CONTRIBUTORY (Secondary) none

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) R B Brennon, M. D.

, 19 (Address) 607 W Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Gmn DATE OF BURIAL Jan 31 1928

20 UNDERTAKER David Carson ADDRESS 916

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

JAN 30 1928

Spec.–7-17-26—A Co.—200 Bks.

Snowden

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30019 E 30019

CERTIFICATE OF DEATH

117

1-PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE: (No. Provident Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maggie Snowden

(a) RESIDENCE NO. 751 Dover St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ollie Snowden

6 DATE OF BIRTH (month, day, and year) 1897

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	31			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md

PARENTS

10 NAME OF FATHER Don't Know

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Ollie Snowden

(Address) 751 Dover St

15 Filed ... 19... Harrison Jones, M. D.

by ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-29-1928

17 I HEREBY CERTIFY, That I attended deceased from 1-7-, 1928, to 1-29, 1928, that I last saw h[illegible] alive on 1-29-, 1928, and that death occurred, on the date stated above, at 12.20 p. m.

The CAUSE OF DEATH* was as follows:

Ruptured appendix

Gangrene.

Diffused peritonitis

(duration) yrs. mos 2 2 ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1/26/28

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) C. L. Parkinson, M. D.

1/29 1928 (Address) Bos Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Mt Auburn Cem Jan 31 28

20 UNDERTAKER — ADDRESS

David Carson 516 Ga ave

NOTE—PRINT, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

E 30020

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30020

CERTIFICATE OF DEATH

74091

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1136 Argyle St. 17-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Delia Williams

(a) RESIDENCE NO. 1136 Argyle av St. 17 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Williams

6 DATE OF BIRTH (month, day, and year) 1844.

7 AGE	Years	Months	Days
	34		

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of Industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer Balto. city

9 BIRTHPLACE (city or town) Balto. city

(State or country)

PARENTS

10 NAME OF FATHER Thos H. Scott

11 BIRTHPLACE OF FATHER (city or town) Carlisle

(State or country) Pa.

12 MAIDEN NAME OF MOTHER Lena Caldwell

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md

14 Informant Mollie B. Scott

(Address) 1136 Argyle av

JAN 30 1928 19

by [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27th 1928

17 I HEREBY CERTIFY, That I attended deceased from April, 1927, to Jan 27, 1928, that I last saw h[illegible] alive on Jan 27, 1928, and that death occurred, on the date stated above, at 9.00 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical Signs

(Signed) Jas L. Hooper, M. D.

1.29, 1928 (Address) 962 W. Fayette.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial Jan 31/28

20 UNDERTAKER Dan Carton ADDRESS 916 W Fayette

NOTICE—MAKE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-28—M&T—500 Bks.

E 30021 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30021

CERTIFICATE OF DEATH.

65-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital (Ward) 25

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Panos

(a) RESIDENCE - No. 12 E. N. Read St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct - 1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3 -		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... no

(b) General nature of industry, business, or establishment in which employed (or employer) ..... no

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Little Lees md.

PARENTS

10 NAME OF FATHER Jack Panos

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Vasilia Petocacos

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Jack Panos

(Address) 615 W Fayette St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1928

17 I HEREBY CERTIFY That I attended deceased from Jan 25 1928 to Jan 30 1928, that I last saw him alive on Jan 30 1928 and that death occurred, on the date stated above, at 11 7 m. The CAUSE OF DEATH* was as follows: Acute myeloid leukaemia

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Br. pneu.

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phy. findings

(Signed) Wm Robertson M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. DATE OF BURIAL Jan 31 1928

20 UNDERTAKER Dent Carton ADDRESS 216 Dulaney

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30022

CERTIFICATE OF DEATH.

E 30022

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1721 W. Franklin St. (ST.) 14-27 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ann Celestine White

(a) RESIDENCE NO. 1721 W. Franklin St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry T. White

6 DATE OF BIRTH (month, day, and year) Feb. 6-1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	40	11	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William Forman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard Co. Md.

12 MAIDEN NAME OF MOTHER Mary Jane Garrison

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Accomac Co. Va.

14 Informant Henry T. White (Address) 1721 W. Franklin St

15 Filed , 19 RPA Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 28, 19 28

17

I HEREBY CERTIFY, That I attended deceased from Jan. 21, 19 28 to Jan 28th. 19 28

that I last saw her alive on Jan. 27th. 19 28

and that death occurred, on the date stated above, at 10; a. m.

The CAUSE OF DEATH* was as follows:

Mitral Ins.

(duration) yrs. 8 mos 28 ds.

CONTRIBUTORY (Secondary) Broken Cardiac Comp.

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? At place of death.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam.

(Signed) Walter J. Jackson, M. D.

(Address) 1651 W. Franklin St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pt Lookout Cem | DATE OF BURIAL Jan 31 19 28

20 UNDERTAKER Daniel Easton ADDRESS 916 Penna ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30023

CERTIFICATE OF DEATH.

17 2 E 30023

1-PLACE OF DEATH

City of BALTIMORE: (No. Mt. Vernon Place. St. 17-50 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph E. Russell Jr.

(a) RESIDENCE NO. 2442 N. Calvert St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 82 yrs. 8 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

3a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) May 27, 1895

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	82	8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrician

(b) General nature of industry, business, or establishment in which employed (or employer) 29

(c) Name of employer 0

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Joseph E. Russell Sr.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary L. Darragh

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Robert I Russell. (brother)

(Address) 8125 Guilford Ave.

JAN 30 1928 C. HAMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 28, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide while mentally deranged. Fracture of the skull and crushed [illegible] about the body by jumping from the Washington Monument.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signature) Otto M. Reinhardt M. D.

(Coroner)

1/30 19 28 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL new Cathedral Date of Burial Jan 31 19 28

20 UNDERTAKER John A. Moran ADDRESS 3000 E. Balto.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30024 E 30024

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Sydenham Hospital St. 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillian Adams

(a) RESIDENCE NO. 2001 Druid Hill Ave St. Ward

(Usual place of abode) Brooks

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct 2, 1925

7 AGE — Years: 2 Months: 3 Days: 28 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Ohio

PARENTS

10 NAME OF FATHER: Perde Adams

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Unknown

12 MAIDEN NAME OF MOTH: Willie Ruth Adams

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Unknown

14 Informant: St. Katherines Home

(Address): 2001 Druid Hill Ave

15 Filed C. HAMPSON JONES, M. D. Registrar

JAN 30 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 30 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 23, 1928, to Jan 30, 1928, that I last saw her alive on Jan 30, 1928, and that death occurred, on the date stated above, at 8 30 a. m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron S. Tuck, M. D.

1/30, 1928 (Address) Sydenham Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ga

Date of Burial: 2/1 1928

20 UNDERTAKER: Thomas Brantley

ADDRESS: [illegible]

NOTICE: FAILURE IN FURNISHING THIS IS A PERMANENT RECORD. Every item of the information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 30025

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30025

CERTIFICATE OF DEATH.

90 -

1-PLACE OF DEATH

City of BALTIMORE: (No. 1519 Kenseth St. 1359 Ward) Registered No. C.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Frederick Herman

(Residence in Baltimore: No. 1519 Kenseth St. 29 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widower

6-DATE OF BIRTH. May (Month) 29, (Day) 1861 (Year)

7-AGE. 66 yrs. 7 mos. 30 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. motorman
(b) General nature of Industry, business, or establishment in which employed (or employer). United Railways

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Frederick Herman

11-BIRTHPLACE OF FATHER, (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Amelia Klund

13-BIRTHPLACE OF MOTHER, (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs L. Gould

(Address) 1805 Royston Avenue

15-

Date received JAN 30 1928, 191. C. HAMPSON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan (Month) 28 (Day) 1928 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or Inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows: Acute Dilatation of Heart

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner)

1/30 1928 (Address) 3632 Parkside

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death. yrs. mos. ds. In the State. yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Druid Ridge — DATE OF BURIAL. Jan 31, 1928

20-UNDERTAKER. E. LeRoy Stiffler — ADDRESS 12 E North Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30026

CERTIFICATE OF DEATH.

E 30026

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2715 Tivoly Ave St. 4-46 Ward)

2-FULL NAME George Knauer, Sr.

(a) RESIDENCE NO. 2715 Tivoly Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Knauer

6 DATE OF BIRTH (month, day, and year) Nov 9/1855

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	72	2	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particulnr kind of work Retired Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unkno n

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Wife

(Address)

15 Date 1928 C. HAMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) History Angina Pectoris

(duration) 2 yrs. mos. ds.

(Signed) [signature] M. D.

(Coroner)

1/30/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usnal residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Louden Park Cem Date of Burial Jan 31st 1928

20 UNDERTAKER Geo Schillinglaw Sons ADDRESS 1126 E Monument

(Filed) Jan 31 1928 Registrar

(tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.)

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30027

CERTIFICATE OF DEATH.

90 E 30027

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1630 Bolton St. 14-20 (Ward)

2-FULL NAME Margaret B. Grey

(a) RESIDENCE NO. 1630 Bolton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): 1847

7 AGE: Years 81; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer): Private

(c) Name of employer: Mrs. Faulkner

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Washington Grey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Ruth Walker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Wilhelmina Grey

(Address): 1630 Bolton St.

Filed: NOV 13 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 25 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 25 1927 to Jan 25 1928

that I last saw h alive on Jan. 24 1928

and that death occurred, on the date stated above, at 8 A.M. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) None that I know of

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. J. Lucchio, M. D.

1928 (Address) 924 Mosher Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Baltimore Sparks Md.

DATE OF BURIAL: Jan 31 1928

20 UNDERTAKER: John H. Owens

ADDRESS: 5-38 Rockland Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30028

CERTIFICATE OF DEATH

46

1-PLACE OF DEATH Hampton Court Apts — REGISTERED NO. E 30028

City of BALTIMORE: (No. 309 Dolphin St. 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Tolchester Thompson

(a) RESIDENCE NO. Hampton Court Apartments St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ralph Pinson Thompson

6 DATE OF BIRTH (month, day, and year) Aug. 4 1862

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	65	6	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Ohio

PARENTS

10 NAME OF FATHER Samuel S. Tolchester

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Pa

12 MAIDEN NAME OF MOTHER Ann Harper

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Pa

14 Informant Ralph Thompson

(Address) Takoma City Md.

15 Filed JAN 31 1928 HAMPSON JONES, M. D. Registrar

Fee

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

January 30 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1928, to Jan 30, 1928, that I last saw h alive on Jan 30, 1928, and that death occurred, on the date stated above, at 12.55 P m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cancerous Ulcer

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Md.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical exam

(Signed) Chas. O. Cairnaught M. D.

1/30 1928 (Address) 9E. Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Springfield Ohio — Date of Burial Jan 31st 1928

20 UNDERTAKER Henry W. Jenkins Sons Co — ADDRESS McCulloh & Orchard

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 30029

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 30029

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3440 Chestnut Ave (St.) (Ward) 13-54 129

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Philip Pearson

(a) RESIDENCE NO. 3440 Chestnut Av St. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Agnes C. Pearson

6 DATE OF BIRTH (month, day, and year) Mar 19-1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	67	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chemist

(b) General nature of industry, business, or establishment in which employed (or employer) 0-10

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Philip Pearson

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Elenora Bloodworth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mrs Agnes C Pearson

(Address) 3440 Chestnut Ave

15 Filed JAN 31 1925, 19... H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 19 25

17 I HEREBY CERTIFY, That I attended deceased from Dec ..., 19 25, to Jan 29, 19 25

that I last saw him alive on Jan 29, 19 25

and that death occurred, on the date stated above, at 8-30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Hypertension

Nephritis

(duration) 3 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) ... yrs. ... mos. ½ ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) W W Smith, M. D.

1/30, 19 25 (Address) 3429 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Sunday | DATE OF BURIAL 2/1, 19 25

20 UNDERTAKER A S Marshall | ADDRESS 3539 Fallsroad

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30030

CERTIFICATE OF DEATH.

E 30030

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Lunacy Hospital St. 17-50 WARD)

2-FULL NAME Lydia E Carter

(a) RESIDENCE NO. Ashby. St. Anne Arundel Co WARD

(Usual place of abode)

Length of residence in city or town where death occurred 79 yrs. 0 mos. 10 28 days ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Isaac N. Carter

6 DATE OF BIRTH (month, day, and year): [illegible] 19-1849

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
79	0	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): "

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Enoch Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Mary Royston

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Thomas Carter

(Address): Arnold P.O. R.F.D.

15 Filed JAN 31 1928 19 [illegible] (Registrar.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 27 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1928, to Jan 27, 1928, that I last saw her alive on Jan 24, 1928 and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach + Intestines

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary): old age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A. E. Bauer M. D.

1/31 1928 (Address) 3907 Harrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem. DATE OF BURIAL: Jan 31 1928

20 UNDERTAKER: D. W. Tucknott Sons ADDRESS: N. Ave

THION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

71-001

E 30031

CERTIFICATE OF DEATH.

E 30031

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. John Hopkins Hospital St., 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Danniela Hagerty

(a) RESIDENCE NO. 2616 Fait Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 8/27

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General natnre of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William Hagerty

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER xxx Cichocki

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Mother

(Address)

15 Filed ..... 19 ..... CLARKSON JONES, M. D.

Registrar

JAN 31 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Meningitis (Probably Pneumonoccus)

(dnration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(dnration) .....yrs. .....mos. .....ds.

(Signed) J. H. Hall, M. D.
(Coroner)

1/31/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL H. Greenlawn, Date of Burial 1/31 1928

20 UNDERTAKER F. W. Ogorzewski ADDRESS 1930 Eastern ave

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 30032

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 30032

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
In Church
City of BALTIMORE: (No. Laurence & Madison Ave St., 15-71 Ward)

2-FULL NAME Samuel Franklin

(a) RESIDENCE NO. 1510 N. Monroe St. Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 Color or Race: colored
5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Eliza Franklin

6 DATE OF BIRTH (month, day, and year): About 1865

7 AGE: Years 63; Months; Days; IF LESS than 1 day ..hrs. or ..min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: United R.R.

9 BIRTHPLACE (city or town): _____
(State or country): Va. Co. Md.

PARENTS

10 NAME OF FATHER: Unknown
11 BIRTHPLACE OF FATHER (city or town): _____
(State or country): Unknown
12 MAIDEN NAME OF MOTHER: Harriet Barnett
13 BIRTHPLACE OF MOTHER (city or town): _____
(State or country): Md.

14 Informant: Ernest Franklin
(Address) 153 Bruce St.

15 Filed ..., 19.. H. ... Registrar
JAN 31 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 27, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the date stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary): no other history

(duration) ... yrs. ... mos. ... ds.

(Signed) D. F. Hennessy M. D.
(Coroner)

1928 (Address) 252 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn cemetery — Date of Burial: Feb 1 1928

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 1303 Pressman St.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Blks.

E 30033

HEALTH DEPARTMENT—CITY OF BALTIMORE

10 E 30033

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Highland Tan

CITY OF BALTIMORE (No. 910 S. Second St. 1-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alvin Sutt

(a) RESIDENCE. No. 910 S. Second St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 6 yrs. 10 mos. 5 ds. How long in U. S., if of foreign birth? 6 yrs. 10 mos. 5 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Mar 25 1921

7 AGE — Years: 6 — Months: 10 — Days: 5 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: infant

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Jacob Sutt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Lithuania

12 MAIDEN NAME OF MOTHER: Agnes Kaminte

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Lithuania

14 Informant (Address): Jacob Sutt 910 S. Second St.

Filed JAN 31 1928 — H. LLOYD JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jany 30 1928

17 I HEREBY CERTIFY, That I attended deceased from Jany 27 1928 to Jany 30 1928.

that I last saw h im alive on Jany 29 1928.

and that death occurred, on the date stated above, at 9 30 A m.

The CAUSE OF DEATH* was as follows:

Paralysis following Diphtheria

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Asthma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms Culture &

(Signed) Geo. L. Peckham M. D.

(Address) 224 E 39 St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal**, or **Homicidal**. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: 1/31 1928

20 UNDERTAKER: Chas B. Buchanan & Son — ADDRESS: 637 S Paca St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30034
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90

E 30034
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Mercy Hospital St. 11-15 (Ward)

2-FULL NAME Ferdinand F. Engelhaupt

(a) RESIDENCE No. 627 N. Calvert St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 5 — 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	—	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Book-Keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Adam Engelhaupt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary C. Steubert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Miss Emma Engelhaupt

(Address) 805 Mennington Ave

15 Filed .19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 — 1928

17 I HEREBY CERTIFY, That I attended deceased from 1-17-1928 .19 to 1-29-1928 .19

that I last saw h~~e~~ alive on 1-29-1928 .19

and that death occurred, on the date stated above, at 2:30 A.M.

The CAUSE OF DEATH* was as follows:

Myocarditis
Cystitis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical findings

(Signed) Wm Holmes M. D.

.19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: 1/31/1928

20 UNDERTAKER: Chas. P. Crane & Son — ADDRESS: 1100 W. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 30035

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 E 30035

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSP ST. 3-5 WARD)

2-FULL NAME Harry Ribnick

(a) RESIDENCE No. 1125-E Pratt St ST. WARD City

(Usual place of abode)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Ribnick

6 DATE OF BIRTH (month, day, and year) Feb 11, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	44	11	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Iron Worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Morris Ribnick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Minnie Levy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant (Address) Friends -

15 Filed . C. HAMILTON RILEY, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 28 1927 to Jan 30 1928, that I last saw him alive on Jan 31 1928 and that death occurred, on the date stated above, at 7 35 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage

Subacute Nephritis

Uremia

(duration) yrs 4 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Lyman Mills, M. D.

Jan 31 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Lebanon

DATE OF BURIAL 1-31 1928

20 UNDERTAKER Jack Levine

ADDRESS 1439 E Pratt.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30036

CERTIFICATE OF DEATH.

129

E 30036

1-PLACE OF DEATH Hebrew Home for Aged REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2200 E. Balto St (St.) 6-10 (WARD)

2-FULL NAME Minnie Peiffer

(a) RESIDENCE NO. 2200 E Balto St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? 29 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Philip Peiffer

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
80	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work old age

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant A. Levin

(Address) 2317 Parkhurst ave

15 Filed ... 19 ... Registrar

JAN 31 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31 19 28

17

I HEREBY CERTIFY, That I attended deceased from Jan. 1928, to Jan 30, 1928, that I last saw h[illegible] alive on Jan 30, 1928 and that death occurred, on the date stated above, at 6 4 m.

The CAUSE OF DEATH* was as follows:

ch. nephritis,

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address) 1800 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herring Run DATE OF BURIAL Jan 31 1928.

20 UNDERTAKER Jack Levin ADDRESS 1939 E Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

Dr McCarthy Coroner's Notary

E 30037 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

E 30037

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1911 N Payson St. 15-60 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lyson B McGreevy

(a) Residence No. 1911 N Payson St., Ward

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX M

4-COLOR OR RACE W

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Solomon A McGreevy

6-DATE OF BIRTH (month, day and year) June 11, 1841

7-AGE 86

57 yrs. 0 mos. 11 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) NO

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Md

PARENTS

10-NAME OF FATHER, Edward Salsbury

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Martha Pennington

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Mary E Daly

(Address) 1911 Payson St

15- Filed JAN 31 1928 19

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 22 1928

17- I HEREBY CERTIFY, That I attended deceased from Jan 24 1928 to Jan 29 1928

that I last saw him alive on Jan 28 1928

and that death occurred, on the date stated above, at 9P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chr Nephritis

(Duration) yrs. mos. ds

CONTRIBUTORY (Secondary) Dementia

(Duration) yrs. mos. 7 ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J Guy McCleary M D

1/30. 1928 (Address) 400 N Payson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Calvert

DATE OF BURIAL. 2/1 1928

20-UNDERTAKER J H Cook

ADDRESS 502 E Fayette

In plain words, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 30038 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-E 30038

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1201 McCulloh ST. 11-24 WARD)

2-FULL NAME Miss Lillie Doellinger (Charlotte L Doellinger)

(a) RESIDENCE No. 1201 McCulloh ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 12. 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	4	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt Md

PARENTS

10 NAME OF FATHER Louis Doellinger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mother Simcom

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Frederick Doellinger

(Address) 1201 McCulloch St

JAN 31 1928 H. HAYSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 23, 1928, to Jan 30, 1928

that I last saw her alive on Jan 30, 1928

and that death occurred, on the date stated above, at 1:00 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar and Influenza

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Pneumonia Lobar Influenza — (duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) Frances A. Carpenter, M. D.

1-30, 1928 (Address) Medical Arts Building

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon

DATE OF BURIAL 2/2 1928

UNDERTAKER Jno C Cook

ADDRESS 322 E Madison

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 30039

HEALTH DEPARTMENT—CITY OF BALTIMORE

Registered No. E 30039

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE, (No. 248 South Wolfe St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Edward

(a) Residence No. 248 South Wolfe St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Ivan Edward

6-DATE OF BIRTH (month, day and year) 1-4-1900

7-AGE 27 yrs. 1 mos. 23 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER Edward Madyoshy

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Poland

12-MAIDEN NAME OF MOTHER Sophia Madyshy

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Poland

14- (Informant) Helen Holmes

(Address) 248 South Wolfe

15- Filed JAN 31 1928 HARRISON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 27-28

17- I HEREBY CERTIFY, That I attended deceased from July 25 19 27 to Jan 27 19 28

that I last saw h alive on Jan 27 19 28

and that death occurred, on the date stated above, at 7:45 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William H. Davis M. D.

Jan 30 28 (Address) 2019 Edmondson

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cemetery

DATE OF BURIAL 1/31 1928

UNDERTAKER William Cook

ADDRESS 502 E North Ave

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

DO NOT SHOULD BE CERTAINLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30040

CERTIFICATE OF DEATH.

74-001

E 30040

1-PLACE OF DEATH

City of BALTIMORE: (a) Hygienic Hospital St. [illegible] Ward

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William D. Creydt

(a) RESIDENCE NO. 2644 Frisby St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred: Life yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mollie Creydt

6 DATE OF BIRTH (month, day, and year): Sept 4, 1865

7 AGE: Years 62 Months 4 Days 24 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Switchman

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: B & O R R

9 BIRTHPLACE (city or town): Md

(State or country)

PARENTS

10 NAME OF FATHER: Herman Creydt

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Mollie Burke

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md

14 Informant: Mollie Creydt

(Address): 2644 Frisby St

15 Filed [illegible] 19 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/28 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest

(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Thrombosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [signature] M. D.

(Coroner)

1/30, 1928 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Date of Burial 1/1 1928

20 UNDERTAKER: Pitkin Cook ADDRESS 502 E Monument

Spec.—1-12-23—M&T—500 Blks.

E 30041

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30041

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3704 Copley Rd ST. 15-62 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie Schaub

(a) RESIDENCE NO. 3704 Copley Rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ or WIFE of L. Wm Schaub.

6 DATE OF BIRTH (month, day, and year) Nov 1-1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54.	3.	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto md.

PARENTS

10 NAME OF FATHER Ferdinand Valkert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Minnie Emmel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant L. Wm Schaub (Address) 3704 Copley Rd

15 Filed JAN 31 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 30, 1926, to Jan 30, 1928,

that I last saw her alive on Jan 29, 1928,

and that death occurred, on the date stated above, at a. m.

The CAUSE OF DEATH* was as follows:

Sarcoma of 4 dorsal vertebra

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Metastasis to lungs

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Tissue of gland.

(Signed) [illegible], M. D.

, 19 (Address) 1221 Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Feb 1, 1928
20 UNDERTAKER	ADDRESS
Lowland	1026 Hartford

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

Dr Cron 28 W 25th St

E 30042

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30042

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 208 N 27th St., 12-51 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elias St Clair Cheney

(a) Residence No. 208 N 27th St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: M

4-COLOR OR RACE: W

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Minnie B Cheney

6-DATE OF BIRTH (month, day and year): Aug. 18, 1872

7-AGE: 55 yrs. 5 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Builder

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Md

PARENTS.

10-NAME OF FATHER: Elias Cheney

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Md

12-MAIDEN NAME OF MOTHER: Minnie Van Cor

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Md

14- (Informant): Minnie B Cheney

(Address) 208 N 27th St

15- Filed JAN 31 1928 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Jan 29 1928

17- I HEREBY CERTIFY, That I attended deceased from Oct 12th 1927 to Jan. 29th 1928 that I last saw him alive on Jan. 29th 1928 and that death occurred, on the date stated above, at 11 P. M.

The CAUSE OF DEATH* was as follows:

Carcinoma Cervix

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Exhaustion

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) Lemuel Cron M. D.

, 19 (Address) 28 W 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet

DATE OF BURIAL: 1928

20-UNDERTAKER: Wilhom Cook

ADDRESS 502 E North Ave

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 30043 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 30043
Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1950 W Franklin St. W-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William R Hunter

(a) Residence No. 1952 W Franklin St., Ward
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, W.

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Joanna Hunter

6-DATE OF BIRTH (month, day and year) May 1, 1840

7-AGE. 87 yrs. 8 mos. 29 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) Self 015

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

11- (Informant) Joanna Hunter

(Address) 1952 W. Franklin St

15- Filed JAN 31 1928 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 30, 1928

17- I HEREBY CERTIFY, That I attended deceased from Jan 8, 1928 to Jan 30, 1928 that I last saw h. alive on Jan 30, 1928 and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

1/31 (Signed) C. H. G. Jones M. D.

(Address) 720 N North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, London Park — DATE OF BURIAL, 2/4, 1928

20-UNDERTAKER, H. W. Cook — ADDRESS 5029 North Ave

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30044 E 30044

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2464 ST. WARD) REGISTERED NO. 100-00

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael Matthews (or Quinn)

(a) RESIDENCE No. 418 S. Pulaski ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3/10/1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	42	10	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work machinist

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

9 BIRTHPLACE (city or town) Fort Wayne Indiana
(State or country) Maryland

PARENTS

10 NAME OF FATHER Ed Matthews

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland.

12 MAIDEN NAME OF MOTHER Mary Heathman

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ohio

14 Informant
(Address) Records.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/29/1928

17

I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1928, to Jan. 29, 1928, that I last saw him alive on Jan. 29, 1928 and that death occurred, on the date stated above, at 5:30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & Sec

(Signed) C. Holmes Dwight, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fort Wayne Indiana

DATE OF BURIAL 12/5 1928

20 UNDERTAKER H. C. Brannigan Son

ADDRESS 1136 Bolton

TION is very important See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30045

CERTIFICATE OF DEATH.

1928 E 30045

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Near Monument & Highland Ave Ward) 2213

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elijah Bedford

(a) RESIDENCE NO. 1610 E. Monumant St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa Bedford

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman ~~Watchman~~ 62

(b) General nature of industry, business, or establishment in which employed (or employer) Brick Yard

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md

PARENTS

10 NAME OF FATHER John Bedford

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Betsy Gould

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Wife

(Address)

15 Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29/20 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably froze to death.
(Was found dead in snow Sunday morning Jan 29/28)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Collins M. D.
(Coroner)

1/31/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery Date of Burial Jan 31 1928

20 UNDERTAKER Edward Bryan ADDRESS 1631 Orleans st

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 30046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 30046

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 309 N Caroline ST. 6-9 (WARD)

2-FULL NAME Lulu E. Welch

(a) RESIDENCE NO. 309 N Caroline ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

5a If married, widowed, or divorced (or) WIFE of George Welch

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	about 42	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER James Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Rochester Co Va

12 MAIDEN NAME OF MOTHER Amelia Hopkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Rochester Co.

14 Informant Clara Brown (sister)

(Address) 309 N Caroline st

15 Filed JAN 31 1928 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov [illegible], 1927, to Jan 28, 1928, that I last saw her alive on Jan 27 1928, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) yrs. 3 mos ds.

CONTRIBUTORY (secondary) Rheumatism Acute & Chronic Osteomyelitis Femur Amputation (duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R J Young, M. D.

1/29 1928 (Address) 1429 Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetary DATE OF BURIAL Jan 31 1928

20 UNDERTAKER W. J. H. Rochester ADDRESS 1443 Jefferson St

CAUSE OF DEATH must be given in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 30047 HEALTH DEPARTMENT—CITY OF BALTIMORE

31 E 30047

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 631 W Conway St. 22-30 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daisy Johnson

(a) RESIDENCE NO. 631 W. Conway St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Clifton Johnson

6 DATE OF BIRTH (month, day, and year): Dec. 18-1880

7 AGE: Years 37 Months 1 Days 10 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (City or town): Millwood

(State or country): Va

PARENTS

10 NAME OF FATHER: Robert Holmes

11 BIRTHPLACE OF FATHER (City or town):

(State or country): Va

12 MAIDEN NAME OF MOTHER: Eliza Winn

13 BIRTHPLACE OF MOTHER (City or town):

(State or country): Va

14 Informant: Eliza Johnson

(Address) 639 W Conway

15 Filed JAN 31 1928 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 28 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pul Tb.

(duration) 2 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. ds.

1928 (Coroner) M. D.

19 (Address) 143 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the state yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Arbutus Cem Date of Burial Jan 31 28

20 UNDERTAKER: Lemmon & Hinds ADDRESS 518 N Bel Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

Belcher

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-cor ✓

E 30048

CERTIFICATE OF DEATH

E 30048

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1700 Eutaw Place St. 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Esther W. Bagot Belcher

(a) RESIDENCE NO. 1700 Eutaw Place St. Ward Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louis Belcher

6 DATE OF BIRTH (month, day, and year) April-10-1854

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
	73	9	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Brooklyn

(State or country) New York

PARENTS

10 NAME OF FATHER Thomas Bagot

11 BIRTHPLACE OF FATHER (City or town) ? ?

(State or country) England

12 MAIDEN NAME OF MOTHER Susan Flockin

13 BIRTHPLACE OF MOTHER (city or town) Brooklyn

(State or country) New York

14 Informant Mr. Louis Belcher (husband)

(Address) 1700 Eutaw Place.

15 Filed Feb 1 1928 Registrar

For RLH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1928 Jan 30

17 I HEREBY CERTIFY, That I attended deceased from ..... 19 27 to Jan 30 19 28

that I last saw her alive on Jan 30 19 28

and that death occurred, on the date stated above, at 8 55 P. M.

The CAUSE OF DEATH* was as follows:

Pericarditis due Uraemia

(duration) 4 yrs. mos. da.

CONTRIBUTORY (Secondary) Bronchio Pneumonia

(duration) yrs. mos. 4 da.

18 Where was disease contracted At home.

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Joseph S. Swadlow M. D.

, 19 (Address) 2348 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional spaces.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Greenmount Cemetery Baltimore Feb-1-28 19

20 UNDERTAKER Stewart & Company ADDRESS Baltimore

How should be entered. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 30049

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

105 E 30049

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 311 So. Bentalou (St.) (Ward) 20-6

2-FULL NAME Kungunda Eberlein

(a) RESIDENCE NO. 311 So. Bentalou St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Paul Eberlein

6 DATE OF BIRTH (month, day, and year): Oct 1st 1848

7 AGE: Years 79 Months 3 Days 27

IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED:

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 03

(c) Name of employer

9 BIRTHPLACE (city or town): Germany

(State or country)

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

PARENTS

14 Informant: Chas Eberlein

(Address) St Mary's ave Woodberry

15 Filed JAN 31 1928 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 28 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest / Examination) (City or Inquiry) thereon and from the evidence obtained (at said inquest / by said examination) find that said deceased came to (her) death (by violence / by casualty / by suicide / by accident / by negligence / by criminal act / by casualty, suicide or accident / by casualty or suicide / by casualty or accident / by suicide or accident

Spec.—1-12-23—M&T—500 Bks.

E 30050

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 30050

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3425 Roland Ave (WARD) 57

2-FULL NAME Leona A Hughes

(a) RESIDENCE NO. 3425 Rolands Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of: Charles L Hughes

6 DATE OF BIRTH (month, day, and year): Aug 20 1897

7 AGE: Years 30 | Months 5 | Days 8. | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: John P Deering

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Charles L Hughes (Address): 3425 Rolands Ave

15 Filed JAN 31 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 28 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 18, 1928, to Jan 28 1928.

That I last saw her alive on Jan 28, 1928

And that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis: Physical Examination

(Signed) A. J. Hanes M. D.

1-30 1928 (Address) 800 E 33rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Jan 31 1928

20 UNDERTAKER: Chenoweth Son — ADDRESS: 3617 Chestnut Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 30051

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 E 30051

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1404 Riggs Ave. ST. 16-22 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Dorsey

(a) RESIDENCE NO. 1404 Riggs ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Howard Dorsey

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: Years 29 | Months 4 | Days 4 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Housework

(c) Name of employer: [illegible]

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: [illegible]

11 BIRTHPLACE OF FATHER (city or town) (State or country): [illegible]

12 MAIDEN NAME OF MOTHER: [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country): [illegible]

14 Informant: Howard Dorsey (Address) 1379 Brun

15 Filed JAN 31 1928 HAMILTON WOOD, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 25 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 8 1927 to Jan 1928, that I last saw her alive on Jan 25 1928, and that death occurred, on the date stated above, at 5.15 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) Indefinite yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Charles E. Cloak M. D.

Jan 27 1928 Address: 3214 Piedmont ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cemetery — DATE OF BURIAL: Jan. 31, 1928

20 UNDERTAKER: Mrs Kate R. Williams — ADDRESS 527 N. Schroeder St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30052

CERTIFICATE OF DEATH.

31 E 30052

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1034 Spence ST. (WARD)

2-FULL NAME William Bellhoff, BELLHOFF

(a) RESIDENCE No. 1034 Spence ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April - 904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	9	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shipping Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Ship

(c) Name of employer: Montgomery Ward & Co

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Earl Bellhoff

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Amelia Steinke

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Amelia Bellhoff

(Address) 1034 Spence St Phone 1R

15 Filed 3 1 1928 C. HAMPSON JONES, M. D. Registrar

16 Recd

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 28, 1928

17 I HEREBY CERTIFY, That I attended deceased from October 6, 1927, to Died, 19

that I last saw h alive on January 27, 1928,

and that death occurred, on the date stated above, at 2.45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Tuberculosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Wm A Strauss, M. D.

1/28, 1928 (Address) 1201 Guilford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Violet Lawn — DATE OF BURIAL: 2-1 28

20 UNDERTAKER: McCrand & Ridle — ADDRESS: 2327 Edmondson Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

Vorlaufer

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 30053

CERTIFICATE OF DEATH.

E 30053

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. ST. 15-21 WARD)

2-FULL NAME Margaret Vorlaufer

(a) RESIDENCE NO. 1913 Monroe ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	M.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late George Vorlaufer

6 DATE OF BIRTH (month, day, and year) April 6 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67 yrs.	9	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER George J. Schaub

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Schaub

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) L. Geo. Vorlaufer. 1913 Monroe st

15 Filed JAN 31 1928 H. A. KELLER, M. D. Registrar

Filed

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan-11-, 1928, to Jan 28, 1928

that I last saw h[illegible] alive on Jan 28, 1928

and that death occurred, on the date stated above, at 1 00 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma at head of Pancreas.

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Generalized Peritonitis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Cholecystostomy.

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Wm Robertson M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery.	Feb 1 1928

20 UNDERTAKER George J. Ruch ADDRESS 1735 Harford Av

CAUSES OF DEATH MUST BE PLAINLY WRITTEN, so that it may be properly classified. EACH SPACE MUST BE OCCUPIED. See instructions on back of certificates. ATION is very important.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 30054

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30054

CERTIFICATE OF DEATH.

60-006

Registered No. 27-48

1-PLACE OF DEATH 2nd House West of York Road

City of BALTIMORE: (N. Notre Dame Cem. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Genevieve Knowles

(a) Residence No. Notre Dame Lane St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. (If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Ernest Knowles

6-DATE OF BIRTH (month, day and year) Aug 9th 1894

7-AGE 33 5 20

34 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Baltimore Md

PARENTS

10-NAME OF FATHER John Hessner

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER Emma E. Brady

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Adams Co Pa

14- (Informant) Ernest Knowles

(Address) Notre Dame Cem.

15- C. HAMPSON JONES, M. D.

Filed Jan 31 1928 Per 192 Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 29-28

17- I HEREBY CERTIFY, That I attended deceased from Dec 7 1927 to Jan 29 1928

that I last saw h alive on Jan 29 1928

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Hypothyroidism - Exophthalmic Goitre

Chr Ent. Nephritis

Chr Myocarditis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) 1 Hours

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) D. H. Bishop M. D.

Jan 30, 1928 (Address) 521 Shrader A.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Feby 1st 1928

20-UNDERTAKER Wm J. Hartwell ADDRESS 1025 W. Franklin St

instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30055 45 E 30055

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Marlborough Apts. 8 A.A. ST. 14-20 WARD)

2-FULL NAME Moses Mandelbaum

(a) RESIDENCE NO. Marlborough Apts. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 11th. 1857.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	70	1	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer H. Sonneborn & Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Goetz Mandelbaum.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Jeannette Strasburger.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Mrs. Schoen

(Address) Emersonian Apts.

15 Filed 31 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany. 30th. 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 24, 1927, to Jany 30, 1928, that I last saw h alive on Jany. 29, 1928 and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

CARCINOMA of RECTUM

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Myocarditis — angina 5 y ears

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical data

(Signed) Louis P Hamburger, M. D.

Jany 31, 1928 (Address) 1207 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Oheb Shalom Cem. DATE OF BURIAL 2/1/ 1928

20 UNDERTAKER Ward Londheim ADDRESS 118 20 W mt. Royal Ave.

TION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 30056

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30056

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 544½ N Gay ST. 5th (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Simon Steinberger

(a) RESIDENCE NO. 544½ N Gay ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of None

6 DATE OF BIRTH (month, day, and year) April 16 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	9	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sales Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) 66

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Marion

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Esther Small

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Moses Steinberger

(Address) 544½ N. Gay St

15 1 31 1928 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 27 1928 to Jan 30 1928, that I last saw him alive on Jan 30 1928, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Carcinoma of Stomach

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John D. Peck M. D.

1/31 1928 (Address) 936 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Hebrew Cemetery

DATE OF BURIAL Feb 1 1928

20 UNDERTAKER J. Chenoweth & Co

ADDRESS 2432 Riverstown Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 30057 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 30057

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mt. St. Joseph's College St. 28-74 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Brother Maurice White

(a) Residence No. Mt. St. Joseph's College St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White.

5-~~Single, Married, Widowed, or Divorced.~~ (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) 3/13/1842

7-AGE 85 yrs. 10 mos. 17 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Teacher.
(b) General nature of industry, business, or establishment in which employed (or employer) 065
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14-
(Informant) Bro. Dunstan
(Address) Mt. St. Joseph Col.

15-
Filed JAN 31 1928 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1/30/28

17- I HEREBY CERTIFY, That I attended deceased from Nov. 14 1927 to Jan. 30 1928 that I last saw him alive on Jan. 30 1928 and that death occurred, on the date stated above, at 8 P. M.

The CAUSE OF DEATH* was as follows:
Senile arteriosclerosis. Chronic myocarditis & Chronic tuberculosis of the lungs.

(Duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Path. Examination

(Signed) John F. Chance M. D.

1/31 1928 (Address) 804 Cathedral St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Cathedral	Feb. 1st 1928

20-UNDERTAKER.	ADDRESS
Thos. A. Wanless & Son	783 Hanover

instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 30058

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30058

CERTIFICATE OF DEATH.

124

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph Hospital ST., 9th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vincenza Orlando

(a) RESIDENCE NO. 535 N. Rose ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND (or) WIFE of Mario Orlando

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H. W.

(b) General nature of industry, business, or establishment in which employed (or employer) — —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Mario Orlando

(Address) 535. N. Rose. St.

15 Filed JAN 31 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-28 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 23, 1928, to Jan 28, 1928, that I last saw h e alive on Jan 28, 1928 and that death occurred, on the date stated above, at 6-00 m.

The CAUSE OF DEATH was as follows:

Acute Cholecystitis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 1-24-28

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Clarence Fahey M. D.

, 19 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery DATE OF BURIAL 2/1 1928

20 UNDERTAKER Geo J Ruth ADDRESS 1735 Harford ave

TION is very important See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30059

E 30059

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: 4222 E. Woodlea Ave WARD 41

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Dorothy Varnhorn

(a) RESIDENCE 4222 E Woodlea Ave WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Varnhorn

6 DATE OF BIRTH (month, day, and year): 6/11/1866

7 AGE: Years 61 Months 7 Days 11 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Jos Mace?

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Do not Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Mrs J Varnhorn

(Address) 4222 Woodlea Ave

15 Filed 31 1928 19 C. HAMPSON JONES, M. D. Registrar ACH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): JAN 26 1928

17 I HEREBY CERTIFY, That I attended deceased from July 25 1927 to Jan 26 1928

that I last saw her alive on Jan 26 1928

and that death occurred, on the date stated above, at 9:50 P. m.

The CAUSE OF DEATH* was as follows: Myocarditis (Chronic)

CONTRIBUTORY (Secondary) (duration) Phlebitis, yrs. 1 mos. ds. Abscess R. Ankle

(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? yes Date Aug. 20, 1927

Was there an autopsy? no

What test confirmed diagnosis? Phys. Examination

(Signed) Carlus J Baggott M. D.

19 (Address) 1015 Monroe St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: 2/1/28 19

20 UNDERTAKER: J J Foley & Son

ADDRESS: 1318 Light

Spec.—1-12-23—M&T—500 Bks. Copy of Letter in file from Dr Houck dated 2-8-28

E 30060

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30060

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

JOHNS HOPKINS HOSP

CITY OF BALTIMORE: (No. 9 ST., 7-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James H Keesee

(a) RESIDENCE NO. 332 Tazewell Ave ST. S E WARD Roanoke Va

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 4-26-69

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	9	4	

8 OCCUPATION OF DECEASED

(a) Trade, professlon or particular kind of work Unknown

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer "

9 BIRTHPLACE (city or town) (State or country) Va —

PARENTS

10 NAME OF FATHER William Keesee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Ada Courtney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Friends

(Address) JOHNS HOPKINS HOSP

15 1928 C. HAMPSON JONES, M. D. Registrar

CAUSE OF DEATH in plain terms, so that it may be properly CODED. CERTIFICATION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1928, to Jan 30, 1928.

that I last saw him alive on Jan 30 1928

and that death occurred, on the date stated above, at 3 15 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Myocardial failure.

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Multiple Myeloma

(duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X ray

(Signed) Lyman Meeks, M. D.

1-30, 1928 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Roanoke, Va — DATE OF BURIAL Jan 31, 1928

20 UNDERTAKER W. J. Tucker, Jones — ADDRESS Roanoke Va

Spec.—1-12-23—M&T—500 Blks.

E 30061

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 30061

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 701 E. Fort Ave ST. 24-34 WARD)

2-FULL NAME Leonard Soda

(a) RESIDENCE NO. 701 E. Fort Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 9-1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	11	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Alex. Soda

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Rosa. Kurczak

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Helen Soda (Address) 701 E Fort Ave

15 Filed JAN 31 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/31 1928

17 I HEREBY CERTIFY, That I attended deceased from 1/30, 1928, to 1/31, 1928, that I last saw him alive on 1/31, 1928, and that death occurred, on the date stated above, at 11.45 A m.

The CAUSE OF DEATH* was as follows:

Diphtheria (Nose & Throat)

9

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary) Heart failure & asthenia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & symptoms

(Signed) Jos. D. Bullock, M. D.

1/31, 1928 (Address) 1123 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary

DATE OF BURIAL 2/1 1928

20 UNDERTAKER Wm Fiaschetti

ADDRESS 618 Eastern

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

Dr Passano

E 30062

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001-

E 30062

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1926 E. Fairmount Ave ST. 6-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Hornoff

(a) RESIDENCE No. 1926 E. Fairmount Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Hornoff

6 DATE OF BIRTH (month, day, and year): March 26. 1857

7 AGE: Years 70 | Months 10 | Days 3 | If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Paperhanger

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Adam Hornoff

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Eva M. Kahler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Sarah Hornoff

(Address): 1926 E. Fairmount Ave

15 Filed: JAN 31 1928 C. HAMILTON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 29 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1928, to Jan. 29, 1928,

that I last saw h[illegible] alive on Jan. 28. 1928,

and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Eugene L. Passano, M. D.

Jan. 30, 1928 (Address) 514 Druid Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery

DATE OF BURIAL: Feb. 1 1928

20 UNDERTAKER: Henry Sanler & Sons Inc

ADDRESS: 1113 Fleet St.

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 30063

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89 E 30063

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3017 Elliott ST. 1-1 WARD)

2-FULL NAME George B. Stevens

(a) RESIDENCE No. 3017 Elliott ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Stevens

6 DATE OF BIRTH (month, day, and year) Sept 12, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	4	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fish Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER James R. Stevens

11 BIRTHPLACE OF FATHER (city or town) Balto Md.
(State or country)

12 MAIDEN NAME OF MOTHER Sydney E. Fall

13 BIRTHPLACE OF MOTHER (city or town) Maryland
(State or country)

14 Informant Margaret Stevens
(Address) 3017 Elliott St

15 Filed JAN 31 1928, 19 HAMILTON J. BITTINGER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928, to Jan 30, 1928.

that I last saw him alive on Jan 30, 1928.

and that death occurred, on the date stated above, at 9.45 P. m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

(duration) Gradual yrs. mos. ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(duration) Sudden yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) Horace B Tilden M. D.

1/31, 1928 (Address) 315 S. Highlandtown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL Feb. 2 1928

20 UNDERTAKER Henry Sander & Sons Inc — ADDRESS 1710 Fleet St.

TION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30064

CERTIFICATE OF DEATH.

E 30064

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 710 N. Montford Ave. St., 7-12 Ward)

2-FULL NAME JOHN LAUSKEY

(a) RESIDENCE NO. 710 N. Montford Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Flescher

6 DATE OF BIRTH (month, day, and year) Nov. 22. 1880

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	47	2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Helper

(b) General nature of industry, business, or establishment in which employed (or employer) Packing House

(c) Name of employer Schludeberger Kerdel Co.

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Frederick Lauskey

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country)

12 MAIDEN NAME OF MOTHER Annie Halmer

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country)

14 Informant Mrs. Annie Lauskey (Mother)

(Address) 710 N. Montford Ave.

Filed 1928 19 HAMSON JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 30 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Cerebral Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [signature] M. D.

(Coroner)

1/31/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery Date of Burial Feb. 1. 1928

20 UNDERTAKER Henry Sander & Sons Inc ADDRESS 1710 Fleet St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30065

CERTIFICATE OF DEATH.

100-001-

E 30065

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital 17-50 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Barbuska

(a) RESIDENCE NO. 322 Whitridge Ave St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 21/1926

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1	1	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Frank Barbuska

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Italy

12 MAIDEN NAME OF MOTHER Mary Kirby

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Father

(Address)

15 Filed_____ 19_____

1928 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (Primary)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Ellis M. D.

(Coroner)

1/31/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery Date of Burial Feb 3 1928

20 UNDERTAKER Frank Brockden ADDRESS 1616 Park Ave

DON'T WRITE IN THIS SPACE. Copy must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

Puncochar

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30066

CERTIFICATE OF DEATH.

90 E 30066

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 902 Pennsylvania Ave (Ward) 25-27

2-FULL NAME John Puncochar

(a) RESIDENCE NO. 902 Pennsylvania Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Puncochar

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE — Years: 72 — Months: — Days: — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country) Bohemia

PARENTS

10 NAME OF FATHER Joseph Puncochar

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Bohemia

12 MAIDEN NAME OF MOTHER Mary Forecka

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Bohemia

14 Informant (Address) Mary Puncochar 902 S Pennsylvania Ave

15 Filed ....., 19.. CLARENCE JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 31 1928

17 I HEREBY CERTIFY That I attended deceased from Jan 14 1928, to Jan. 31, 1928, that I last saw him alive on Jan. 30, 1928, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Hypostatic pneumonia

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Hypertension, hemiplegia, Impoverishment

(duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) L. C. Sobieski, M. D.

, 19 (Address) 447 N. Kenwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross — Date of Burial Feb 3 1928

20 UNDERTAKER: Hunt Crocker Bro — ADDRESS 18 Eutaw

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30067

CERTIFICATE OF DEATH.

+ 174 E 30067

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Mur Hospital 4-30 Ward)

2-FULL NAME Frank D. Lamb.

(a) RESIDENCE NO. Detroit Mich St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 4 hrs (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 14, 1882

7 AGE: Years 46 | Months 10 | Days 16 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED.
(a) Trade, profession or particular kind of work: Journalist
(b) General nature of industry, business, or establishment in which employed (or employer): Washington D.C.
(c) Name of employer

9 BIRTHPLACE (city or town) Penn.
(State or country)

PARENTS

10 NAME OF FATHER Dr. F D. Lamb

11 BIRTHPLACE OF FATHER (city or town)
(State or country) New York

12 MAIDEN NAME OF MOTHER Margut Richards

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Penn.

14 Informant Margaret Lamb.
(Address) Hallstead Penn.

15 1928 C. HAMPSON JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide

Multiple Cuts & Bruises

Glass.

(Duration) yrs. mos. 4 hrs

CONTRIBUTORY (Secondary) Shock,

(Duration) yrs. mos. 4 hrs

(Signed) Geo Clinton Pyle M. D.
(Coroner)

(Address) 1431 Calvert

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hallstead Penn — Date of Burial: Feb 1, 1928

20 UNDERTAKER: John A. Moran — ADDRESS: 3000 E. Balto St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30068

CERTIFICATE OF DEATH.

129

E 30068

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 944 N. Calvert ST. (WARD) 11th

2-FULL NAME William Francis Lucas Jr.

(a) RESIDENCE NO. 944 N. Calvert ST. 11th WARD

(Usual place of abode)

Length of residence in city or town where death occurred 73 yrs. 9 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 26th 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
73	..	5	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stationery

(b) General nature of industry, business, or establishment in which employed (or employer) President of

(c) Name of employer Lucas Bros Inc.

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Wm F. Lucas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Roberts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Bertha E. Lucas

(Address) 944 N. Calvert St

Filed FEB 1 - 1928 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 31st 1928

17 I HEREBY CERTIFY That I attended deceased from May 1927, to Jan. 31st 1928, that I last saw him alive on Jan. 31st 1928 and that death occurred, on the date stated above, at 11 A. m

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) 6 yrs. 18 mos ds.

CONTRIBUTORY (Secondary) Cystitis & nephritis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? no Date of ~

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John S. Horgan, M. D.

19 (Address) 7 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
GREENMOUNT CEM	2-2 1928
UNDERTAKER J. W. JENKINS & SONS CO	ADDRESS Richard McCullough

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 30069

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 30069

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balty City Hosp ST. 17-24 WARD) 90

2-FULL NAME Nathaniel Brisley

(a) RESIDENCE No. 526 Orchard ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Col.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
68				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Centreville Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mr. Mason (Address) 526 Orchard St.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1928

17 I HEREBY CERTIFY, That I attended deceased from 12-30- , 1927 to 1-30 , 1928

that I last saw him alive on 1-30 , 1928

and that death occurred, on the date stated above, at 2:50 p.m.

The CAUSE OF DEATH* was as follows:

Glycosuria & Diabetes

Acute Myocarditis

(duration) Unknown

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Lancelot M. D.

, 19 (Address) Balty City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL 2/1 19 28

20 UNDERTAKER Samuel Hamburger ADDRESS 1 Bolton

FILED 1928 [illegible]

THIS IS VERY IMPORTANT—See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 30070 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30070

CERTIFICATE OF DEATH

1-PLACE OF DEATH Balto City Hospts. REGISTERED NO. 100 601

CITY OF BALTIMORE: (No. 1 Balto Md ST. 17-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sadie Stewart

(a) RESIDENCE NO. 1409 Myrtle Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Black

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1854

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William Darrell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Riley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Balto City Hospts (Address) Balto Md

15 Filed FEB 1 1928 H. M. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-31 1928

17 I HEREBY CERTIFY, That I attended deceased from 6-23, 1927, to 1-31, 1928, that I last saw h[illegible] alive on 1-30, 1928 and that death occurred, on the date stated above, at 6.30 A. m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchio Pneumonia (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis w/ Cerebral Arterio Sclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Harry E Adams M. D.

1/31, 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn DATE OF BURIAL Feb 3 1928

20 UNDERTAKER Samuel Hawkins ADDRESS [illegible]

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30071 CERTIFICATE OF DEATH. **E 30071**

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 710-W. Mulberry 17-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Johnson

(a) RESIDENCE NO. 710 W Mulberry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: col

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1892

7 AGE: Years 36 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Howard Co.

PARENTS

10 NAME OF FATHER: Henry Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Howard Co

12 MAIDEN NAME OF MOTHER: Louisa Giles

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Howard Co.

14 Informant: Mary Jackson

(Address) 710 W. Mulberry St.

15 Filed 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-28 1928

17 I HEREBY CERTIFY, That I attended deceased from 1-26- 1928, to 1-28 1928,

that I last saw him alive on 1-28 1928,

and that death occurred, on the date stated above, at 3:35 p m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. Clarkson, M. D.

1/31 1928 (Address) 808 Madison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem DATE OF BURIAL 2/1 28

20 UNDERTAKER: Samuel Hendrix ADDRESS Madison

CAUSE OF DEATH to plain terms, so that it may be properly TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30072

CERTIFICATE OF DEATH.

90 E 30072

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. 5-8 WARD)

2-FULL NAME Mrs. Leah Reiff

(a) RESIDENCE NO. 1209 Mt Elderon St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? 22 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Reiff

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
49	49.	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Solomon P

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Samuel Reiff

(Address) [illegible]

Filed FEB 1 - 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/1 19 28

17 I HEREBY CERTIFY, That I attended deceased from 1.30.28 19 to 2/1 19 28

that I last saw her alive on 2/1 19 28

and that death occurred, on the date stated above, at 5.45 m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

Cardiac failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension C.-V. disease

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry Ginsburg M. D.

2/1 19 28 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible] DATE OF BURIAL 2/4 19 28

20 UNDERTAKER Jack Levin ADDRESS 1439 Eutaw St

TION is very important See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 30073

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 30073

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2416 Mc Culloch St. 13-59 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rachel Levy

(a) RESIDENCE NO. 2416 Mc Culloch ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 53 yrs. — mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Simon Levy.

6 DATE OF BIRTH (month, day, and year) Sept 15-1853

7 AGE: Years 74 | Months 3 | Days 16 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Warsaw (State or country) Poland.

PARENTS

10 NAME OF FATHER Jacob Levy.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Warsaw - Poland.

12 MAIDEN NAME OF MOTHER Ida ——?

13 BIRTHPLACE OF MOTHER (city or town) Poland. (State or country)

14 Informant Barney Levy. (Address) 2416 Mc Culloch.

15 Filed 1-31-1928 HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31 1928

17 I HEREBY CERTIFY, That I attended deceased from January 29, 1928, to Jan 31, 1928, that I last saw her alive on Jan 30, 1928 and that death occurred, on the date stated above, at 7:15 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis-and Chronic nephritis

(duration) 10 yrs. mos. ds.

18 Where was disease contracted* if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical evidence

(Signed) Joseph N Zierler, M. D.

1/31, 1928 (Address) 421-25 Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mark, Road — DATE OF BURIAL 2/1 1928

20 UNDERTAKER Jack Lewis — ADDRESS 1139 E Balt St

TION is very important See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

Rockkind

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30074

CERTIFICATE OF DEATH.

31 E 30074

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 S. Spring St., ST 3-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isaac Rochkind

(a) RESIDENCE NO. 115 S. Spring St., ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Rochkind

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plasterer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) Rose Rochkind (Wife) 115 S. Spring St.

15 Filed 1928 J. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 31 19 28

17 I HEREBY CERTIFY, That I attended deceased from Jan. 30, 19 28, to Jan. 30, 19 28, that I last saw him alive on Jan. 28, 19 28, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Asthma
Pulmonary Tuberculosis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Saml Snyder M. D.

, 19 (Address) 1634 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mt. Carmel

DATE OF BURIAL 2- 1- 1928

20 UNDERTAKER Jack Levin

ADDRESS 1439 E. Balto. St.,

TION is very important See instructions on back of certificates.

B

Spec.—1-12-23—M&T—500 Bks.

E 30075 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30075

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4021 Old York Rd ST. 9th WARD

If death occurred in a hospital or institution, give its NAME instead of street and number.

2-FULL NAME Isaac Press

(a) RESIDENCE NO. 4021 Old York Rd ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Celia Press

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	85	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Samuel Press

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Isaac J. Press

(Address) 4021 Old York Rd

15 Filed FEB 1 - 1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1928, to Jan 31, 1928, that I last saw him alive on Jan 31, 1928 and that death occurred, on the date stated above, at 9:05 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.

(duration) 5 yrs. — mos — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John L. Finby, M. D.

2/3/ 1928 (Address) 43 E. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pikesville Cedar Hill	2 1928

20 UNDERTAKER Jack Lewis ADDRESS 1409 Pratt St

TION is very important See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30076

CERTIFICATE OF DEATH

118-002

E 30076

REGISTERED NO. 1

1-PLACE OF DEATH

City of BALTIMORE: (No. 1110 Woodyear St. 16-23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. Coy

(a) RESIDENCE NO. 1110 Woodyear St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 30, 1913

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min..
	14	8	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) ...

(c) Name of employer ...

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Wm. Coy Sr.

11 BIRTHPLACE OF FATHER (City or town) ...

(State or country) Calvert Co. Md.

12 MAIDEN NAME OF MOTHER Pearl Brown

13 BIRTHPLACE OF MOTHER (city or town) ...

(State or country) Baltimore Md

14 Informant Wm Coy (Father)

(Address) 1110 Woodyear St

15 Filed ... (19 ...) ... Registrar.

For ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1 – 29 – 1928

17 I HEREBY CERTIFY, That I attended deceased from 1–22, 19 28, to 1–29, 19 28, that I last saw him alive on 1–29, 19 28, and that death occurred, on the date stated above, at 2:45 A m.

The CAUSE OF DEATH* was as follows:

Acute intestinal obstruction

(duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) Gastro enteritis & Toxemia

(duration) ... yrs. ... mos. 14 ds.

18 Where was disease contracted

If not at place of death? at place of death

Did an operation precede death? no Date of ...

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) Frank B Saunders, M. D.

1–30, 1928 (Address) 1029 N. Stricker St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial Jan 31 1928

20 UNDERTAKER Jones & Carson ADDRESS ...

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 30077

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 30077

REGISTERED NO._____

1-PLACE OF DEATH Enroute

City of BALTIMORE: (No. Hopkins Hospital S.D-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henrietta M . Berkeridge

(a) RESIDENCE NO. 2018 Fleet St St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 16/24

7 AGE

Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
3	9	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Frank J. Berkeridge

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Fannie Bauert

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Father

(Address)

15 Filed 1928 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Autopsy at Hopkins)

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) _____

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) [signature] (Coroner) M. D.

2/1/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mathai's Cemetery Date of Burial Feb. 3rd 1928

20 UNDERTAKER Lilly & Feiler - Inc. ADDRESS 403 S. Ald St.

OF DEATH in plain terms, so that it may be properly classified. PAGE NUMBER OF OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30078

CERTIFICATE OF DEATH.

E 30078

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital ST. 10-14 WARD)

2-FULL NAME Mary Williams

(a) RESIDENCE NO. 863 Brennaman ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Williams

6 DATE OF BIRTH (month, day, and year): 1864

7 AGE: 63 Years | Months | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: — Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: Wm F Rhodes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Elizabeth

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Hattie Silverman (Address) 1510 N Durham St.

15 Filed 2-1-1928 C. Hampson Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 30, 1928

17 I HEREBY CERTIFY, That I attended deceased from 11-3-, 1927, to 1-30, 1928 that I last saw h[illegible] alive on 1-29-, 1928 and that death occurred, on the date stated above, at 1.30 m.

The CAUSE OF DEATH* was as follows: Carcinoma of Stomach

Metastasis ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) M Blanco M. D.

, 19 (Address) Balto City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cem — DATE OF BURIAL: Febr 1st 1928

20 UNDERTAKER: Leo S. Crook — ADDRESS: 1723 Pattsh Ave.

Spec.—I-10-21—M&T—1500 Blks.

E 30079 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30079

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 1539 Orleans St

CITY OF BALTIMORE: (No.) ST. 6-4 (WARD)

2-FULL NAME Mrs. Sarah Elizabeth Dorsey

(a) RESIDENCE NO. 1539 Orleans ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1856

7 AGE Years 72 Months Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER George W. Kess

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah Kess

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Washington L. Dorsey

(Address) 1539 Orleans St

Filed 1-30 1928 H. Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-29 1928

17 I HEREBY CERTIFY, That I attended deceased from 1-26 1928 to 1-29 1928

that I last saw he alive on 1-29 1928

and that death occurred, on the date stated above, at 2.45 P. m.

The CAUSE OF DEATH* was as follows:

1a Type

Terminal Bronchial Pneumonia

Acute cardiac Dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. B. Butler M. D.

1928 (Address) 425 N Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet cemetery

DATE OF BURIAL Feb 1 1928

20 UNDERTAKER Edward Bryan

ADDRESS 1691 orleans st

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 30080 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30080

CERTIFICATE OF DEATH.

1-PLACE OF DEATH U. Mem Hosp. REGISTERED NO. 1001

CITY OF BALTIMORE: (No. 33rd & Calvert ST. 77-43 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Wm H. Rose (Elsie May Poe)

(a) RESIDENCE NO. 10 Rosedale Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W	Married

5a If married, widowed, or divorced (or) WIFE of Wm H Rose

6 DATE OF BIRTH (month, day, and year) Mar 25, 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	34 yrs	10	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Edwards Woolsight

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Mary L Bond

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Records (Address)

15 Filed 1928 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 22/28 19..., to Jan 31/28, that I last saw her alive on Jan 31/28 19 and that death occurred, on the date stated above, at 12.35 m.

The CAUSE OF DEATH* was as follows:

Dilated Lobar Pneumonia

2 wks? (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Emphysema (Ch)

Luke (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 1/24/28

Was there an autopsy? No

What test confirmed diagnosis? X Ray.

(Signed) Frank E Morrow, M. D.

, 19 (Address) U of M Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn

DATE OF BURIAL 2/3 1928

20 UNDERTAKER Wm Cook

ADDRESS 522 E North Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30081

CERTIFICATE OF DEATH.

E 30081

Registered No. 129

1-PLACE OF DEATH Windsor Court Apt

City of BALTIMORE: (No. Windsor Court Apt & Garrison Blvd St. ..... Ward) 15-11

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Denison

(a) Residence No. Windsor Court Apt & Garrison Blvd St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE. W

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Philip H Denison

6-DATE OF BIRTH (month, day and year) Oct 12. 1876

7-AGE. 51 yrs. 3 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. At Home

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town), (State or Country), Philadelphia Pa.

PARENTS.

10-NAME OF FATHER Frederick Bauer

11-BIRTHPLACE OF FATHER (city or town), (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town), (State or Country), Germany

14- (Informant) Philip H Denison

(Address) Windsor Court Apt

15-

Filed ..... 1928 H. M. Jones M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 30. 1928

17- I HEREBY CERTIFY, That I attended deceased from Jan. ..... 1926 to Jan 30 1928

that I last saw her alive on Jan 30 1928

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (IT)

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Chron Nephritis

(Duration) 5 yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H C Hoen M. D.

1-31. 1928 (Address) 5600 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Woodlawn

DATE OF BURIAL. 2/1 1928

20-UNDERTAKER. Wilson Cook

ADDRESS 502 E North Ave

Per .....

INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.–7-17-26—A Co.—200 Bks.

Regua.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30082

CERTIFICATE OF DEATH

90 E 30082

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Jenkins Memorial St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Winfield S Regua

(a) RESIDENCE NO. 2044 Kennedy Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Christiana Regua

6 DATE OF BIRTH (month, day, and year) Dec 25, 1844

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	83	1	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) New York

(State or country)

PARENTS

10 NAME OF FATHER James Regua

11 BIRTHPLACE OF FATHER (City or town) N. Y.

(State or country)

12 MAIDEN NAME OF MOTHER Margaret Lent

13 BIRTHPLACE OF MOTHER (city or town) N.Y.

(State or country)

14 Informant Jenkins Memorial Hospital

(Address)

15 Filed FEB 1 1928 19 C. HAMILTON JOYCE M. D. Registrar

By Bertha Clement Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 28, 1927, to Jan 31, 1928, that I last saw h alive on Jan 31, 1928 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cardio-nephritis

(duration) 2 yrs. mos. da.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos. 3 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

Signature Augustine P. Von Schuff M. D.

(Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sparkill, N.Y.

Date of Burial 2/3 1928

20 UNDERTAKER H. M. Cook

ADDRESS 502 E North Ave

IF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30083

CERTIFICATE OF DEATH.

202 E 30083

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. Gen. Hosp, St. 10-14 Ward)

2-FULL NAME Philmore Pigford

(a) RESIDENCE NO. 1228 E. Madison St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): About 1903

7 AGE: Years about 25 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Steel

(c) Name of employer: Bethlehem Steel Co.

9 BIRTHPLACE (city or town)_____ (State or country) N. C.

PARENTS

10 NAME OF FATHER: David Pigford

11 BIRTHPLACE OF FATHER (city or town)_____ (State or country) N. C.

12 MAIDEN NAME OF MOTHER: Nuke

13 BIRTHPLACE OF MOTHER (city or town)_____ (State or country) Unknown

14 Informant: Joseph Marshall (Address) 1220 E. Madison St.

15 Filed_____, 19____ Registrar

by_____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 29 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Multiple fractures of body accidental

(about 2 hrs (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Struck by sliding door (duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessy M. D. (Coroner)

Jan 31, 1925 (Address) 2572 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wilmington N. C. Date of Burial: Feb. 1, 1925

20 UNDERTAKER: Mrs. A. G. Elliott ADDRESS: Walkland

Or person in charge of body. See instructions on back of certificate. very important.

Spec.—1-12-23—M&T—500 Blks.

E 30084 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1276 E 30084

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 8th St (STREET OR AVE.) Fairfield (WARD)

2-FULL NAME Nancy Scott.

(a) RESIDENCE NO. 8th St Fairfield WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	C.	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Atlanta Ga.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ga.

12 MAIDEN NAME OF MOTHER Lucinda Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Atlanta Ga.

14 Informant John Scott (Address) 8th St Fairfield

15 Filed FEB 1 1928 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 28, 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1928 to Jan 28, 1928

that I last saw h[illegible] alive on Jan 28, 1928

and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis 8 ds

(duration)

CONTRIBUTORY (Secondary) Exhaustion. (duration) yrs. mos. ds. 0 0 W

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? ? Date of

Was there an autopsy? ?

What test confirmed diagnosis? ?

(Signed) [illegible] M. D.

1/31, 1928 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary DATE OF BURIAL Feb 4 1928

20 UNDERTAKER Mrs. R. G. Elliott ADDRESS 1[illegible] Ashland Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30085

CERTIFICATE OF DEATH.

65-001

E 30085

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 S. Linwood ave ST. ..... WARD 1-V)

2-FULL NAME Mollie Kimpel

(a) RESIDENCE NO. 1 S. Linwood ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles F. Kimpel

6 DATE OF BIRTH (month, day, and year) July 6-1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	72	6	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md
(State or country)

PARENTS

10 NAME OF FATHER Andrew Schieber

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Weidig

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Ger

14 Informant Charles Kimpel
(Address) 1 S. Linwood ave

15 Filed ..... H. [illegible] JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1, 27 to Jan. 29, 28,
that I last saw he alive on Jan 29, 1928,
and that death occurred, on the date stated above, at 8.40 a. m.

The CAUSE OF DEATH* was as follows:

Splenic Leukemia.

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pernicious Anemia.

(duration) ..... yrs. 6 mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings.

(Signed) Thos Insley, M. D.

, 19 (Address) 2538 E. Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Feb 2 1928

20 UNDERTAKER George W. Dirkler

ADDRESS 1737 E Eager st

ITEM IS VERY important. See instructions on back of this sheet before answering.

Spec.—1-10-21—M&T—1500 Bks.

E 30086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

47 E 30086

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 114 S Calhoun ST. 19-28 WARD)

2-FULL NAME Lottie L. Wolf

(a) RESIDENCE NO. 114 S Calhoun ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

TION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Mar 26 1891

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
36	10	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Lewis P. Lake

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Ida Hundley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Mrs Lottie L. Wolf
(Address) 114 S Calhoun St

15 Filed ..... 19 ..... Registrar

C. HAMILTON JONES, M. D.

FEB 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 30 1928

17 I HEREBY CERTIFY, that I attended deceased from Oct. 1927, to Jan 30 1928,
that I last saw he alive on Jan 29 1928,
and that death occurred, on the date stated above, at 12 noon.

The CAUSE OF DEATH* was as follows:

Carcinoma of breast

(duration) yrs. 3 mos. ... ds.

CONTRIBUTORY (Secondary): General metastasis

(duration) yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Oct. 1927

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Anthony V. Phillipes M. D.

, 19 (Address) 372 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet

DATE OF BURIAL: Feb 2 1928

20 UNDERTAKER: George J Smith

ADDRESS 153 L Hollins

Spec.-7-17-26—A Co.—200 Bks.

E 30087

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 30087

REGISTERED NO. 2469

1-PLACE OF DEATH

City of BALTIMORE: (No. 2753 W Fairmount St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilbur McKenzie

(a) RESIDENCE NO. 2753 W Fairmount St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 23, 1855

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	72	1	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER William McKenzie

11 BIRTHPLACE OF FATHER (City or town) Della Md

(State or country)

12 MAIDEN NAME OF MOTHER Margaret Connelly

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Mrs Chas Lowenstein

(Address) 2753 W Fairmount

15 Filed [illegible] C. HARRISON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug. 1927 to Jan 31 1928

that I last saw him alive on Jan 31 1928

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Myocarditis

Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 2 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

Feb 1 1928 (Address) 208 [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet — Date of Burial Feb 3 1928

20 UNDERTAKER George J Smith — ADDRESS 1532 Hollins

Be sure DEATH is plain terms, so that it may be properly classified. Every statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 30088 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 30088
REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital ST. 15-58 (WARD)

2-FULL NAME Mrs. Mary Wolpe

(a) RESIDENCE NO. 2706 allendale ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. — mos. — ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	w	w

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Simon

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	55	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Louis Cohen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Hannah Levin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Morris Wolk
(Address) 2706 Allendale Ave

15 Filed FEB 1 - 1928 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1 1928

17 I HEREBY CERTIFY, That I attended deceased from 1/28, 1928, to 2/1, 1928, that I last saw h[illegible] alive on 2/1, 1928, and that death occurred, on the date stated above, at 3.50 m.

The CAUSE OF DEATH* was as follows:

Cardiac failure
Hypostasis
Cerebral embolism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry Gersberg, M. D.
Feb 1, 1928 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pikesville Washington Rd

20 UNDERTAKER, Sol Levinson

DATE OF BURIAL 2/1 1928
ADDRESS 1127 E Baltimore St

Spec.—1-12-23—M&T—500 Blks.

E 30089

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30089

CERTIFICATE OF DEATH

1-PLACE OF DEATH Sinai Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. [illegible] St. 13-54 WARD)

2-FULL NAME Gittle Augusta Efros

(a) RESIDENCE NO. [illegible] 3516 Holmes ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. — mos. — ds. How long in U. S., if of foreign birth? 21 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	—	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Hirsh Krussman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah Pivka

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Dr Israel Efros

(Address) 3516 Holmes ave

15 Filed 1928 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1 1928

17 I HEREBY CERTIFY, That I attended deceased from 1-19, 1928, to 2-1- 1928, that I last saw h[illegible] alive on 1-31 1928 and that death occurred, on the date stated above, at 1 20 A m.

The CAUSE OF DEATH* was as follows:

Hypertension C-V disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) I M Schwedel M. D.

Feb 1, 1928 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — DATE OF BURIAL 2/8 1928

20 UNDERTAKER Sol Levinson & Bro — ADDRESS [illegible] E Balto st

Spec.—1-12-23—M&T—500 Bks.

E 30090

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001

E 30090

REGISTERED NO.

1-PLACE OF DEATH Christ Institution Hospital

CITY OF BALTIMORE: (No.) 704 Ensor ST. 3-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Martin Jr.

(a) RESIDENCE NO. 711 So. Caroline ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	C	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 3rd 1912

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
16	15	6	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Day laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER William Martin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harrograce Md

12 MAIDEN NAME OF MOTHER Harriett Stansbery

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harrograce Md

14 Informant William Martin (Address) 711 So. Caroline St

15 Filed 1928 G. HARRISON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan. 30. 1928. to Jan 30 1928.

that I last saw him alive on Jan 30 1928.

and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) 4 yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? 711 So. Caroline St

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Postive

(Signed) Dr. W. Hansard M. D.

1-31 1928 (Address) 706 Ensor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harrograce Md

DATE OF BURIAL 2/3 1928

20 UNDERTAKER Byrow Wright

ADDRESS 1218 Mc Cullough St

Spec.—1-12-23—M&T—500 Bks.

Dixon

E 30091

HEALTH DEPARTMENT—CITY OF BALTIMORE

29

E 30091

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1222 Jefferson ST. 5-8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliza Dixon

(a) RESIDENCE NO. 1222 Jefferson ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced. (write the word) Widowed

5a If married, widowed, or divorced—HUSBAND of (or) WIFE of Jacob Dixon

6 DATE OF BIRTH (month, day, and year) unk

7 AGE Years 54 Months Days If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER unk

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Ida Stevens

(Address) 1222 Jefferson

15 Filed JAN 30 1928 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 1928

I HEREBY CERTIFY, That I attended deceased from Dec 15, 1927 to Jan 29, 1928.

that I last saw h alive on Jan 29, 1928

and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

Jan 30 1928 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Ziono Cem.

DATE OF BURIAL 2/1 1928

20 UNDERTAKER Byron Wright

ADDRESS 1218 McCulloh St.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30092

CERTIFICATE OF DEATH.

129 E 30092

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 619 Dunbarton St., (Q-47 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William N Sammis

(a) RESIDENCE No. 619 Dunbarton Ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma A. Sammis

6 DATE OF BIRTH (month, day, and year) Aug 6 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	5	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mgr. Repair Dept.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Underwood Typewriter Co.

9 BIRTHPLACE (city or town) (State or country) Conn.

PARENTS

10 NAME OF FATHER E. N. Sammis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Conn.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Emma A. Sammis

(Address) 619 Dunbarton Ave.

15 Filed ..... 19 1928 H. HANSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 30 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 18, 1928, to Jan 30, 1928, that I last saw h alive on Jan 29, 1928, and that death occurred, on the date stated above, at 6.20 a.m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Oedema of brain

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Bernard Wess M. D.

2/1, 1928 (Address) 914 E Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem. DATE OF BURIAL Feb. 2 1928

20 UNDERTAKER Wm J Dickinson Sons ADDRESS Rockville Md

Spec.—1-10-21—M&T—1500 Bks.

E 30093

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 30093

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2215 E Biddle St ST. 8-12 WARD)

2-FULL NAME Andrew Birmingham

(a) RESIDENCE No. 2215 E Biddle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Louisa Birmingham

6 DATE OF BIRTH (month, day, and year) 2/29 18 52

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	11	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Broommaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Thomas Birmingham

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Ellen McQuirk

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Mrs Sadie Gephardt

(Address) 2215 E Biddle Street

15 Filed FEB 1 - 1928 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 31 1928

17 I HEREBY CERTIFY, That I attended deceased from January 20, 1928, to January 31, 1928, that I last saw him alive on January 30, 1928, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis and Acute myocarditis

(duration) 3 yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) J. Chas. Fitzgerald, M. D.

2/1, 1928 (Address) 1613 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery DATE OF BURIAL 2/3 1928

20 UNDERTAKER George J Ruth ADDRESS 1735 Harford Ave

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30094

100-001

CERTIFICATE OF DEATH.

E 30094

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 733 S Bethel st ST. 2-4 WARD)

2-FULL NAME Edward Sakolowski

(a) RESIDENCE No. 733 S Bethel st ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 1-1927

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	3	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto md.

PARENTS

10 NAME OF FATHER John Sakolowski.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Josefina Banachowska.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant John Sakolowski. (Address) 733 S Bethel st

15 Filed FEB 1 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 26 1927 to Feb 1 1928

that I last saw h[illegible] alive on Jan 31. 1928

and that death occurred, on the date stated above, at 7.45 a m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Cardiac Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William Raynaud M. D.

(Address) 801 N Kenwood ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Cem. DATE OF BURIAL Feb 2 1928

20 UNDERTAKER George A Weber 2205 ADDRESS East Av.

[illegible] JONES, M. D.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE E 30095

E 30095

CERTIFICATE OF DEATH.

11-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2122 E. Hoffman ST. 8-16 WARD)

2-FULL NAME Mrs. Mary C. Wackey

(a) RESIDENCE NO. 2122 E. Hoffman ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 9 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed, or Divorced, (write the word)~~
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. C. Wackey.

6 DATE OF BIRTH (month, day, and year) April 9. 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	74	9	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Heiser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Switzerland

12 MAIDEN NAME OF MOTHER Mary Heiser

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Mrs Robert White (Address) 2122 E. Hoffman St

Filed 1928 C. HAMSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 31 - 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 24, 1928, to Jan 31, 1928, that I last saw h~~er~~ alive on Jan 28, 1928, and that death occurred, on the date stated above, at 4-30 a. m.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia and Influenza

To my knowledge ~~duration~~ yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia & Influenza

To my ~~knowledge~~ yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) Frances A. Carpenter M. D.

1-31, 1928 (Address) Medical Arts Building

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem. DATE OF BURIAL: Feb 2, 1928

20 UNDERTAKER: Wm A Mitchell & Son ADDRESS: 1900 Eutaw Place

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30096

CERTIFICATE OF DEATH.

89 E 30096

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: No. 1633 Edmondson Ave (Ward) 19-27

2-FULL NAME Richard F. Shawn

(a) RESIDENCE NO. 1633 Edmondson Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ellen Shawn

6 DATE OF BIRTH (month, day, and year) Dec 19 1860

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	67	1	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Neill Buick Co.

9 BIRTHPLACE (city or town) Del

(State or country)

PARENTS

10 NAME OF FATHER Benj Shawn

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Informant Mrs. Mary E. Shawn

(Address) 1633 Edmondson Ave

15 1928 C. HAMILTON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 30 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

angina pectoris

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) no other history

(duration) yrs. mos. ds.

(Signed) J. F. Hennessy M. D.

(Coroner)

Jan. 31, 1928 (Address) 2572 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem Date of Burial Feb 2 1928

20 UNDERTAKER W. J. Hickner Sons ADDRESS North Pa

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

30097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3 E 30097

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (4.B.30 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sallie Davis

(a) RESIDENCE No. 640 W. Redwood st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of 1964

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lunch room emp.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Alabama

PARENTS

10 NAME OF FATHER Dave Pierce

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Millie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Alabama

14 Informant Hospital Records (Address)

15 Filed 1928 C. HAMPSON JONES, M. D. 2128 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 27 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1928, to Jan. 27, 1928, that I last saw her alive on Jan. 27, 1928 and that death occurred, on the date stated above, at 9.10 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pleurisy & Effusion

unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical + Lab

(Signed) L. E. Madeleine, M. D.

1-27-28 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL FEB 1 - 1928

20 UNDERTAKER Commissioner of Health.

ADDRESS

Spec.–7-17-26—A Co.—200 Bks.

E 30098

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 30098

90

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 422 Aisquith St. 5-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Brunner

(a) RESIDENCE NO. 422 Aisquith St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of: Abell Brunner

6 DATE OF BIRTH (month, day, and year): March 12 - 1842

7 AGE — Years: 85 Months: 10 Days: 19 IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md.

PARENTS

10 NAME OF FATHER: Wm Callender

11 BIRTHPLACE OF FATHER (City or town):

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Ann Wright

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Maryland

14 Informant: Edw. S. Callender

(Address): 422 Aisquith St.

15 Filed: 1928

C. HAMPSON JONES, M. D. Registrar

RKD

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 31st 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 5 1928 to Jan 31 1928

that I last saw ~~her~~ alive on Jan 31 1928

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Chronic Intestinal Tuberculosis

(duration) 16 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Senility

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John D. Fisch M. D.

2/1 1928 (Address) 1365 Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — Date of Burial 2/2 1928

20 UNDERTAKER: Chas. P. Maus & Son — ADDRESS 118 W. Fayette Ave

very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 30099

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30099

CERTIFICATE OF DEATH.

101-001

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hosp St. 11-24 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Grant

(a) RESIDENCE NO. 1214 Mc Cullah St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col'd	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mozessa Grant

6 DATE OF BIRTH (month, day, and year) 1904

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	24	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) V. S.

PARENTS

10 NAME OF FATHER Henry Grant

11 BIRTHPLACE OF FATHER (city or town)

(State or country) S. C.

12 MAIDEN NAME OF MOTHER Virginia Mc Farley

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) S. C.

14 Informant Mozessa Grant

(Address) 1214 Mc Cullah St

15 Filed Jan 31, 1928 C. HAMILTON JONES, M. D. Registrar

1928 R.H.H.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 31, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said — (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) no history.

(duration) yrs. mos. ds.

(Signed) D. T. Hennessy M. D.

(Coroner)

Jan 31, 1928 (Address) 2572 Edmondson Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Florence S. C. Date of Burial Feb 1 1928

20 UNDERTAKER Daniel Easton ADDRESS 916 Pine

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 30100

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30100

CERTIFICATE OF DEATH.

86-801

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 844 Woodward St. 21-29 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julien Wallace Britton

(a) RESIDENCE NO. 844 Woodward ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 29, 1921

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or . min.
	6	7	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Julien Wallace Britton

11 BIRTHPLACE OF FATHER (city or town)
(State or country) New York

12 MAIDEN NAME OF MOTHER Oriole Minton

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Julien Wallace Britton
(Address) 844 Woodward St.

15 Filed 1-31-1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 30 1928

17 I HEREBY CERTIFY, That I attended deceased from 1-17, 1928, to 1-30, 1928, that I last saw him alive on 1-30, 1928, and that death occurred, on the date stated above, at 9.50 P. m.

The CAUSE OF DEATH* was as follows:

Acute Meningitis

(duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Otitis Media

(duration) — yrs. 1 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Chas. E. Conser M. D.

1/31, 1928 (Address) 1101 N. Fulton Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery DATE OF BURIAL Feb 2" 1928

20 UNDERTAKER Cook ADDRESS 1003 West Baltimore St

TION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30101

CERTIFICATE OF DEATH.

74-001

E 30101

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital St. 24-34 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herman C. Lacer.

(a) RESIDENCE NO. 1820 Belt St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. 11 mos. 21 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	White.	Married

5a If married, widowed, or divorced: HUSBAND of Amelia P. Lacer.

6 DATE OF BIRTH (month, day, and year) February 8, 1871

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	56	11	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

10 NAME OF FATHER Frederick Lacer.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Henrietta Scheibel

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany.

PARENTS

14 Informant Amelia P. Lacer, (wife)

(Address) 1820 Belt St.

15 Filed 19 C. HAMPSON JONES, M. D.

1928 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 29, 1928 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto Reinhardt M. D.
(Coroner)

1/31, 1928 (Address) 1017 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. Date of Burial Feb 2nd 1928

20 UNDERTAKER S. Schloman Son ADDRESS 1038 Fairmount Av

very important. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30102 38 E 30102

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1619 Lancaster St St. 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Gryglik

(a) RESIDENCE NO. 1619 Lancaster St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Gryglik

6 DATE OF BIRTH (month, day, and year) Feb. 28 1881

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	46	11	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Labor 040

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER Joseph Gryglik

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Mary Storopka

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Eva Gryglik

(Address) 1619 Lancaster St.

15 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Jan 30 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1928, to Jan. 30, 1928, that I last saw him alive on Jan. 30, 1928, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Thoracic Aneurysim

(duration) one yrs. mos. days

CONTRIBUTORY (Secondary) Alcoholism

(duration) — yrs. — mos. — da.

18 Where was disease contracted

If not at place of death? Home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical + Laboratory

(Signed) M. Hoch, M. D.

. 19 (Address) 1350 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Feb. 3 Date of Burial 19 28

20 UNDERTAKER John McCabe ADDRESS 520 Bond

very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30103

CERTIFICATE OF DEATH

11 E 30103

1-PLACE OF DEATH Colonial Hospital

REGISTERED NO.

City of BALTIMORE: (No. 1122 N. Mount St. Ward) 19-24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Peter Sherrick

(a) RESIDENCE NO 210 Cary St. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine Sherrick

6 DATE OF BIRTH (month, day, and year): June 29 / 1887

7 AGE: Years 40 yrs; Months 7; Days 2; IF LESS than 1 day ... hrs. or ... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Storekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town)

(State or country): Pennsylvania

PARENTS

10 NAME OF FATHER: Jacob Sherrick

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: Catherine Sherrick

(Address): 210 S Carey St

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 31st 1928

17 I HEREBY CERTIFY, That I attended deceased from 1-28-28, 19 28, to 1-31, 19 28, that I last saw h[illegible] alive on Jan 31 19 28 and that death occurred, on the date stated above, at 4:55 P. m.

The CAUSE OF DEATH* was as follows:

appendicitis;

(duration) ... yrs. ... mos. 2 da.

CONTRIBUTORY (Secondary): Post operative Pneumonia

(duration) ... yrs. ... mos. 2 da.

18 Where was disease contracted: at home

If not at place of death?

Did an operation precede death? Yes Date of 1-29-28

Was there an autopsy? no

What test confirmed diagnosis? Clinical examination

(Signed) Julius Diamond Hotter M. D.

19 (Address) Colonial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet — Date of Burial: Feb 4 1928

20 UNDERTAKER: A Wm Wilson — ADDRESS: 1803 Park Ave

very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30104

CERTIFICATE OF DEATH.

51 E 30104

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2135 Homewood ave St., 9-46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Elizabeth Mester

(a) RESIDENCE NO. 2135 Homewood ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm S Mester

6 DATE OF BIRTH (month, day, and year): Jan 28, 1858.

7 AGE: Years 70 | Months 0 | Days 2 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Thomas Pugh

11 BIRTHPLACE OF FATHER (city or town): Penna

(State or country)

12 MAIDEN NAME OF MOTHER: Mary Judge

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Ireland

14 Informant: Mrs Geo C Mantz

(Address): 2135 Homewood Ave

15 Filed [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 29-1928 19

17 I HEREBY CERTIFY, That I attended deceased from Jan 7 19 28 to Jan 29 19 28

that I last saw h[illegible] alive on Jan 30 19 28

and that death occurred, on the date stated above, at 11—P m.

The CAUSE OF DEATH* was as follows:

Duodenal Necrosis - Toxaemia

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Hepatic Insufficiency

(duration) yrs. 1 mos. ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) W S Gamble M. D.

1/31/28 (Address) 6701 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Date of Burial Jan 2/31 1928

20 UNDERTAKER: Mary W Wiedefeld ADDRESS 501 E 22nd St

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 30105

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30105

CERTIFICATE OF DEATH.

101-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 15-21 St.) (WARD)

2-FULL NAME James Holland

(a) RESIDENCE No. 1547 Woodyear ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Edward Holland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Madden Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Records

15 Filed 1928 C. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/29/ 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1928 to Jan 29, 1928

that I last saw him alive on Jan 27, 1928

and that death occurred, on the date stated above, at 10:00 P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Gram + Smear

(Signed) C. Holland Boyd M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Lucas — DATE OF BURIAL 2/1 1928

20 UNDERTAKER Joseph A Lucas — ADDRESS 1849 Mount

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30106

CERTIFICATE OF DEATH.

172 E 30106

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Univ Hospital St. 8-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oscar Hopkins

(a) RESIDENCE NO. 2741 E Chase St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
M.	W.	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha N. Hopkins

6 DATE OF BIRTH (month, day, and year) Dec 15 1883

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	44	1	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cabb. Coach

(b) General nature of industry, business, or establishment in which employed (or employer) Pitts

(c) Name of employer Sig.

9 BIRTHPLACE (city or town)

(State or country) Denmark

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Denmark

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Denmark

14 Informant Bertha N. Hopkins

(Address) 2741 E Chase St.

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31 1928

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows: Suicide

Injuries to Head 3rd Degree Burns Multiple Fractures

CONTRIBUTORY (Secondary) Shock -

(Duration) ..... yrs. ..... mos. Dead

Jan 31 1928 (Signed) Geo Clinton Blades M. D.

(Corner) 19 (Address) 143 W Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harrisburg Date of Burial Feby 2. 1928

20 UNDERTAKER Robt Tanner ADDRESS 17 E Lombard

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 30107

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 30107

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 415 N. Bricker St., 20 Ward)

2-FULL NAME Frederick Magersupp

(a) RESIDENCE NO. 615 N. Brice St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M | 4 Color or Race: W | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ella S Magersupp

6 DATE OF BIRTH (month, day, and year): Dec 6 1860

7 AGE — Years: 64 | Months: 1 | Days: 25 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machine Operator

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer: Balt Steel Co

9 BIRTHPLACE (city or town): Balto

(State or country): Md

10 NAME OF FATHER: William Magersupp

11 BIRTHPLACE OF FATHER (city or town): Germany

(State or country)

12 MAIDEN NAME OF MOTHER: Lottie Weber

13 BIRTHPLACE OF MOTHER (city or town): Germany

(State or country)

14 Informant: Ella Magersupp

(Address): 615 Brice St

15 Date: 1926 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 31 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) No Record

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Hennany M. D.

(Coroner)

Jan 31 1928 (Address) 253 N Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn | Date of Burial: 2/3 1928

20 UNDERTAKER: J. H. Cook | ADDRESS: 502 Eutaw St

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30108

CERTIFICATE OF DEATH. 11 E 30108

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2133 W. Lexington 20-6X (Ward)

2-FULL NAME Charles A. Keith

(a) RESIDENCE NO. 2133 W. Lexington St (Ward)

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Agnes R. Keith

6 DATE OF BIRTH (month, day, and year): Apr 18 1871

7 AGE: Years 56 Months 9 Days 12 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Det. Sgt. Police Sta. 2

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Md

PARENTS

10 NAME OF FATHER: Geo. W. Keith

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md

12 MAIDEN NAME OF MOTHER: Sarah E. Kelso

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md

14 Informant: Harry L. Keith

(Address) 246 E. Oliver St

15 Filed ..... 19 ..... C. HAMILTON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 30 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest or inquiry) thereon and from the evidence obtained (at such inquest or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion 1 hr 45 m

(duration) yrs.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Thos. B. Norton M. D.

Jan 30 1928 (Address) Curtis Bay, Md

*State the Disease Causing Death, or in death from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Date of Burial 2/3 1928

20 UNDERTAKER: Wm Cook ADDRESS 532 E. North Ave

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

30109

HEALTH DEPARTMENT—CITY OF BALTIMORE

30109

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 540 S Bentalou ST. (WARD) 20-72

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herman Schneider

(a) RESIDENCE NO. 540 S Bentalou ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emmie M. Schneider

6 DATE OF BIRTH (month, day, and year) Dec. 25 1855

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
72	1	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Brick Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Stephen Schneider

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Herman L. Schneider

(Address) 540 S. Bentalou St.

15 1928 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1927 to Jan 30 1928, that I last saw him alive on Jan 30 1928, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis Cerebri Embolism

Hypertension.

(duration) 2 yrs mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Robert O. Likes M. D.

1928 (Address) 1057 N Eutaw Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Feb. 2 1928

20 UNDERTAKER: George L. Schwab — ADDRESS: 2211 Eutaw Av.

Spec.—1-12-23—M&T—500 Blks.

E 30110

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 30110

1-PLACE OF DEATH St. Agnes. Hospital

CITY OF BALTIMORE: (No.) 20-26 (WARD) REGISTERED NO. 160

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Ed. Flack

(a) RESIDENCE NO. Second & Wilkins Ave. ST. WARD St. Joseph Ho. Hsd.
(Usual place of abode)
Length of residence in city or town where death occurred 1931 Division 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) August 27

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min
		5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER William H. Flack

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " "

14 Informant William Flack
(Address) Second & Wilkins Ave

15 Filed , 19 1928 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-31-28 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1928, to Feb 3, 1928, that I last saw him alive on Feb 3, 1928, and that death occurred, on the date stated above, at 11 15 p m

The CAUSE OF DEATH* was as follows:

Marasmus (Starvation)

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) F. L. Dadaglucca, M. D.

, 19 (Address) St Agnes' Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery DATE OF BURIAL Feb 4 1928

20 UNDERTAKER George L. Schmidt & Co ADDRESS 1121 Eutaw St.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 30111

CERTIFICATE OF DEATH

E 30111

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 325 Ave Fairfield 5-76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucy Palmer

(a) RESIDENCE NO. 3rd Ave, Fairfield Md. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col.

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: wife of Samuel Palmer

6 DATE OF BIRTH (month, day, and year): 1877

7 AGE: Years 51 Months Days

IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: domestic 070

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Md.

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (City or town):

(State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): unknown

14 Informant: Samuel Palmer

(Address): 3rd Ave Fairfield

15 Filed FEB 2 - 1928 19 C. HARRISON JONES M.D. Registrar

Ralph

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 30 19 28

17 I HEREBY CERTIFY, That I attended deceased from Jan 25 19 28 to Jan 30 19 28

that I last saw h[illegible] alive on Jan 29 19

and that death occurred, on the date stated above, at 1730P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) ✓

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? ✓

What test confirmed diagnosis? ✓

(Signed) H. M. Fletcher M. D.

2/1 19 28 (Address) 1225 Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary Cem. Date of Burial: Feb. 2 1928

20 UNDERTAKER: Thos J. G. Socks ADDRESS: 1302 Jeffers

very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30112

CERTIFICATE OF DEATH

49 E 30112

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1428 Park Ave St. 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard. T. Williams

(a) RESIDENCE NO. 1428 Park Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 ~~Single, Married~~ Widowed, or ~~Divorced~~ (write the word): Widowed

5a If ~~married, widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Late Mary S Williams

6 DATE OF BIRTH (month, day, and year) October 23 1857

7 AGE: 70 Years 71 Months 3 Days 4 IF LESS than 1 day ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance

(b) General nature of industry, business, or establishment in which employed (or employer) Howard. T. Williams

(c) Name of employer Insurance Co.

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER J. H Williams

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary E. P. Williams

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant J. Harlan Williams

(Address) 1428 Park Ave

15 Filed FEB 2 - 1928 16 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 31st 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 18 1927 to January 31 1928

that I last saw him alive on January 26 1928

and that death occurred, on the date stated above, at 12m p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of prostate

Carcinomatosis

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Diabetes mellitus

(duration) 5 yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of March 4, 1927

Was there an autopsy? No

What test confirmed diagnosis? Section of tissue

(Signed) Charles F. Jenkins, M. D.

2/1, 1928 (Address) 1417 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem — Date of Burial: Feb 2nd 1928

20 UNDERTAKER: Henry A Jenkins & Son Co — ADDRESS: Mt. Washington

very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30113

CERTIFICATE OF DEATH.

170 ✓ E 30113

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1523 Clifford ave St. 13-59 Ward

2-FULL NAME John Harold Mowrey

(a) RESIDENCE NO. 1523 Clifford ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 18 96

7 AGE	Years	Months	Days	IF LESS than 1 day ..hrs. or ..min.
31	32	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Store

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Conn

PARENTS

10 NAME OF FATHER John S Mowry

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Conn

12 MAIDEN NAME OF MOTHER Sanderson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) N H

14 Informant John S Mowry

(Address) Richmond Va

15 Filed FEB 2 1928 HARRISON JONES, M. D. Registrar

very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/1 1928

17 I HEREBY CERTIFY That I took charge of the remains described above, held an inquest (autopsy or inquiry) thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

THE CAUSE OF DEATH was as follows: Gun shot wound through head - Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) John Thomas M. D.
(Coroner)

2/2, 1928 (Address) 1292 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..yrs., ..mos., ..ds. In the State ..yrs., ..mos., ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Richmond Va — Date of Burial Feb 2 1928

20 UNDERTAKER W M Canton — ADDRESS 223 N Howard

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

30114

CERTIFICATE OF DEATH.

+ 186-003

E 30114

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. Gen. Hosp. St. 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Lewis

(a) RESIDENCE NO. Centralia Pa St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary A. Lewis

6 DATE OF BIRTH (month, day, and year): Aug 16 1882

7 AGE — Years: 45 Months: 5 Days: 15 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Fruit Grower

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Illinois Feb 4, 1925

(State or country)

PARENTS

10 NAME OF FATHER: Harry Lewis

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Virginia

12 MAIDEN NAME OF MOTHER: Temperance Allison

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Virginia

14 Informant: Mrs Mary A. Lewis

(Address) Centralia Pa

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 4 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary): Auto - accident

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. T. Hennessy M. D.

(Coroner)

(Address) 25 W Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Friends meeting House Pa Date of Burial: Feb 4 1925

20 UNDERTAKER: Frank A. Newcomer ADDRESS: Pottsville Pa.

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 30115

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 30115
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 5512 Highgate Rd. ST.) 27 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Helen King.

(a) RESIDENCE NO. 5512 Highgate Rd. ST. WARD 27
(Usual place of abode)

Length of residence in city or town where death occurred since mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas W. King

6 DATE OF BIRTH (month, day, and year) July 30. 1880

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
48	5 6	30 0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Williamsport. Md

PARENTS

10 NAME OF FATHER John Henry Rodriguez

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Miss Matchett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Thomas W. King (Address) 5512 Highgate Rd.

15 Filed FEB 2 1928 H. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 25, 1927, to Jan 30, 1928 that I last saw h alive on Jan 30, 1928 and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Mitral Endocarditis

(duration) Uncertain mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. Unknown mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical study

(Signed) C. B. Cuvor M. D.

2-2, 1928 (Address) 4936 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fernhill Cem. Phila DATE OF BURIAL Feb 3 1928

20 UNDERTAKER Frank H. Nurell ADDRESS Pikesville Md.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30116

CERTIFICATE OF DEATH

74-801

E 30116

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2 N. Fulton, Avenue. St. 20-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John L. Crothers.

(a) RESIDENCE NO. 2 N. Fulton, Avenue. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth 77 yrs. 0 mos. 16 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Widower.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline R. Crothers.

6 DATE OF BIRTH (month, day, and year) Jan/15/1851.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	77.	0.	16.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work General Foreman.

(b) General nature of industry, business, or establishment in which employed (or employer) Retired.

(c) Name of employer B. & O. R. R.

9 BIRTHPLACE (city or town) Cecil Co.

(State or country) Maryland.

PARENTS

10 NAME OF FATHER Alpheus, Crothers.

11 BIRTHPLACE OF FATHER (City or town) Cecil Co.

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Margaret Porter.

13 BIRTHPLACE OF MOTHER (city or town) Cecil Co.

(State or country) Maryland.

14 Informant Mr. Wm. B. Crothers. (Son)

(Address) 2 N. Fulton. Avenue.

15 Filed 2-1-1928 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January. 31st. 1928. 19

17 I HEREBY CERTIFY, That I attended deceased from Jan 20 19 28, to Jan 31 19 28,

that I last saw him alive on Jan 31 19 28,

and that death occurred, on the date stated above, at 4-00. P. M.

The CAUSE OF DEATH was as follows*

Cerebral Hemorrhage (Hemiplegia)

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. mos ds.

18 Where was disease contracted —

If not at place of death*

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) [illegible] M. D.

2/1 19 28 (Address) 17 [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery. Date of Burial 2/4/1928.

20 UNDERTAKER J. Walter Davis, ADDRESS 3307 Paine St.

J. Walter Davis

very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 30117 ✓ 90 E 30117

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. #3400 Oakenshaw Pl. St. 12-49 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pauline Vonder Heyde

(a) RESIDENCE NO. #3400 Oakenshaw Pl. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. if of foreign birth 70 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of late Chas. Vonder Heyde

6 DATE OF BIRTH (month, day, and year) April 6th. 43

7 AGE — Years: 84 — Months: 9 — Days: 25 — IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER John Heilmann

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Anna

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germeny

14 Informant Mrs. Frederick Weber

(Address) 3400 Oakenshaw Rd.

As Filed FEB 2 - 1928 HAMILTON JONES, Registrar

By R M M

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 25th, 19 28, to Jan 31st, 19 28,

that I last saw h[illegible] alive on Jan 29th, 19 28,

and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Hypocarditis and Asthenia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis Exhaustion

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A Valdaran, M. D.

, 19 (Address) 210 East Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cem

Date of Burial 2/3 1928

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans St

very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

E 30118

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 30118

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 512 N. Chapple St. 6-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barbara K. Sterner

(a) RESIDENCE NO. 512 N. Chapple St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed or divorced (or) WIFE of: late John A. Sterner

6 DATE OF BIRTH (month, day, and year): Oct 25/63

7 AGE — Years: 64 Months: 3 Days: 6 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto

(State or country): Md.

PARENTS

10 NAME OF FATHER: Anmiller

11 BIRTHPLACE OF FATHER (City or town): Ger.

(State or country)

12 MAIDEN NAME OF MOTHER:

13 BIRTHPLACE OF MOTHER (City or town): Ger.

(State or country)

14 Informant: Margaret A. Sterner

(Address): 512 N. Chapple St

15 Filed FEB 2 - 1928 16 Registrar: HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 31/28

17 I HEREBY CERTIFY, That I attended deceased from January, 1926, to January 30, 1928, that I last saw h alive on January 30, 1928, and that death occurred, on the date stated above, at 9.45 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary): Chronic Nephritis - General arteriosclerosis

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frank J. Ayd M. D.

Jan 31, 1928 (Address) 2065 E. Monument St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Date of Burial 2/3 1928

20 UNDERTAKER: Philip Herring ADDRESS 2016 Orleans Av

very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

30119

HEALTH DEPARTMENT—CITY OF BALTIMORE

30119

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1935 Penrose Ave St. 20-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank J. Slum

(a) RESIDENCE NO. 1935 Penrose St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 8, 1927

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
		3	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Frank J Slum Jr

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Genevieve Day

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md

14 Informant Frank J Slum Jr

(Address) 1935 Penrose Ave

15 Filed 1928 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/1 19 28

17 I HEREBY CERTIFY, That I attended deceased from 2/1 19 28 to 2/1 19 28

that I last saw h[illegible] alive on 2/1 19 28

and that death occurred, on the date stated above, at 10:30 a m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical exam

(Signed) Chas P Clark M. D.

2/1 19 28 (Address) 2105 N Bolton St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
New Cathedral	Feb 3 1928
20 UNDERTAKER George J Smith	ADDRESS 532 Hollins

very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

185

E 30120

CERTIFICATE OF DEATH.

E 30120

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. Gen. Hosp't 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Beksinski. (Beck)

(a) RESIDENCE NO. 304 E. Washington St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Beksinski.

6 DATE OF BIRTH (month, day, and year) Feb 2 - 1882

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	43	11	28 29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Rigger. Jr

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Balto. Dry Dock Co..

9 BIRTHPLACE (city or town) Feb. 2, 1882

(State or country) Russia Poland

PARENTS

10 NAME OF FATHER Frank Beksinski.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia Poland.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia Poland

14 Informant Mrs. Julia Beksinski, Wife

(Address) 304 E. Washington St.

15 Filed 2-1926 16 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 4 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Base of Skull (accidental)

5 hrs

(duration) yrs. mos.

CONTRIBUTORY (Secondary) Fell from rigging

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.

(Coroner)

Feb. 4, 1928 (Address) 2572 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus. Date of Burial Feb 4 1928.

20 UNDERTAKER W. J. Sadowski. ADDRESS 701 E. Lanvale

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30121

CERTIFICATE OF DEATH.

100-001

E 30121

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St., 7-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Milton Dambrowski

(a) RESIDENCE NO. 730 S. Broadway St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 8/27

7 AGE	Years	Months	Days 23	IF LESS than 1 day.....hrs. or.....min.
		7	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work..... child

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9 BIRTHPLACE (city or town).....

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER James Dambrowski

11 BIRTHPLACE OF FATHER (city or town).....

(State or country) Poland

12 MAIDEN NAME OF MOTHER xxxx Janezak

13 BIRTHPLACE OF MOTHER (city or town).....

(State or country) po.and

14 Informant Father

(Address)

15 Filed FEB 2 1928 19 WILSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said H/S (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncopneumonia-Empyema

..... (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

..... (duration) .....yrs. .....mos. .....ds.

(Signed) J. S. Wilson, M. D.
(Coroner)

2/2/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem - Date of Burial 1928

20 UNDERTAKER 730 Gazewski ADDRESS E 730 Eastern ave

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30122

CERTIFICATE OF DEATH.

31

REGISTERED NO. E 30122

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital ST. 16 WARD)

2-FULL NAME Michael Stickler

(a) RESIDENCE NO. 1614 Milton Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 11-26-1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	1	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Conductor

(b) General nature of industry, business, or establishment in which employed (or employer) United Rlys

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER Samuel Stickler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Mary Imler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant (Address) Mr. S. Stickler 2 Ashland & Randall

15 Filed 2-1928 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 15 1928, to Feb 1st 1928.

that I last saw him alive on Feb 1st 1928.

and that death occurred, on the date stated above, at 4 PM m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (probably tuberculous)

(duration) yrs. mos 28 ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. Lawrence Fahrney, M. D.

, 19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bedford Pa.

DATE OF BURIAL 2/5 1928

20 UNDERTAKER L. F. McCauley

ADDRESS 130 C. Fort

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30123

CERTIFICATE OF DEATH.

144 E 30123

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. John Hopkins Hospital St. 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ethel Stokeley

(a) RESIDENCE NO. 1614 N Calhoun St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of GeorgeStokeley

6 DATE OF BIRTH (month, day, and year) Mch 15/1890

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
	37	10	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Howard Co., Md.

PARENTS

10 NAME OF FATHER George Jackson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Howard Co., Md.

12 MAIDEN NAME OF MOTHER Sarah Dorsey

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Howard Co., Md.

14 Informant Husband

(Address)

15 Filed ... 19 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29/28 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock- Post partum Hemorrhage

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) Jos H Walker M. D.

(Coroner)

2/2/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Date of Burial Feb. 2, 1928

20 UNDERTAKER Mrs. K. G. E. H. ADDRESS 1723 Eastlander

FEB 2 1928

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30124

CERTIFICATE OF DEATH.

E 30124

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. West Balto. Gen. Hospital St., 8-16 Ward)

2-FULL NAME Mae Leonard

(a) RESIDENCE NO. 1936 N. Patterson Park ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Albert R. Leonard

6 DATE OF BIRTH (month, day, and year) March 13, 1889

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	38	10	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Reidsville N.C.

(State or country)

PARENTS

10 NAME OF FATHER Thomas A. Keath

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Betty Proctor

13 BIRTHPLACE OF MOTHER (city or town) N.C.

(State or country)

14 Informant Albert R. Leonard

(Address) 1936 N. Patterson Park ave

15 Filed Feb 3, 1928 C. HAMILTON JONES, M. D. Registrar

16 [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 2, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

(Signed) J. F. Hennessy M. D. (Coroner)

Feb 3, 1928 (Address) 2572 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemty Date of Burial Feb. 4, 1928

20 UNDERTAKER John A. Maan ADDRESS 3000 E. Balto St.

Very important. See instructions on [illegible]

Spec.—1-12-25—M&T—500 Blks.

Cora Simmons

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30125

CERTIFICATE OF DEATH.

137

E 30125

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. H-1 WARD)

2-FULL NAME Cora Simmons

(a) RESIDENCE NO. 312 Bethel Court St. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): June 1904

7 AGE: Years 24; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Annapolis Md

PARENTS

10 NAME OF FATHER: Chas Simmons

11 BIRTHPLACE OF FATHER (city or town) (State or country): Great Rivers Md

12 MAIDEN NAME OF MOTHER: Simmons carpenter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Rachel Hallmon (Address) 312 Bethel Court

15 Filed 12-1928 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 31 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov-22-'27 to Jan 31-'28

that I last saw h~ alive on Jan 31-'28

and that death occurred, on the date stated above, at 8 A.M.

The CAUSE OF DEATH* was as follows:

Ovarian Cyst.

(duration) yrs. mos

CONTRIBUTORY (Secondary) Peritonitis - Bronchitis

(duration) yrs. mos 2 wks

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of Jan 13-28

Was there an autopsy? no

What test confirmed diagnosis? physical signs

(Signed) Emil Holman M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemetery — DATE OF BURIAL: Feb. 2, 1928

UNDERTAKER: Mrs Katie R. Williams — ADDRESS 322 E Schroeder St

Spec.—8-24-14—M. & T.—2000 Bks.

E 30126 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30126

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 Harlem Ave St. 16-76 WARD) REGISTERED No. C 90

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nina Glover

(Residence in Baltimore: No. 915 Harlem Ave St. 70 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) M

6-DATE OF DATE. Feb 25, 1880 (Month) (Day) (Year)

7-AGE. 47 yrs. 11 mos. 6 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Cook
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country). Northumberland Co. Va

PARENTS.

10-NAME OF FATHER. Daniel Wallace

11-BIRTHPLACE OF FATHER (State or Country). Northumberland Co Va.

12-MAIDEN NAME OF MOTHER. Marcellina ?

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Claudius Scott

(Address) 915 Harlem Ave.

15- Filed Dec 2 1928 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan 31, 1928 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 24 1928, to Jan 30 1928, that I saw her alive on Jan 30 1928, and that death occurred, on the date stated above, at 5 10 a. m.

The CAUSE OF DEATH* was as follows:

Cardio - Renal Disease

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Hypertension

(Duration) yrs. mos. ds.

(Signed) J. B. Hughes M. D.

Jan 31, 1928 (Address) 1413 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt. Auburn Cemetery

DATE OF BURIAL. Feb 2, 1928

20-UNDERTAKER Mrs. Katie R. Williams

ADDRESS 322 N. Schroeder St

Cor.—12-9-25—A Co.—200 Bks.

E 30127

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30127

100-001

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St. 5-6 Ward)

2-FULL NAME Aaron Epstein

(a) RESIDENCE NO. 121 Aisquith St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 53; Months; Days; IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Caterer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: self

9 BIRTHPLACE (city or town):

(State or country): Russia

PARENTS

10 NAME OF FATHER: Abraham Epstein

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Russia

12 MAIDEN NAME OF MOTHER: Etta Reva

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Russia

14 Informant: Wife Rose Epstein

(Address): 121 Aisquith St

Filed FEB 2 1928 C. HARRISON JONES, Registrar

Fee:

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Cruse M. D.

(Coroner)

2/2/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Southern Ave Date of Burial 2/2 1928

20 UNDERTAKER: Sol Kleinman & Bro ADDRESS 1127 E Balto St

Very Important. See Instructions on Back of Certificate.

Spec.—1-12-23—M&T—500 Bks.

E 30128

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30128

CERTIFICATE OF DEATH.

128

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1621 Prentiss — St. 15-21 WARD)

2-FULL NAME James W. Burris

(a) RESIDENCE NO. 1621 Prentiss ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	married.

5a If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Lucy Burris

6 DATE OF BIRTH (month, day, and year) — 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	50	6	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Port Royal Va

PARENTS

10 NAME OF FATHER William Burris.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Lucy Burris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Lucy Burris

(Address) 1621 Prentiss St.

15 Filed 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/30 1928

17 I HEREBY CERTIFY, That I attended deceased from 1/1 1928 to 1/30 1928

that I last saw h— alive on 1/29 1928

and that death occurred, on the date stated above, at 8 A M

The CAUSE OF DEATH* was as follows:

a. Nephritis

b

c

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Burkett, M. D.

1/31 1928 (Address) 1719 O St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL 2/2 1928

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Pennsylvania Ave

Spec.—12-23-21—E.B.R.S.—400 Bks.

E 30129

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

E 30129

Registered No.

1-PLACE OF DEATH 777 George St

City of BALTIMORE: (No. John T Ross 17-76 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John T Ross

(a) Residence No. 777 George St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

*Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Mar

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1868

7-AGE. 60 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer R D Hering Co

9-BIRTHPLACE (city or town) Balto (State or Country),

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), unk

12-MAIDEN NAME OF MOTHER, unk

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), unk

14- (Informant) Chas H. Ross

(Address) 1124 Shields Rd

15- Filed FEB 2 - 1928 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 1/28

17- I HEREBY CERTIFY, That I attended deceased from Dec 19 27 to Feb 1 19 28

that I last saw h alive on Jan 31 19 28

and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Kidney Disease

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Norwood M. D.

Feb 2, 19 (Address) 939 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL, Feb 2, 1928

20-UNDERTAKER, Hamilton Eudois

ADDRESS 96 Oa ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30130

31

CERTIFICATE OF DEATH.

E 30130

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 318 S. Garrison Lane ST.) (64 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Omer Frey

(a) RESIDENCE NO. 318 S. Garrison Lane ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Julia Frey.

6 DATE OF BIRTH (month, day, and year): July 1- 1890

7 AGE — Years: 37 — Months: 7 — Days: — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farm Business

(b) General nature of industry, business, or establishment in which employed (or employer): Self.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Henry F. Frey

11 BIRTHPLACE OF FATHER (city or town) (State or country?): Maryland

12 MAIDEN NAME OF MOTHER: Clista Martin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Miss Lottie Frey

(Address) 318 - S. Garrison Lane

15 Filed [illegible], 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 1a 1928

17

I HEREBY CERTIFY, That I attended deceased from 6 Jan, 1928, to 1 Feb, 1928,

that I last saw h[illegible] alive on 1 Feb, 1928,

and that death occurred, on the date stated above, at 1240 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis, (Pulmonary)

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary): Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) [illegible], M. D.

, 19 (Address) 2075 Fredrick Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: 2/3 1928

20 UNDERTAKER: Wm Cook -

ADDRESS: 562 E Pratt

E 30131 — S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30131

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH 1526 N. Washington St. — Registered No. 817

City of BALTIMORE: (No.) 1526 N. Washington St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Elizabeth Birch (Birch)

(a) Residence No. 1526 North Washington St., 8 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. 2 mos. 10 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Birch

6-DATE OF BIRTH (month, day and year) Nov. 21 1843

7-AGE. 84 yrs. 2 mos. 10 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired [illegible] wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country). Fredrick Md

PARENTS.

10-NAME OF FATHER. James Conner

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Dechimpre Md

12-MAIDEN NAME OF MOTHER. Lydia A. Harrison

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Fredrick Md

11- (Informant) Mrs. George N. Thurman

(Address) 429 E. 22nd St. Daughter

15- Filed Feb 2 - 1928 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan. 31, 1928

17- I HEREBY CERTIFY, That I attended deceased from Jan. 2 1928 to Jan 31 1928.

That I last saw her alive on Jan. 31 1928

and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma Pancreas

(Duration) yrs. 1 mos. ds

CONTRIBUTORY (Secondary) Arteriosclerosis

Unknown (Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Personal Knowledge

(Signed) A. L. Macdonald M. D.

Feb 1, 1928 (Address) 1540 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Olivet Cemetery — DATE OF BURIAL. 2/3/, 1928

20-UNDERTAKER. Wm Cook — ADDRESS 502 E. North Ave.

Spec.—1-12-23—M&T—500 Bks.

E 30132

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 30132
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3013 Barclay ST. 17-50 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary C. Knight

(a) RESIDENCE No. 3013 Barclay ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of August Knight

6 DATE OF BIRTH (month, day, and year) Dont Know

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	75 years.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Joseph M. Knight
(Address) 3013 Barclay St.

15 Filed JAN 31 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1 — 1928

17 I HEREBY CERTIFY, That I attended deceased from Jany 24, 1928, to Jany 31, 1928

that I last saw h Er alive on Jany 31, 1928

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Hypertrophied & Enlarged Heart

Dont Know (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Dk,

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) W. J. Costello M. D.

, 19 (Address) 335 E 31st St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL Feb 3 1928

20 UNDERTAKER Wm Cook

ADDRESS 502 E North Ave

Spec. -7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30133

CERTIFICATE OF DEATH

E 30133

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Provident Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Blanch Bell

(a) RESIDENCE NO. 615 George St. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE: Years 33 Months Days IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va

PARENTS

10 NAME OF FATHER John Bell

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Blanch Bell

(Address) 615 George St

15 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-29 1928

17 I HEREBY CERTIFY, That I attended deceased from 1-23, 1928, to 1-29, 1928, that I last saw h[illegible] alive on 1-29, 1928, and that death occurred, on the date stated above, at 7:45 p m.

The CAUSE OF DEATH* was as follows:

Gastric ulcer

Perforation

Diffused peritonitis

(duration) yrs. mos. 6 ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 1-24-28

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) C. L. Jackson M. D.

1/29 1928 (Address) 806 W Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: ~~Mt Auburn~~ National Lee — Date of Burial 2/3 28

20 UNDERTAKER: Samuel Easton — ADDRESS 916 Pa Ave

Very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30134

CERTIFICATE OF DEATH

100 001

E 30134

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Md Gen Hosp St., 22-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kenneth Tyson

(a) RESIDENCE NO. 518 S Rock St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 9 ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 14 1928

7 AGE Years — Months — Days 18 19

IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Clarence Tyson

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Lizzie Baker

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md

14 Informant Hospital Records

(Address)

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2 1928 19

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1928 to Feb 2, 1928, that I last saw him alive on Feb 2, 1928, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. 19 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted

If not at place of death? home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Eugene Stevens, M. D.

, 19 (Address) 1 W Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Hampden Date of Burial Feb 3 1928

20 UNDERTAKER Chenowith & Son Address 817 Chestnut

Very Important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

30135 HEALTH DEPARTMENT—CITY OF BALTIMORE 30135

CERTIFICATE OF DEATH.

REGISTERED NO

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2129 N. Mont Ave (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Olivia V. Mueller

(a) RESIDENCE. No. 2129 N. Mont Ave. WARD.

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 12 / 1889

7 AGE: Years 38 | Months 11 | Days 20 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Louis Decker

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant Dr. C. Miles Mueller
(Address) 2129 N. Mont Ave.

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar
By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-1-1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1926 to Feb 1, 1928, that I last saw her alive on Feb 1, 1928, and that death occurred, on the date stated above, at 9:00 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast. (Right)

(duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Dec 8/26

Was there an autopsy?

What test confirmed diagnosis? Clinical.

(Signed) Jos. H. Lamenbaugh M. D.

2-1-1928 (Address) 2215 N. Mont Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druids Ridge Cem

DATE OF BURIAL: Feby 4 1928

20 UNDERTAKER: Harry C. Ellen

ADDRESS: 1716 N. Mont Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 30136

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 30136
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4001 Hilladale Road ST.) (13-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amanda E. Stoner

(a) RESIDENCE. No. N.W. Cor North & Callow Ave. WARD.
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Samuel H Stoner

6 DATE OF BIRTH (month, day, and year) Jan 21 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	—	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Harford county md

PARENTS

10 NAME OF FATHER Wm B Tipton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore county md

12 MAIDEN NAME OF MOTHER Catherine Deets

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore county md

14 Informant John F Tipton
(Address) Jamesville md

15 Filed FEB 2 - 1928 19 HAMMOND, M. D. Registrar R W C

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 2 1928

17 I HEREBY CERTIFY, That I attended deceased from Feby. 1 1928. Only — 19 — that I last saw h Ex alive on Feby 1 1928 and that death occurred, on the date stated above, at 5-30 A. m.

The CAUSE OF DEATH* was as follows:

Septicemia.

Mr Kunz. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Erysipelas.
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? N.W. Cor North-Callow Ave

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? None.

(Signed) Harry N. Arthur M. D.

Feby. 1928 (Address) 3908 Hilladale Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bethel Cemetary

DATE OF BURIAL Feb 4 1928

20 UNDERTAKER Ekas Kunz & Son

ADDRESS Jamesville Md

Spec—12-23-21—E.B.R.S.—400 Bks.

Rutledge 1623 E North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30137 E 30137

CERTIFICATE OF DEATH.

129

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 215 W 25th St. 12-50 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lydia A. Cox

(a) Residence No. 215 W 25th St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX. F

4-COLOR OR RACE. W.

5-Single, Married, Widowed, or Divorced. (Write the word.) Widowed

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Isaac E Cox

6-DATE OF BIRTH (month, day and year) Dec 20, 1840

7-AGE. 87 yrs. 1 mos. 11 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. At Home

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town). (State or Country). Md

PARENTS.

10-NAME OF FATHER. Henry Galbraith

11-BIRTHPLACE OF FATHER (city or town). (State or Country). Pa

12-MAIDEN NAME OF MOTHER. Elizabeth Lovell

13-BIRTHPLACE OF MOTHER (city or town). (State or Country). Md

14- (Informant) Mrs Mary Cochran

(Address) 215 W 25th St

15- C. HAMPSON JONES, M. D.

Filed 1928 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 31. 1928

17- I HEREBY CERTIFY, That I attended deceased from Jan 29 1928 to Jan 31 1928

that I last saw h. alive on Jan 31 1928

and that death occurred, on the date stated above, at 11 1 m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

Aortic & Coron. v. arteriosclerosis

& chronic

(Duration) yrs. mos. 2 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis & heart failure

(Duration) yrs. mos. 2 4 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & symptoms

(Signed) Wm H Doughty M. D

2/2 1928 (Address) 1626 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Druid Ridge

DATE OF BURIAL. 2/3 1928

20-UNDERTAKER. Wm Cook

ADDRESS 502 E North Ave

Spec.—1-12-23—M&T—500 Bks.

E 30138 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30138

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5331 Ristenstown Road ST., 41-55 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Eckstine

(a) RESIDENCE No. 5331 Ristenstown Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., if of foreign birth? 79 yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of John Eckstine

6 DATE OF BIRTH (month, day, and year) Oct 30 - 1843

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	3	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Don't Know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England.

14 Informant Henry Eckstine

(Address) 5331 Ristenstown Road.

15 Filed FEB 3 - 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Febry 2 - 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1928, to Febry 2, 1928, that I last saw h[illegible] alive on Febry 1, 1928 and that death occurred, on the date stated above, at 5.40 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Paul Brown, M. D.

Feb. 1928 (Address) 1837 Guilford Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge

DATE OF BURIAL 2/4 1928

UNDERTAKER Pollaine Co

ADDRESS 502 E Ving

Spec.—12-9-25—A. Co.—200 Bks.

Death Certificate filed from Funeral Home dated 2-9-28

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30139 31 E 30139

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2520 Druid Hill Ave St. 13-59 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edith Sampson ~~Hall~~

(a) RESIDENCE NO. 2520 Druid Hill St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Widowed of

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ~~Jesse George~~ Sampson

6 DATE OF BIRTH (month, day, and year): June 7 - 1886

7 AGE: Years 41 Mo. 7 Days 24 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Md.

(State or country)

PARENTS

10 NAME OF FATHER: ? Waters

11 BIRTHPLACE OF FATHER (city or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Unknown

(State or country)

14 Informant: Louis Holley

(Address): 2520 Druid Hill Ave

15 Filed 19 1928 19 FARRAR JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1928: February 1

17 I HEREBY CERTIFY, That I attended deceased from Jan 21, 1928, to Feb 1, 1928, that I last saw h.. alive on ~~Jan~~ 31, 1928, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(duration) yrs. 6(?) mos. ds.

CONTRIBITORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. M. Leard, M. D.

2/2, 1928 (Address) 2005 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Date of Burial 2/7 1928

20 UNDERTAKER: Mrs. Geo. H. Holland ADDRESS 1631 Druid Hill ave

Spec.—1-12-23—M&T—500 Bks.

E 30140

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30140

CERTIFICATE OF DEATH.

99-002

REGISTERED NO.

1-PLACE OF DEATH Hebrew Home for Incurables

CITY OF BALTIMORE: (No. 2100 E Balto ST., 6-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Schlenck

(a) RESIDENCE NO. 2100 E Balto ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. — mos. — ds. How long in U. S., if of foreign birth? 16 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
about	80	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mrs Goldberg

(Address) 501 N Broadway

15 Filed FEB 3 - 1928 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2 1928

17 I HEREBY CERTIFY, That I attended deceased from June, 1925, to Feb 2, 1928, that I last saw h— alive on Feb 2, 1928 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Ch. bronchitis.

(duration) 8 yrs. mos ds.

CONTRIBUTORY (Secondary) hypertonal nephritis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Samuel Levinson M. D.

2/3, 1928 (Address) 1810 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Southern ave

DATE OF BURIAL 2/3 1928

20 UNDERTAKER Sol Levinson & Bro

ADDRESS 112 E Balto St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30141

100-002

CERTIFICATE OF DEATH.

E 30141

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 704 Sarah Ann St., 4th Ward)

2-FULL NAME Geo W. Baynard Jr

(a) RESIDENCE NO. 704 Sarah Ann Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 7 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
M.	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 11-27

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	7	2	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER George W. Baynard Sr

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Virginia Smoot

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant George W. Baynard Jr

(Address) 704 S. Sarah

Filed FEB 3 - 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1 1928

17 I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquest

(Inquest, Autopsy or Inquiry.)

on the body of Jimmy and from the evidence obtained by said Inquest, au-

(Autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) 1 yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 1 ds.

2/3/28 (Signed) W. C. Wades M. D.

, 19 (Address) 143 W. Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem Date of Burial Feb 3 19 28

20 UNDERTAKER James H. Cluse Sons ADDRESS 1405 Madison

HARRISON JONES, M. D.

Registrar

Spec.—1-12-23—M&T—500 Bks.

Thos. J. Peroutka

E 30142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 30142

REGISTERED NO.

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No.) Monument & 1 ST. 26-42 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thos. J. Peroutka

(a) RESIDENCE No. 41 Cherry ave Roxbury Ma ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb-15-1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	21	11	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocery Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Jos J. Peroutka

11 BIRTHPLACE OF FATHER (city or town) (State or country) Chicago Illinois

12 MAIDEN NAME OF MOTHER Marie Lorik

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Chicago Illinois

14 Informant (Address) Jos. J. Peroutka #1 Cherry ave

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 26, 1928, to Feb 1, 1928, that I last saw h[e] alive on Feb. 1, 1928 and that death occurred, on the date stated above, at 4 45 m

The CAUSE OF DEATH* was as follows:

Chronic Rheumatic Cardiovascular disease Mitral insufficiency & stenosis Cardiac failure - Pneumonia

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Rheumatic fever

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Dr Bernard Cohn M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	2/4 1928

20 UNDERTAKER Leonard J. Rinck ADDRESS 6405 Sefton ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44

30143

REGISTERED NO. E 30143

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1922 E. Baltimore St. ST., 6-9 WARD)

2-FULL NAME Nonie Schwartz

(a) RESIDENCE NO. 1922 E. Baltimore ST. ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? 51 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Esther Schwartz

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ~~Non~~ Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Nathan Schwartz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) Jack Lewis 1439 Eutaw pl

Filed 2-4 1928 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 2nd 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 15 1927, to Feb. 2nd 1928, that I last saw h alive on Feb 2nd 1928, and that death occurred, on the date stated above, at 1301 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver (Stomach?)

(duration) yrs 3 mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs mos 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Michael A. O'Brand, M. D.

, 19 (Address) 7360 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arlington Lordale — DATE OF BURIAL 2-3- 1928

20 UNDERTAKER Jack Lewis, 1439 Eutaw pl — ADDRESS

Spec.—1-12-23—M&T—500 Blks.

E 30144

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 30144

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 16 Mattfeld Ave ST. WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliza A McLain

(a) RESIDENCE NO. 16 Mattfeld Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	W.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 26 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	77	9	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Levin McLain

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary R Bateman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Samuel McLain (Address) 715 Fremont Ave

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2 1928

17 I HEREBY CERTIFY, That I attended deceased from June 18 1927 to Feb 2 1928

that I last saw her alive on Feb 2 1928

and that death occurred, on the date stated above, at 1:30 P.M.

The CAUSE OF DEATH* was as follows:

Paralysis

CONTRIBUTORY (Secondary) Cerebral Hemorrhage (duration) yrs. 16 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A A Richardson M.D.

2/3 1928 (Address) 1120 W. 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 2-4 1928

20 UNDERTAKER J M Cook

ADDRESS 307 E Lafayette

Spec—12-23-21—E.B.R.S.—400 Bks.

E 30145 HEALTH DEPARTMENT—CITY OF BALTIMORE

43 E 30145

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 350 E. Fayette St., 27-43 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. George T. Eckels

(a) Residence No. 350 E. Fayette St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Aug 27 1854

7-AGE. 73 yrs. 5 mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Iron Worker

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. Henry T. Eckels

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Baltimore Md.

12-MAIDEN NAME OF MOTHER. E. Freimuth

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14-

(Informant) Mrs. Jennie Eckels

(Address) 350 E. Fayette St.

15-

Filed B 3 - 1928 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb. 1, 1928

17. I HEREBY CERTIFY, That I attended deceased from April 1927 to Feb. 1 1928

that I last saw him alive on Feb. 1 1928

and that death occurred, on the date stated above, at 5:15 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Sarcoma of Tonsil

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. W. Emery M. D.

, 19 (Address) 1812 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudoun

DATE OF BURIAL. Feb. 4th 1928

20-UNDERTAKER. J. Freeman

ADDRESS 1121 E. Baltimore

Spec.—1-12-23—3M T—500 Blks.

30146

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

14-002 E 30146

REGISTERED NO.

1-PLACE OF DEATH Balto City Hospl

CITY OF BALTIMORE: (No.) Balto Md. (St.) 9-18 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Anderson

(a) RESIDENCE No. 1446 Harford Ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Widow

6 DATE OF BIRTH (month, day, and year): 1872

7 AGE: 55 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer): Domestic do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Thomas Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Balto City Hospl (Address): Balto Md

15 Filed 2-3-1928, 19 [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2 — 1 — 1928

17

I HEREBY CERTIFY, That I attended deceased from 1-6-, 1928, to 2-1-, 1928

that I last saw her alive on 2-1-, 1928

and that death occurred, on the date stated above, at 11.45 A m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

Cerebral Thrombosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary): Cyanosis w/ Cerebral Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Observation

(Signed) Harry [illegible] M.D.

2/1/ 1928 (Address) 19 Monument City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fraternal Cem

DATE OF BURIAL: Feb. 6 1928

20 UNDERTAKER: [illegible] Jeff. Locke

ADDRESS: 1302 Jefferson St

Spec.—1-10-21—M&T—1500 Bks.

E 30147

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B 30147

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Franklin Square Hosp

CITY OF BALTIMORE: (No. Fayette & Calhoun St. 19-76 WARD)

2-FULL NAME Anna Heddeman

(a) RESIDENCE NO. Lorraine Ave, Essex Mst., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Heddeman

6 DATE OF BIRTH (month, day, and year) Aug ? 1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) md

PARENTS

10 NAME OF FATHER Elmer Altvater

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, md

12 MAIDEN NAME OF MOTHER Margaret Bryan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, md

14 Informant husband (Address)

15 Filed 1928 C. HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 30, 1928, to Feb. 2, 1928, that I last saw her alive on Feb 2, 1928, and that death occurred, on the date stated above, at 5 30 A m.

The CAUSE OF DEATH* was as follows:

Chronic diabetes mellitus, uraemia - (Primary)

Renal abscess & pneumonia (Secondary)

(duration) yrs. mos 7 ds.

CONTRIBUTORY - Acute nephritis (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? yes Date of Feb 1, 1928

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Elizabeth B Shannon, M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cemetery — DATE OF BURIAL Feb 6 1928

20 UNDERTAKER Lilly & Zeiler Inc. — ADDRESS 403 S. Wolfe St

Spec.—1-12-23—M&T—500 Bks.

E 30148

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 30148

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 814 S. First ST. 26-1 WARD)

2-FULL NAME Antonia Hock.

(a) RESIDENCE NO. 814 S. First ST., 26 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of Ferdinand Hock.

6 DATE OF BIRTH (month, day, and year) July. 1863

7 AGE: Years 65; Months 6; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany.

PARENTS

10 NAME OF FATHER Joseph Beutler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Eva — —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant Peter Ferdinand Hock. (Address) 814 S. First St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 1st 1928

17

I HEREBY CERTIFY, That I attended deceased from 1/17, 1928, to 2/1, 1928, that I last saw h e alive on 2/1/28, 19, and that death occurred, on the date stated above, at 5 10 p m.

The CAUSE OF DEATH* was as follows:

Uremic Sclerosis, x
Cerebral Haemorrhage

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? No Date of ~

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. H. McGarrell M. D.

2/2, 1928 (Address) 633-5-3rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cemetery — DATE OF BURIAL: Feb. 4th 1928

20 UNDERTAKER: Lilly-Zeiler Co. — ADDRESS: 409 S. Wolfe St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30149

CERTIFICATE OF DEATH.

31

E 30149
REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1739 Bank ST., 11 WARD)

2-FULL NAME Phillip Ebert

(a) RESIDENCE NO. 1739 Bank ST., 2 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44 yrs	2 mos	3 ds	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Ebert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Nokes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant mother
(Address)

Filed 3 1928 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1, 1928

17 I HEREBY CERTIFY, That I attended deceased from June, 1927, to Feb 1, 1928, that I last saw him alive on Feb 1, 1928, and that death occurred, on the date stated above, at 6 A.M. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs 7 mos 13 ds

CONTRIBUTORY (Secondary) ~~Gout~~ Laryngitis, Pharyngitis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? residence

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Grace J. Tenley, M. D.

2/1, 1928 (Address) 1402 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL Feb 4th 1928

20 UNDERTAKER Lilly & Julian INC. — ADDRESS 1038 Wolfe St.

Spec.—1-10-21—M&T—1500 Blks.

E 30150 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 30150

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2075 St. Paul ST. 17-50 (WARD)

2-FULL NAME Cora Rochester Etheridge

(a) RESIDENCE NO. 2075 St. Paul ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced (or) WIFE of Dr William H Etheridge

6 DATE OF BIRTH (month, day, and year) March 30-1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	9	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Kent Co (State or country) Maryland.

PARENTS

10 NAME OF FATHER Isaac A Allen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wales

12 MAIDEN NAME OF MOTHER Henrietta Rochester

13 BIRTHPLACE OF MOTHER (city or town) Kent Co (State or country) Maryland.

14 Informant Dr William H Etheridge (Address) 2075 St Paul St.

15 Filed FEB 3 - 1928 C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 1st 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 18- 1928 to Feb. 1st 1928

that I last saw h[illegible] alive on Feb. 1st 1928

and that death occurred, on the date stated above, at 7.40 P m.

The CAUSE OF DEATH* was as follows: Chronic Interstitial Nephritis. Arterial Hypertension.

Unknown

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No - signed Chas E Habliston

What test confirmed diagnosis? Clinically -

(Signed) Chas E Habliston M. D.

19 (Address) 907 N. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loraine Cemetery

DATE OF BURIAL Feb. 4 1928

20 UNDERTAKER Lyndon & Josephine Ave Woodberry

ADDRESS

Cor.—12-9-25—A Co.—200 Bks.

E 30151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 30151

1-PLACE OF DEATH

City of BALTIMORE: (No. Orchard & Glenmore Aves. 27-43 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John G. Bramble

(a) RESIDENCE NO. Orchard & Glenmire Aves. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Margaret Bramble

6 DATE OF BIRTH (month, day, and year) Oct 10/1851

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	76	3	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Dorchester CO., Md

PARENTS

10 NAME OF FATHER William Bramble

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Dorchester Co., Md.

12 MAIDEN NAME OF MOTHER Sarah Hicks

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Dorchester Co., Md.

14 Informant Wife

(Address)

Filed B. 3 1928 C. HAMPSON JOKES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31/28 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation

(duration) yrs. mos. ds.

(Signed) J. H. Wilson M. D.

(Coroner)

2/1/28 (Address) 508E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cemetery Date of Burial Feb. 3 1928

20 UNDERTAKER Hughes Johnson Inc ADDRESS 4st N. Broadway

Spec.—1-12-23—M&T—500 Blks.

Ethamer Bigby

E 30152 HEALTH DEPARTMENT—CITY OF BALTIMORE 101-001 E 30152

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) West Baltimore Gen. Hosp (ST.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ethamer Bigby

(a) RESIDENCE NO. 127 McCullough ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Bigby

6 DATE OF BIRTH (month, day, and year) [illegible] 1892

7 AGE: 36 Years 35 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Kelly Bigby

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Emma Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Informant Minnie Bigby (Address) 1211 McCullough St

15 Filed 2-3-1928 G. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 2 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1928, to Feb 2, 1928.

That I last saw him alive on Feb. 2, 1928

and that death occurred, on the date stated above, at 2.50 P.M.

The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Louis T. Levy, M. D.

2/2/28 (Address) W. Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Arbutus M. G. — DATE OF BURIAL: Feb 3 1928

20 UNDERTAKER: M. R. G. Ellis — ADDRESS: Arbutus Md

Cor.—12-9-25—A Co.—200 Bks.

E 30153

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30153

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1437 Patapsco St. St. 23-33 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herman Zimmerman.

(a) RESIDENCE NO. 1487 Patapsco St. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	White.	Married

3a If married, HUSBAND of Mary V. Zimmerman.

6 DATE OF BIRTH (month, day, and year) June -- 1871

7 AGE	Years	Mos.	Days	IF LESS than 1 day ..... hrs. or ..... min.
	56	8	--	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Herman Zimmerman.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Caroline Butts.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany.

14 Informant Louis V. Zimmerman. (brother)

(Address) 17 W. Fort Ave.

15 Filed FEB 3- 1928 C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 1, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating gas Asphyxia.
Suicide.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt M. D. (Coroner)

2/2 19 28 (Address) 1019 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem. Sec. 3 Date of Burial 19 28

20 UNDERTAKER A. Raum Evans ADDRESS 38 E. Mad

Spec.—1-12-23—M&T—500 Bks.

E 30154 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30154

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 304 N. Dallas St., 6-9 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary C Small wood

(a) RESIDENCE NO. 304 N Dallas St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Widowed

5a If married, widowed, or divorced (HUSBAND of or) WIFE of Geo Small wood, unknown

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	about 47			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER James H Bassett

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Mary Ferguson

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Flora Winans Nurse (Address) 304 N Dallas

15 Filed FEB 3 - 1928 C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1928, to Feb 1, 1928, that I last saw her alive on Feb 1, 1928, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Parenchymatous Nephritis
Uremia.

(duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency and Hypertension.

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam Lab.

(Signed) R. T. Young, M. D.

2-2 1928 (Address) 1724 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem.

DATE OF BURIAL 2/4 1928

20 UNDERTAKER Byron Wright

ADDRESS 1218 McCulloh St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

30155

E 30155

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hospitals (WARD)

2-FULL NAME Mary Johnson White

(a) RESIDENCE NO. 908 E Lombard ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1909

7 AGE: Years 19 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Maid

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): North Carolina

PARENTS

10 NAME OF FATHER Arthur Wade

11 BIRTHPLACE OF FATHER (city or town) (State or country): North Carolina

12 MAIDEN NAME OF MOTHER Margaret Wade

13 BIRTHPLACE OF MOTHER (city or town) (State or country): North Carolina

14 Informant (Address): Margaret White 725 N Carey St

15 Filed FEB 3 - 1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1, 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 16, 1928 to Feb. 1, 1928

that I last saw her alive on Feb. 1, 1928

and that death occurred, on the date stated above, at 3 30 p.m.

The CAUSE OF DEATH* was as follows:

Pelvic Inflam Disease

Probably (Gonococcus)

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of Jan 20, 1928

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) Blueveld, M. D.

, 19 (Address)* Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Winfall N Carolina — DATE OF BURIAL: Feb 3 1928

20 UNDERTAKER: Jasper E Wrafel — ADDRESS: 364 Mary

Spec—12-23-21—E.B.R.S.—400 Eks.

E 30156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 30156

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2025 E. Preston St., 8-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Andrew F. Will

(a) Residence No. 2025 E. Preston St., Ward.

(Usual place of abode) 50

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 3 mos. ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Will

6-DATE OF BIRTH (month, day and year) May 2nd 1865

7-AGE.	If LESS than 1 day,
62 yrs. 9 mos. 3 ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. 015

(b) General nature of industry, business, or establishment in which employed (or employer). Cooper

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Martinsburg W. Virginia.

PARENTS

10-NAME OF FATHER. Andrew Will

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Kitty Cursey

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Baltimore Md.

14- (Informant) Mrs. Kate Will,

(Address) 2025 E. Preston St.

15- Filed 3- 192[illegible] C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 2 1928

17- I HEREBY CERTIFY, That I attended deceased from November 2nd 1927 to Feb. 2nd 1928

that I last saw [illegible] alive on February 1st 1928

and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Parenchymatous Nephritis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Unknown.

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Personal observation

(Signed) Thos. Conrad Bond M. D.

, 19 (Address) 1900 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.) No.

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Druid Ridge Cemetery	2/4 19 28
20-UNDERTAKER. Henry A. Wearsdorf	ADDRESS. 525 N. Carlton St.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30157

CERTIFICATE OF DEATH.

161-001

E 30157

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. ST. 8-45 WARD)

2-FULL NAME Theresa Hoglund

(a) RESIDENCE NO. 3503 Coolands Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb. 2-1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
6 hours	—	—		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Arthur Rudolph Hoglund

11 BIRTHPLACE OF FATHER (city or town) (State or country) California

12 MAIDEN NAME OF MOTHER Emma Sturla

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Arthur Hoglund (Address) 3503 Coolands

15 Filed 1928 G. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 3, 1928 19

17

I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1928 ~~m~~ to Feb. 3, 19 1928, that I last saw ~~her~~ alive on Feb 2, 1928 19 and that death occurred, on the date stated above, at 1.15 A. m.

The CAUSE OF DEATH* was as follows:

Premature

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of ——

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) H Lamar Fahrney, M. D.

, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL Feb 3, 19 28

20 UNDERTAKER Morgan J. Flynn

ADDRESS 1417 Light St

Spec.—I-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

30158

CERTIFICATE OF DEATH.

86-001

REGISTERED NO. E 30158

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 814 N Lakewood Av ST. 7-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillian Elvira Elliott

(a) RESIDENCE NO. 814 N Lakewood Av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. 5 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (a) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 29, 1922

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	5	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md

PARENTS

10 NAME OF FATHER Geo. H. Elliott Sr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Catharine Vernon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto, Md

14 Informant Geo. H. Elliott Jr.

(Address) 814 N Lakewood Av

Filed 3-1926, 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 18, 1928, to Feb 3, 1928, that I last saw her alive on Feb 2, 1928, and that death occurred, on the date stated above, at 4.45 A m.

The CAUSE OF DEATH* was as follows:

Meningitis

Acute (duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Otitis Media (duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual.

(Signed) J. Leslie Ewell M. D.

2/3, 1928 (Address) 2945 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL Feb 6 1928

20 UNDERTAKER John F Denny

ADDRESS 715 Light St

Spec.—1-12-23—M&T—500 Bks.

30159

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 30159

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 306 S. Regester ST. 2-4 WARD)

2-FULL NAME WILLIAM G. MEURER

(a) RESIDENCE NO. 306 S. Regester ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Katie Meurer

6 DATE OF BIRTH (month, day, and year) Feb. 23. 1855

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
72	11	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Produce Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Nicholas E. Meurer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sophie M. Peterman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Sophie Kimmel (daughter)

(Address) 306 S. Regester St.

15 Filed [illegible] 19[illegible] CHARLES JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 31 19 28

17 I HEREBY CERTIFY, That I attended deceased from 1925, 19 . to January 31 19 28.

that I last saw h— alive on Jan. 31 19 28.

and that death occurred, on the date stated above, at 9 30 m.

The CAUSE OF DEATH* was as follows:

Cortical Block - (Uremia - Cardio-Sclerosis)

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma Larynx

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? Usual

(Signed) Frank C. Bonsall, M. D.

19 (Address) 1250 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL First Evangelical Cemetery — DATE OF BURIAL Feb. 3 1928

20 UNDERTAKER Henry Sander & Sons Inc — ADDRESS 1710 Fleet St.

Cor.—12-9-25—A Co.—200 Bks.

E 30160

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

REGISTERED NO. E 30160

1-PLACE OF DEATH

City of BALTIMORE: (No. 1621 N. Chapel St. 8-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mollie C. Roesch

(a) RESIDENCE NO. 1621 N. Chapel St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. J. Roesch

6 DATE OF BIRTH (month, day, and year) 11/21/1870

7 AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	57	3	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER John T. Ford

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Rose A. Miles

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Hysband

(Address)

15 Filed ..., 19... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Probably Nephritis

(duration) ... yrs. ... mos. ... ds.

(Signed) J. H. Ward (Coroner) M. D.

2/3/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery Date of Burial 2/4 1928

20 UNDERTAKER Albert L. Hilty Jr. ADDRESS 1606 E. Chester St

Registered FEB 1 1928

Spec.—1-12-23—M&T—500 Bks.

E 30161

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30161

CERTIFICATE OF DEATH.

109-002

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkins Ave. ST. 16-22 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Jennie White

(a) RESIDENCE No. 1102 N. Fulton Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. C. White

6 DATE OF BIRTH (month, day, and year) July 15 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	6	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER George McIntyre

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Mary McIntyre

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant George White

(Address) 1102 N. Fulton Ave

15 FEB 3 - 1928 Filed

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1st 1928

17 I HEREBY CERTIFY, That I attended deceased from January 31, 1928, to Feb 1, 1928, that I last saw her alive on Feb 1, 1928 and that death occurred, on the date stated above, at 9.30 m

The CAUSE OF DEATH* was as follows:

Streptococci Jonulitis

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Streptococci Septicemia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Augustine P. Vonschaub, M.D.

(Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL Feb 4 1928

20 UNDERTAKER E. LeRoy Steffler

ADDRESS 125 E. North Ave

Spec.—1-12-23—M&T—500 Bks.

30162

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-E 30162

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 136 Spalding Ave STR 27-56 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry J Pirie

(a) RESIDENCE NO. 136 Spaldingave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Isabel M Pirie

6 DATE OF BIRTH (month, day, and year): March 21 58

7 AGE — Years: 69 — Months: 10 — Days: 10 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Geo J Pirie

11 BIRTHPLACE OF FATHER (city or town) (State or country): England.

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

14 Informant: C H Tyntenberger

(Address) 136 Spalding Ave

15 Filed 1926, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 1 1928

17 I HEREBY CERTIFY, that I attended deceased from Jan 25, 1928, to Feb 1, 1928

that I last saw h[illegible] alive on Feb 1, 1928

and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis ?

(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary): Hypostatic Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm D Baker M. D.

19 (Address) 4754 Falls Heights Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Feb 3 1928

20 UNDERTAKER: H M Rowlson

ADDRESS: 2238 N Mth

Cor.—12-9-25—A Co.—200 Bks.

E 30163

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 30163

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 204 Harrison St. Ward 4-25)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Crimp

(a) RESIDENCE NO. 11 N Pearl St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John F Crimp

6 DATE OF BIRTH (month, day, and year) Feb 6 69

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	59	11	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home work.

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va.

PARENTS.

10 NAME OF FATHER B F Kirkpatrick

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Swank.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant I B Kirkpatrick

(Address) 904 Columbia Ave

15 Filed ..... 19 C. HAMILTON JONES, M. D. Registrar

1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by Inquest (autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

2 Years

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Signed) Thos B. Horton M. D.

(Coroner)

Feb 3rd 1928 (Address) Curtis Bay Md

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harrisonburg Va Date of Burial Feb 4 1928

20 UNDERTAKER H M Routson ADDRESS 2238 N North

Spec.—1-12-23—M&T—500 Bks.

21074/

E 30164

1-PLACE OF DEATH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-84 E 30164

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST., 1-9 (WARD)

2-FULL NAME Alva Brooks Morgan

(a) RESIDENCE No. S Spencer, N C ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 1901

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
23			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S C

PARENTS

10 NAME OF FATHER Jesse Morgan

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Julia Brooks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S C

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1928, to Feb 2, 1928, that I last saw h[illegible] alive on Feb 2, 1928, and that death occurred, on the date stated above, at 10 [illegible] m.

The CAUSE OF DEATH* was as follows:

Brain tumor medulla - Benign (Glioma)

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes limited to Head

What test confirmed diagnosis? Clinical & Autopsy

(Signed) George B. Finney, M. D.

2-3, 1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trenton S 46 — DATE OF BURIAL 2/3/28

20 UNDERTAKER Joseph ahrens — ADDRESS 221 Bway

Spec.—1-10-21 M&T—1500 Bks.

E 30165

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30165

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 526 W. Lexington St. (Ward) 25

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charlotte King

(a) RESIDENCE No. 526 W. Lexington St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of J. Robert King

6 DATE OF BIRTH (month, day, and year) Oct 25 [illegible]

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59 60 "	3 "	4 "	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer —"—

9 BIRTHPLACE (city or town) (State or country) Balto" Md

PARENTS

10 NAME OF FATHER Aug. Einolf

11 BIRTHPLACE OF FATHER (~~City or town~~) (State or country) Germany

12 MAIDEN NAME OF MOTHER Charlotte

13 BIRTHPLACE OF MOTHER (~~city or town~~) (State or country) Germany

14 Informant (Address) Wm Huster 415 W. Fayette St

15 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2 19 28

17 I HEREBY CERTIFY, That I attended deceased from Ap 25, 19 27, to Feb 2, 19 28.

that I last saw her alive on Feb 1, 19 28.

and that death occurred, on the date stated above, at 9:15 A m.

The CAUSE OF DEATH* was as follows:

Duration

(duration) 25 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) none

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical Symptoms

(Signed) W B Kennon, M. D.

2/2, 19 28 (Address) 607 W Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem Boone Board — DATE OF BURIAL 2/4/28

20 UNDERTAKER Joseph Ahrens — ADDRESS 221 Busay

Spec.-7-17-26—A Co.—200 Bks.

E 30166

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30166

CERTIFICATE OF DEATH

1-PLACE OF DEATH

City of BALTIMORE: (No. 3734 Kossuth St. 20-70 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gilbert Schroeders

(a) RESIDENCE NO. 3734 Kossuth St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred from birth yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Jan 30, 1928

7 AGE: Years — Months — Days 3 — IF LESS than 1 day ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town): Balto

(State or country)

PARENTS

10 NAME OF FATHER Frank Schroeders

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Hedwig Burkhardt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant May Rummel (Address) 3734 Kossuth St.

Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 3 1928

17 I HEREBY CERTIFY, That I attended deceased from January 30 1928 to February 3 1928

that I last saw h[illegible] alive on February 2 1928

and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Premature Labor

(duration) ____ yrs. ____ mos. ____ da.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr. Gustav Dill M. D.

2/3 1928 (Address) 509 W. Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — Date of Burial Jan 4, 1928

20 UNDERTAKER Chas. W. Dill. — ADDRESS 3189 Frederick Ave.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 30167

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 30167

1-PLACE OF DEATH

City of BALTIMORE: (No. 1309 Woodyear St. 15-23 Ward) Registered No. 161-081

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby girl Sterling

(a) Residence No. 1309 Woodyear St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-Single, Married, Widowed, or Divorced. (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1/30/28

7-AGE. yrs. mos. 3 ds. 2

If LESS than 1 day, 11 hrs. or 30 min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Samuel Sterling

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Washington D. C.

12-MAIDEN NAME OF MOTHER, Elmer Ruffen

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Md.

14-

(Informant)

(Address)

15-Filed FEB 3 - 1928

C. HAMPSON JONES, M. D. Registrar.

2136

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 2/2/28.

17- I HEREBY CERTIFY, That I attended deceased from 1/30 19 28 to 2/2 19 28

that I last saw h.. alive on 2/2 19 28

and that death occurred, on the date stated above, at 12 noon

The CAUSE OF DEATH* was as follows:

Prematurity

Congenital Atelectasis

(Duration) yrs. mos. 3 ds. 11½ hrs

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Knight Reynolds M. D.

, 19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL DATE OF BURIAL, 19

20-UNDERTAKER. Commissioner Health. ADDRESS FEB 3 - 1928

Per. Wm. E. WOODALL

Spec.—1-12-23—M&T—500 Blks.

30168

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 E 30168

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS 17-24 ST. WARD)

2-FULL NAME William Penn

(a) RESIDENCE No 607 Greenmeadow ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

7 AGE: Years 31 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Gardener

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York New York

PARENTS

10 NAME OF FATHER Carl Penn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Annie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Canada

14 Informant (Address) Records.

15 Filed 1928 . 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/30/ 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1927 to Jan 30, 1928, that I last saw h[illegible]ive on Jan 30, 1928 and that death occurred, on the date stated above, at 1.45 A m.

The CAUSE OF DEATH* was as follows:

Cystic malformation of kidneys, Chronic nephritis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?.

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? General appearance.

(Signed) C. Hampson Jones, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Commissioner Health.

FEB 3 - 19

Spec.—1-12-23—M&T—500 Blks.

E 30169 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30169

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 276 N Exeter St Sta. 5-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maria Carmela Ventura

(a) RESIDENCE NO. 276 N Exeter ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1-30-28

7 AGE Years Months Days 2 If LESS than 1 day, hrs. or min. 1

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ddd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto - Md

PARENTS

10 NAME OF FATHER Agatino Ventura

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Gaetana Bruno

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy -

14 Informant Gaetana Bruno (Address) 276 N Exeter St

15 Filed 1928, 19 C. HAMPSON JONES, M. D. Registrar 2134 Ward

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-31 1928

17 I HEREBY CERTIFY, That I attended deceased from 1-30 , 19 28 , to 1-31 , 19 28

that I last saw h alive on 1-31 , 19 28

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Prematur birth

7 mo - gestation -

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) S. Demarco, M. D.

, 19 (Address) 1804 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL FEB 2 1928

20 UNDERTAKER Commissioner Health

ADDRESS

PAUL A. WOOD & CO.

Spec.—1-12-23—M&T—500 Bks.

E 30170

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30170

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) (Ward) 16 22

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Lewis

(a) RESIDENCE No. 1118 Vincent st. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, and year) 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

BIRTHPLACE (city or town) (State or country) North Carolina

10 NAME OF FATHER William Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Liza Mahogony

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

Informant Hospital Records

(Address)

Filed 1-31-28 1928 2131 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 31. 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1927, to Jan. 31, 1928, that I last saw him alive on Jan. 31, 1928, and that death occurred, on the date stated above, at 6.10 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical and lab.

(Signed) L. L. Madden, M. D.

(Address) Baltimore City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL

Commissioner Health.

FEB 2 - 19

Spec.—1-12-23—M&T—500 Bks.

30171

HEALTH DEPARTMENT—CITY OF BALTIMORE

30171

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hospital (ST.) H-25 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Lee Hazel

(a) RESIDENCE NO. 600 W Fayette ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	widower

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
47				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Lee Hazel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Amelia Cook

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md.

Informant Wash Tel.

(Address)

Filed 1928 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3, 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 25, 1928, to Feb 3, 1928, that I last saw him alive on Feb. 3, 1928 and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

Septicemia - Furuncle

Myelitis - Paraplegia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Staphylococcus Septicemia (duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? Home Maternity Hosp.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis Laboratory

(Signed) Blancett, M. D.

, 19 (Address) Balto City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington D.C.

DATE OF BURIAL Feb 3 1928

20 UNDERTAKER W. W. Deal Co

ADDRESS 716 H St. N.E. Washington D.C.

Spec.—1-12-23—M&T—500 Blks.

30172

HEALTH DEPARTMENT—CITY OF BALTIMORE

30172

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 503 Mulberry ST. 19-27 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Jones

(a) RESIDENCE No. 1502 Mulberry ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? 57 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Mak

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Savannah Jones

6 DATE OF BIRTH (month, day, and year)

7 AGE 57 Years | Months 0 | Days 0 | If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Minister & School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer) Teaching & Preaching

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S. C.

10 NAME OF FATHER Isaac Jones

11 BIRTHPLACE OF FATHER (city or town) S. C. (State or country)

12 MAIDEN NAME OF MOTHER Mary Bryant

13 BIRTHPLACE OF MOTHER (city or town) S. C. (State or country)

PARENTS

14 Informant Miss Mary Jones daughter

(Address) 1502 Mulberry St

Filed 3 1928 HARRY JONES

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1 1928

17 I HEREBY CERTIFY, That I attended deceased from June 24, 1927, to Feb 1, 1928, that I last saw h[illegible] alive on Feb 1, 1928 and that death occurred, on the date stated above, at 6 A m

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) — yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm C Stewart, M. D.

, 19 (Address) 704 W Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: Feb 3 1928

20 UNDERTAKER Daniel Easton — ADDRESS 946 Same

Spec.—1-12-23—M&T—500 Blks.

30173

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30173

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Biddle and Sixty Second St. 10-38 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Bartunek.

(a) RESIDENCE NO. Biddle & Sixty Second ST. ..... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred ... yrs. 7 mos. 1 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 2 1928.

7 AGE — Years: — Months: 1 — Days: 1 — If LESS than 1 day, ... hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None.

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER James Bartunek

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER Anna Teman.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant: James Bartunek
(Address) Biddle and Sixty Second St.

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 3 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1928, to Feb 3, 1928, that I last saw h— alive on " " , 19 " and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia
Simple

CONTRIBUTORY (Secondary) Cardiac Dilation (duration) yrs. ... mos. 2 ds.

(duration) yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Signed: Helen M. Roach, M. D.
3/7/28 (Address) 801 N Stanwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pask Hill Cemetery — DATE OF BURIAL: Feb 6 1928

20 UNDERTAKER: August Pask — ADDRESS 2406 Ashland Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30174

E 30174

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2047 N. Monroe St. 20-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thekla Gaboriand

(a) RESIDENCE NO. 204 N. Monroe St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Gaboriand

6 DATE OF BIRTH (month, day, and year): Sept 8th 1863

7 AGE: Years 62 Months 4 Days 25

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Germany

PARENTS

10 NAME OF FATHER: Eckinger

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: Joseph Gaboriand

(Address): 204 N. Monroe St

15 Filed ..... 19 1926 Registrar: R H

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 2nd 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, view or inquiry.) thereon and from the evidence obtained by the Inquiry (Inquest, view or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Thos. J. Horton M. D.

(Coroner)

Feb 2nd 1926 (Address) Curtis Bay

*State the Disease Causing Death, or if Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Elm Date of Burial: 2/4 26

20 UNDERTAKER: Geo A Foley ADDRESS: Lafayette

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30175 E 30175

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Antoine Gross

(a) RESIDENCE NO. 154 N. Gay St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced, (write the word) Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE 73 Years | Months | Days | If LESS than 1 day, hrs. or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Philadelphia Pa

10 NAME OF FATHER Anton Gross

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Benjamin Meyer

(Address) 154 N Gay St

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 3 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 31 '28 19 , to Feb 3 '28 19 ,

that I last saw him alive on Feb 3 '28 19 ,

and that death occurred, on the date stated above, at 7 45 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic Cardio-Vascular disease

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phy-findings

(Signed) Jay Robertson, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 2/6 1928

20 UNDERTAKER J. M. Cook

ADDRESS 502 E Fort Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30176

CERTIFICATE OF DEATH.

185

E 30176

1-PLACE OF DEATH

City of BALTIMORE: (No.) City Hospital (St.) 22-30 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joe Plugis or Jos. Petkunas

(a) RESIDENCE NO. 526 West Blvd St. S.C.B- Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. — mos. — ds. How long in U. S., if of foreign birth? 16 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) No. 1876

7 AGE 52 Years — Months — Days — IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Talor

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer No.

9 BIRTHPLACE (city or town)

(State or country) Lithvania

PARENTS

10 NAME OF FATHER Antony Petkunas

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Lithvania

12 MAIDEN NAME OF MOTHER Anelia Resute

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Lithvania

14 Informant M. Mikalainas

(Address) 539 S Paca Street

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1 1928

17 I HEREBY CERTIFY That I held an autopsy of the remains described above, held an (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said autopsy I find that said deceased came to his death (Inquest, autopsy or inquiry.)

on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Skull (Comp.)

(Duration) hrs. mins. ds.

CONTRIBUTORY (Secondary) Shock

(Duration) yrs. mos. 1 ds.

Signed G. C. Bader M. D.

(Coroner)

2/1, 19 (Address) 143 W Fay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial Feb.4.1928

20 UNDERTAKER John Grebliauckas ADDRESS 423 S Paca St.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30177

CERTIFICATE OF DEATH.

90 E 30177

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 79 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida Stockman

(a) RESIDENCE No. 514 E. Est. ST., WARD Shamus Pt.
(Usual place of abode)

Length of residence in city or town where death occurred — yrs. — mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Stockman

6 DATE OF BIRTH (month, day, and year) Sept 12 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	4	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lancaster Co Pa

PARENTS

10 NAME OF FATHER Levi Shank

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lancaster Co. Pa

12 MAIDEN NAME OF MOTHER Fannie Hiter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lancaster Co Pa

14 Informant Friends

(Address)

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1928, to Feb 3, 1928, that I last saw her alive on Feb 3, 1928, and that death occurred, on the date stated above, at 10 30 a.m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

Pulmonary Oedema

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Obesity, Emphysema, Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) Raymond Wiley, M. D.

2-9, 1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Columbia Pa via Penna R

DATE OF BURIAL Feb 6 1928

20 UNDERTAKER John F. Denny

ADDRESS 715 Light

Spec.-7-17-26—A Co.—200 Bks.

E 30178

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 30178

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3605 Wilkins Ave Rd St. 15-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rudolph A Lucke

(a) RESIDENCE NO. 3605 W. Wilkins Rd St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Wid.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Adda C Lucke

6 DATE OF BIRTH (month, day, and year): June 10 1849

7 AGE: Years 78 Months 7 Days 23 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Bookkeeper.

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town): Germany

(State or country)

PARENTS

10 NAME OF FATHER: A A Lucke

11 BIRTHPLACE OF FATHER (City or town): Forbach Baden

(State or country)

12 MAIDEN NAME OF MOTHER: Louise Schreiber

13 BIRTHPLACE OF MOTHER (city or town): Germany

(State or country)

14 Informant: Mrs Emma Lucke

(Address)

15 Filed 7/3 1928

16 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 July 2 1928

17 I HEREBY CERTIFY, That I attended deceased from July 1 1928 to July 2 1928

that I last saw h[illegible] alive on July 2 1928

and that death occurred, on the date stated above, at 5-2 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis - Cardiac Degeneration

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) 1 yrs. — mos. — ds.

18 Where was disease contracted —

if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Hayley Cole, M. D.

7/3 1928 (Address) 702 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Gordon Park — Date of Burial: Feb 6 1928

20 UNDERTAKER: George J Smith — ADDRESS 153 Hollins

Spec. 6-9-19—H. P. Co.—1000 Bks.

30179

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30179

101-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2446 Frederick Ave. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Audrey Shirley Duvall

(a) RESIDENCE. No. 2446 Frederick Ave. ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Dec. 24-1926

7 AGE — Years: 1 — Months: 1 — Days: 9 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Warner L. Duvall

11 BIRTHPLACE OF FATHER (city or town) (State or country): U.S.A.

12 MAIDEN NAME OF MOTHER: Lana May Prator

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant (Address): Warner L. Duvall 2446 Frederick Ave.

15 FILED 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 2, 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 29, 1928, to Feb 2, 1928.

that I last saw h[illegible] alive on Feb 1, 1928.

and that death occurred, on the date stated above, at 2:30 p. m.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary): Pulmonary Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) James R. Weisenberger M. D.

2/3/28 (Address) 1724 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery

DATE OF BURIAL: Feb. 6 1928

20 UNDERTAKER: George L. Schwab

ADDRESS: 2101 Eutaw Pl.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30180

CERTIFICATE OF DEATH.

100-001

E 30180

1-PLACE OF DEATH

City of BALTIMORE: (No. 1706 N. Brunt St. 14-20 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Gaten infant

(a) RESIDENCE NO. 1706 N. Brunt St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: Colard

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: +

6 DATE OF BIRTH (month, day, and year): Jan 31 1928

7 AGE: Years | Months | Days: 3 | IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: x

(b) General nature of industry, business, or establishment in which employed (or employer): x

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Balto Md

PARENTS

10 NAME OF FATHER: William Gaten

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Columbia S.C.

12 MAIDEN NAME OF MOTHER: Francis Gray

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Balt Md

14 Informant: William Gaten

(Address): 1706 Brunt St

15 Filed 1928 G. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 3 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) no other history

(duration) yrs. mos. ds.

(Signed) Dr. T. Hennessy M. D.

(Coroner)

Feb 4, 1928 (Address) 2572 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Saml Lemly — Date of Burial: Feb 4 1928

20 UNDERTAKER: John H Owen — ADDRESS: 578 Lafayette

Cor.—12-9-25—A Co.—200 Bks.

Pritchett

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30181 E 30181

CERTIFICATE OF DEATH.

185

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2 East Pr. & Bas. St., 15-60 Ward)

2-FULL NAME Ellie Pritchett

(a) RESIDENCE NO. 1637 N. Bureau Ln St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: S Preston Pritchett

6 DATE OF BIRTH (month, day, and year): July 12 82

7 AGE: Years 45 Months 6 Days 11 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Md.

PARENTS

10 NAME OF FATHER: Joseph H Wingate

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Hayward

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md.

14 Informant: S Preston Pritchett

(Address): 1637 N Bureau

15 Filed ... 1928 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 3 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Hip (accidental) Fell off [illegible] [illegible]

(duration) ....yrs. ....mos. 16 ds.

CONTRIBUTORY (Secondary) Senile Psychosis

(duration) ....yrs. ....mos. 2 ds.

(Signed) [illegible] M. D. (Coroner)

Feb 4 1928 (Address) 2512 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Park Cem — Date of Burial: Feb 6 1928

20 UNDERTAKER: W M Rouleau — ADDRESS: 2238 N Howard

Spec.—1-10-21—M&T—1500 Bks.

E 30182

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 31 E 30182

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6401 Burns Ave ST., 27th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Mc Williams

(a) RESIDENCE NO. 6401 Burns Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 6 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 1st 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER John Mc Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Emily Perry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant James Mc Williams
(Address) 6401 Burns Ave Govans

15 Filed 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/6 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug, 1926, to Feb 1, 1928, that I last saw h[illegible] alive on Feb 1, 1928, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H W Wheeler, M. D.

19 (Address) 4809 Gl Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Morgan Cope

DATE OF BURIAL 2/4 1928

20 UNDERTAKER Woodlawn Md
Robert Brooks & Son

ADDRESS Catharine Hollins

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 30183

E 30183

CERTIFICATE OF DEATH

REGISTERED NO. 15-68

1-PLACE OF DEATH

City of BALTIMORE: (No. Old Gen Hosp St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha M Morris

(a) RESIDENCE NO. 2814 Brentmore St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: W M Morris

6 DATE OF BIRTH (month, day, and year): June 1 1875

7 AGE: Years 52 — Months 8 Days 1

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Boston (State or country) Mass

PARENTS

10 NAME OF FATHER W H Jones

11 BIRTHPLACE OF FATHER (City or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Fannie Bryant

13 BIRTHPLACE OF MOTHER (city or town) Boston (State or country) Mass

14 Informant (Address) Husband Same

15 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Feb 2. 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 19 28, to Feb 2, 19 28,

that I last saw her alive on Feb 2, 19 28,

and that death occurred, on the date stated above, at 2:50 p. m.

The CAUSE OF DEATH* was as follows: Cardiac decompensation

(duration) yrs. mos. 3 days

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 21 days

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jno A Jones Jr M. D.

19 (Address) 1112 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery — Date of Burial 2/4/28

20 UNDERTAKER George J. Kelly — ADDRESS 735 Hanover

Cor. 12-9-25 1-Co. 200 Bks.

E 30184 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30184

CERTIFICATE OF DEATH.

REGISTERED NO. 199 10028

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2592 Eastern Ave St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nellie Florence Bell

(a) RESIDENCE NO. 1901 Lawrence St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edward H Bell

6 DATE OF BIRTH (month, day, and year) Dec 11 1902

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	25	7	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) Ft. Worth

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Herbert G Bremer

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Georgia Bryant

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Pine Bluff Ark

14 Informant Mrs Herbert G Bremer

(Address) 3003 Frederick Ave

FEB 4 - 1928

C. HAMPSON JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 29 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage due to Interstitial Nephritis, Chronic

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) 0

(duration) yrs. mos. ds.

(Signed) D. L. Hennig M. D.
(Coroner)

, 1928 (Address) 2592 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery Date of Burial Feb 6 1928

20 UNDERTAKER Harry N Armacost ADDRESS 4304 Ridgewood Ave

Spec.—12 9 25—A Co.—200 Bks.

E 30185

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 30185

73

REGISTERED NO. 42640

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1927 McCulloh St. 14-21 Ward)

2-FULL NAME Richard Gordon

(a) RESIDENCE NO. 1927 McCulloh St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. ? mos. ? ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Negro

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ? ? 1883

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	45	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of Industry, business, or establishment in which employed (or employer): 0/0

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Carroll County Md

PARENTS

10 NAME OF FATHER William Gordon

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Carroll County Md

12 MAIDEN NAME OF MOTHER Rose Wilson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Carroll County Md

14 Informant Mrs Emma Rogers

(Address) 1927 McCulloh St.

15 1926 C. BAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2, 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 23, 1928, to Feb 2, 1928, that I last saw him alive on Feb 1, 1928, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Bulbor Paralysis

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Medical Examination

(Signed) Wm H. Watts, M. D.

, 19 (Address) 128 Penna. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — Date of Burial 2/4 1928

20 UNDERTAKER: Thomas E. Kelson — ADDRESS 303 Lexington St

Spec.—12-9-25—A Co.—200 Bks.

E 30186

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 30186

REGISTERED NO. 57

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2032 Brookfield Ave 4-3-59 Ward)

2-FULL NAME Sarah Berkowitz

(a) RESIDENCE NO. 2032 Brookfield Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? 40 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	married

5a If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Barnett Berkowitz

6 DATE OF BIRTH (month, day, and year) august-18-1872

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	55	5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work house-wife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Nerzin

(State or country) Russia

PARENTS

10 NAME OF FATHER Abraham Richmond

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Helen Lifsey

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Meyer Richmond

(Address) 2831 Kate ave.

15 Filed ..... 19 ..... C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3 1928

17

I HEREBY CERTIFY, That I attended deceased from Feb 1 1928, to Feb 3 1928;

that I last saw her alive on Feb 3 1928,

and that death occurred, on the date stated above, at 10:30a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage.

(duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) Diabetis Mellitus

(duration) unknown yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? physical signs

(Signed) Chester Riland, M. D.

2-3-1928 (Address) 2532 Edmondson ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Rehrer Nash Rd 2/5 1928

20 UNDERTAKER ADDRESS

Jack Levin 1439 E Baltimore

Spec.—1-12-23—M&T—500 Blks.

30187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 30187

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 3530 Reisterstown Rd. ST. 15 WARD)

2-FULL NAME Fannie Goldstein

(a) RESIDENCE No. 3530 Reisterstown Rd. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Nathan Goldstein

6b DATE OF BIRTH (month, day, and year): Unknown

7 AGE — Years: 68 — Months: — — Days: — — If LESS than 1 day, hrs. ..... or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Russia

10 NAME OF FATHER: Joseph

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Dinkin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Nathan Goldstein
(Address) 3530 Reisterstown Rd.

Filed ..... 1928 ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-3 1928

17 I HEREBY CERTIFY, That I attended deceased from July, 1925, to Feb. 3, 1928, that I last saw h[illegible] alive on Feb. 3, 1928, and that death occurred, on the date stated above, at 4:30 P m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. 1 mos ..... ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) ? yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Lab.

(Signed) Isidor J. Jury, M. D.

Feb. 1928 (Address) 2324 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rawdale — DATE OF BURIAL: 2/5 1928

20 UNDERTAKER: Jack Levin 1439 — ADDRESS: Baltimore

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30188

E 30188

CERTIFICATE OF DEATH.

101-801

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1019 Argyle Ave St.) 17-24 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Smith

(a) RESIDENCE NO. 1019 Argyle Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 25 1904

7 AGE: Years 23 Months 10 Days 9 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): Home work

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country): Salto Md

PARENTS

10 NAME OF FATHER Perry Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER Lottie Butler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Lottie Smith Mother (Address) 1019 Argyle Ave

15 Filed 1928 G. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3 — 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 25 1928 to Feb 3 — 1928 that I last saw h[illegible] alive on Feb 2 1928. and that death occurred, on the date stated above, at 8-30 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia of both Lower Lobes —

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Acut Bronchitis (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) Samuel A Bain M. D.

, 19 (Address) 937 Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL 2 5 1928

20 UNDERTAKER: Samuel H Kemp — ADDRESS [illegible] Madison

Spec.-7-17-26—A Co.—200 Bks.

E 30189

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30189

CERTIFICATE OF DEATH

101-001

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Sydenham Hospital St. 21-29 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Brown

(a) RESIDENCE NO. 742 Eisler St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 18, 1927

7 AGE	Years	Months	Days 14	IF LESS than 1 day hrs. or min.
		10	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Charles James

11 BIRTHPLACE OF FATHER (City or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Florence Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Florence Brown

(Address) 742 Eisler St.

15 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1928, to Feb 2, 1928, that I last saw him alive on Feb 2, 1928, and that death occurred, on the date stated above, at 10 00 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Meningoccus

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G. Dull, M. D.

2/3, 1928 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Ct — Date of Burial Feb. 4 1928

20 UNDERTAKER A. H. Brown & Son — ADDRESS Lombard

Spec.—1-10-21—M&T—1500 Blks.

E 30190

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30190

CERTIFICATE OF DEATH.

16-22 100-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1144 N. Gilmore St., 16 WARD)

2-FULL NAME Clarence Wilson

(a) RESIDENCE No. 1144 N. Gilmore ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 16 - 1917

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) at School

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore.

PARENTS

10 NAME OF FATHER Owen Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Florence Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Sarah Wilson

(Address) 1144 N. Gilmore St.

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 1 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1928, to Feb. 1, 1928, that I last saw him alive on Feb. 1, 1928, and that death occurred, on the date stated above, at 3-30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) 2 yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Bronchio Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Positive

(Signed) Dr. G. W. Kunnard M. D.

Feb 2 1928 (Address) 708 Ensor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Cemetery Feb. DATE OF BURIAL 5-1928

20 UNDERTAKER Chris. H. Johnson ADDRESS 467 N. Carlin St.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30191

101-001

CERTIFICATE OF DEATH

E 30191

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 924 S Bouldin St. 26-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Dorsey

(a) RESIDENCE NO. 924 S Bouldin St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 8 1926

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	1	10	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

FOSTER, PARENTS.

14 Informant Jozef & Mary Stepowski

(Address) 924 S Bouldin St.

15 Filed FEB 4 - 1928 C. Harrison Jones Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Feb 3 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1928, to Feb. 3, 1928, that I last saw him alive on Feb. 3, 1928, and that death occurred, on the date stated above, at 6.50 a.m.

The CAUSE OF DEATH* was as follows:

Acute pneumococic meningitis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Bilateral lobar pneumonia

(duration) yrs. mos. 8 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? P.S. & S. & Fab.

(Signed) Chas. L. Sperlichi, M. D.

19 (Address) 1738 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Holy Rosary Cem	Feb 4 1928
20 UNDERTAKER	ADDRESS
John M. Weber	1103 Bank St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30192 — CERTIFICATE OF DEATH. — E 30192

REGISTERED NO. 74-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2456 Greenmount St. Ave WARD)

2-FULL NAME Katherine M Gilbert

(a) **RESIDENCE** NO. 2456 Greenmount ST. Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred LIFE yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of — Nicholas Gilbert —

6 DATE OF BIRTH (month, day, and year) Mar 25/1839

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	10	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — None —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER G W Wells

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Harriett Court

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs Hattie Bauman

(Address) 2456 Greenmount Ave

15 Filed 1928 — C. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 2, 1927, to Feb 2, 1928, that I last saw h[illegible] alive on Feb 1, 1928, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Cerebral sclerosis

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) yrs. mos. 30 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? P E

(Signed) C. Hampson Jones, M. D.

Feb 3, 1928 (Address) 735 N Milton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Grove Cem Aberdeen — DATE OF BURIAL Feb 4 1928

20 UNDERTAKER R M Mitchell — ADDRESS Havre de Grace

Spec.—1-12-23—M&T—500 Bks.

E 30193 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30193

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 4-25 WARD) 90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charlie Jim (You Kim)

(a) RESIDENCE NO. 2083 Ivy Allen ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Chinese

5 Single, Married, Widowed, or Divorced, (write the word): single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) ?

8 AGE: Years 62 Months Days If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundryman

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) China

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

Informant (Address) Lee Yick 230 Park Ave Reno.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/2/ 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1923 to Feb. 2, 1928 that I last saw him alive on Feb. 2, 1928 and that death occurred, on the date stated above, at 3:20 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis chronic + acute
Arteriosclerosis
Hypertension

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General + Lab.

(Signed) C. Hampson Jones M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery DATE OF BURIAL Feb 4 1928

20 UNDERTAKER John A. Mitchell & Sons ADDRESS 1900 Eutaw Place

FILED 1928 C. HAMPSON JONES, M. D. Registrar

Cor.—12-9-25—A Co.—200 Bks.

E 30194 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30194

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1143 W. Saratoga (St., Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Oliver Griffin

(a) RESIDENCE NO. 1143 W. Saratoga St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colrd	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 17th 1927

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	0	5	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country)

PARENTS

10 NAME OF FATHER Oliver Griffin

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country)

12 MAIDEN NAME OF MOTHER Rebecca Barnes

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Carlisle, Pa.

14 Informant Rebecca Barnes

(Address) 1143 W. Saratoga St

15 Filed FEB 4 - 1928 C. HAMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Feb 3rd 1928

17 I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquest

(Inquest, inquest or inquiry.)

thereon and from the evidence obtained by said Inquest

(Inquest, inquest or inquiry.) find that said deceased came to h[illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

Duration — Yrs. mos. ds.

Sec. Birth - Aug 17/27

CONTRIBUTORY (Secondary) Heart Failure

Duration — Yrs. mos. ds.

(Signed) Thos. B. Horton M. D.

Coroner

Feb 3rd 1928 (Address) Curtis Bay, Balto. Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL* Mt. Zion Cemetery — Date of Burial Feb. 6, 1928

20 UNDERTAKER Mrs. Katie R. Williams — ADDRESS 322 N. Schroeder St

Spec.—1-12-23—M&T—500 Blks.

30195

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 30195

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (425 ST., WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Dickson

(a) RESIDENCE No. 110 Diamond st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1897

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
31	30			

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

BIRTHPLACE (city or town) (State or country) West Virginia

10 NAME OF FATHER Sandy Dickson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Hospital Records

(Address)

Filed 1928, 19 C. Harrison Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 1, 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1928, to Feb. 1, 1928,

that I last saw h im alive on Feb. 1, 1928,

and that death occurred, on the date stated above, at 11 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Laryngeal Tuberculosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical and lab.

(Signed) L. E. Maddox M. D.

2-1 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL — DATE OF BURIAL

20 UNDERTAKER Commissioner Health — ADDRESS FEB 4 1928

Spec.—1-12-23—M&T—500 Bks.

30196

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30196

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (ST. 5 B. K WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Neugent

(a) RESIDENCE NO. Levering House ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	47			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shirt maker

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Solomon Neugent

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Myrtle Neugent,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Hospital Records

(Address)

Filed 1928, 19

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 3, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1927, to Feb. 3, 1928, that I last saw him alive on Feb. 3, 1928 and that death occurred, on the date stated above, at 12.25 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acute myocardial failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & lab.

(Signed) L. E. Madden, M. D.

2-3-28, 19 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL FEB 4 1928

20 UNDERTAKER Commissioner Health.

Per Wm. S. Nevett.

Cor.—12-9-25—A Co.—200 Bks.

E 30197

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 30197

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 24 E. Church St. St. 22-33 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Russell Halliday.(C)

(a) RESIDENCE NO. 24 E. Church St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. 8 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) October 28, 1924

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	8	8	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Major Halliday.(C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Emily Small.(C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) South Carolina

14 Informant Emily Halliday.(C) mother.

(Address) 24 E. Church St.

15 1926 C. HAMPSON JONES, M. D., Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 1, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Theo. Reinhardt M. D.
(Coroner)

2/2 1928 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemtry Date of Burial 2/4 1928

20 UNDERTAKER Walter R. Spring's ADDRESS 1514 W. Fayette St.

Spec.—12-9-25—A Co.—200 Bks.

E 30198

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45 E 30198

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 40 E. Church St. 17-33 Ward)

2-FULL NAME Nancy Agnes James

(a) RESIDENCE NO. 40 E Church St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: C

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Emmet James

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE — Years: 54 — Months — Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Va.

PARENTS

10 NAME OF FATHER Moses McAdams

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Va

12 MAIDEN NAME OF MOTHER Amanda James

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Va

14 Informant: Mary James

(Address) New York City

15 Filed....., 19.... [illegible] Registrar

5 - 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 2 19 28

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1928, to Feb 2, 1928,

that I last saw h[illegible] alive on Feb 1, 1928,

and that death occurred, on the date stated above, at 6 37 m.

The CAUSE OF DEATH* was as follows:

Peritoneal Carcinomata

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) A. M. Eaud, M. D.

2-4, 1928 (Address) 2005 William

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Ct. Date of Burial Feb. 5 1928

20 UNDERTAKER: J. C. Brown & Son ADDRESS 1811 Wendover

Cer.—12-9-25—A Co.—200 Bks.

E 30199

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 30199

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospt. St. 8-17 Ward)

2-FULL NAME Linda Epps

(a) RESIDENCE NO. 1620 N. Dallas St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F.	C.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Epps

6 DATE OF BIRTH (month, day, and year) Unknown 1887

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	41			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Mecklenburg Va

PARENTS

10 NAME OF FATHER Allen Harris

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Elise Harris

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant George Epps

(Address) 1620 N. Dallas St.

15 Filed 1928 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

Duration yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

Duration yrs. mos. ds.

Feb 2 1928 (Signed) C. C. Wade M. D.

, 19 (Address) 1438 Gay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Date of Burial Feb 5 19 28

20 UNDERTAKER C. Thomas Jones ADDRESS Mrs. R. A. Elliott, 1425 Ashland Ave

Spec.—1-12-25—M&T—500 Bks.

E 30200

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

118-002

E 30200

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore Gen Hosp (WARD) 4

2-FULL NAME Herman Kramer

(a) RESIDENCE NO. 1819 E. Fairmount WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bessie Kramer

6 DATE OF BIRTH (month, day, and year): July 18, 1890

7 AGE: Years 37 Months 6 Days 14 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Paper Hanger

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

10 NAME OF FATHER: Harry Kramer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Minnie Silver

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

Informant (Address): Bessie Kramer 1819 E Fairmount Ave

Filed 2-5- 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 4 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 2 1928 to Feb 4 1928

that I last saw him alive on Feb 4 1928

and that death occurred, on the date stated above, at 6.35 P. M.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary): Arteriosclerosis Thrombosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 2/4/28

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

Signed: Louis T. Levy, M. D.

2/4 1928 (Address) W. Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holmes Woodlawn

DATE OF BURIAL: 2/5 1928

UNDERTAKER: Jack Laurs

ADDRESS: 1431 Eutaw St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30201

CERTIFICATE OF DEATH.

E 30201

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3855 Roland Ave. (ST.) (13) (WARD)

2-FULL NAME George H. Donaldson

(a) RESIDENCE (No.) 3855 Roland Ave. ST., 13 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary A. Donaldson

6 DATE OF BIRTH (month, day, and year): June 25-1839

7 AGE — Years: 88 — Months: 7 — Days: 8 — If LESS than 1 day, ... hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Thomas Donaldson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Lucinda —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs. M. E. Carnes

(Address): 3855 Roland Ave.

15 Filed: Feb 6 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 3 1928.

17 I HEREBY CERTIFY, That I attended deceased from Dec 4, 1928, to Feb 3, 1928, that I last saw him alive on Feb 3, 1928, and that death occurred, on the date stated above, at 3:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic valv. heart

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Howard Kelly, M. D.

2/5, 1928 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn

DATE OF BURIAL: Feb. 6 1928

UNDERTAKER: Horace H. Burgee

ADDRESS: 231 Fallsld.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30202

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 30202

Registered No.

City of BALTIMORE: (No. 25 3rd Ave Ward) Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Horvath HORVATH

(a) Residence No. 25-3rd Ave Ward

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed or Divorced. (Write the word.) Married

6a-If married, widowed, or divorced HUSBAND of (or) WIFE of John Horvath

6-DATE OF BIRTH (month, day and year) Sept 5-1882

7-AGE. 45 yrs. 4 mos. 28 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Hungary

PARENTS.

10-NAME OF FATHER. John Kleine

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Hungary

12-MAIDEN NAME OF MOTHER. Margaret Kleine

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Hungary

14-(Informant) John Horvath

(Address) 25-3rd Ave Raymond Pt

15-Filed 5-1928. M. MARION JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 3-1928

17- I HEREBY CERTIFY, That I attended deceased from Jan 20 1928 to Jan 15 1928

that I last saw h[illegible] alive on Jan 15 1928

and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) 15 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Leon D. Horkan M. D.

Feb 3 1928 (Address) 929 Penn Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Cross Cem | DATE OF BURIAL. 2-6 1928

20-UNDERTAKER. E & B Clark | ADDRESS 115 E West St

Spec.—1-12-23—M&T—500 Bks.

Blay.

HEALTH DEPARTMENT—CITY OF BALTIMORE

30203

CERTIFICATE OF DEATH.

E 30203

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 14-20 WARD)

2-FULL NAME Robert A. Blan

(a) RESIDENCE No. 586 Pressman ST. WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): ?

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) ? 1863

8 AGE — Years: 65 — Months: — Days: — If LESS than 1 day, hrs or min.: —

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waiter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Maryland.

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

Informant .....
(Address) Records.

Filed FEB 5 - 1928 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/3/1928

17

I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1928. to Feb 3, 1928.

that I last saw him alive on Feb 3, 1928

and that death occurred, on the date stated above, at 4.30 A.M.

The CAUSE OF DEATH* was as follows:

Multiple cerebral thrombroses. Hemiplegia & arteriosclerosis. Hypertension

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General + Sub.

(Signed) C. Wilbur Burgess M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: Feb 6 1928

UNDERTAKER: Daniel Fasters

ADDRESS 916 Eutaw

Spec.—1-12 23—M&T—500 Blks.

E 30204

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 30204

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 1563 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Horn, Mrs. Pauline

(a) RESIDENCE NO. 4030 Belle Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced: (write the word)
Female	white	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Elmer M. Horn

DATE OF BIRTH (month, day, and year) 1877 May 6

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	8	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Elliott City Md.

10 NAME OF FATHER John J. Mayfield

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Charlotte Roy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Elmer J Horn

(Address) 4030 Belle Ave

Filed 1928. 19 [illegible] JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-2-1928

17

I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1928, to Feb. 2, 1928

that I last saw h alive on Feb. 2, 1928

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis following influenza one year ago

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic pulmonary congestion (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? History + clinical findings

(Signed) Louis Olds Taylor, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Park Cemetery DATE OF BURIAL Feb 6 1928

20 UNDERTAKER Chas. E. Tomsek ADDRESS 502 Madison Ave

Spec. - 1-10-21 - M&T - 1500 Blks.

E 30205

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

4+E 30205

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5411 Knell Ave (St.) 46-47 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm Emory Deitz

(a) RESIDENCE NO. 5411 Knell Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. 6 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 3/1904

7 AGE — Years: 23 — Months: 6 — Days: 0 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Draughtsman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Chas H. Deitz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Margaret Kirchhoff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Chas H. Deitz (Address) 5411 Knell Ave

15 Filed 19 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1928, to Feb 4, 1928, that I last saw h[illegible] alive on Feb 4, 1928, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows: Carcinoma Stomach & Liver

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Chicago. Ill.

Did an operation precede death? Yes Date of June 1 1925

Was there an autopsy? No.

What test confirmed diagnosis? Operation

(Signed) J S Harding, M. D.

, 19 (Address) 4919 Belair Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Chas. E. Zounck — DATE OF BURIAL: Feb. 6 1928

20 UNDERTAKER: Loudon Paul Cem. — ADDRESS: Br Madison

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30206

CERTIFICATE OF DEATH.

1 88-003

E 30206
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. 8-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie A. Howard

(a) RESIDENCE NO. 1517 N. Madeira St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert A. Howard

6 DATE OF BIRTH (month, day, and year) May 1870

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	57	8 9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Talto., Md.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Talto., Md.

14 Informant Husband

(Address)

Filed 2-5-1928 HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull-struck by auto-truck at Federal & Washingtob Sts.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. H. Britton M. D.
(Coroner)

2/4/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the state yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Balto Cemetery Feb 6 1928

20 UNDERTAKER Robt J. Turner ADDRESS 1762 Broadway

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 30207

CERTIFICATE OF DEATH.

E 30207 REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) City Hospitals (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie Sturgis

(a) RESIDENCE NO. 238 S. Durham St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: C.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Sturgis

6 DATE OF BIRTH (month, day, and year): 1891

7 AGE: Years 37 Months — Days — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto. Md

(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town): unknown

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): unknown

(State or country)

14 Informant: Charles Sturgis

(Address) 238 S. Durham St

15 Filed 1928, HAMILTON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and hour): Feb 2 1928

17 I HEREBY CERTIFY, That I viewed the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the date stated above.

The CAUSE OF DEATH* was as follows: Broncho Pneumonia

Edema of Lungs 2

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

Feb 2 1928 (Signed) G. C. Steele M. D.

(Address) 143 W. Eager

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Date of Burial Asbury Cemetery Feb 5 1928

20 UNDERTAKER: Jos. S. H. Rochester ADDRESS 1413 Jefferson

Spec.—1-10-21—MAT—1500 Blks.

Pyle

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 30208

1-PLACE OF DEATH

129

E 30208
REGISTERED NO.

CITY OF BALTIMORE: (No. 300 Locust Ave., Raspeburg ST., 27th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Wesley Pyle

(a) RESIDENCE No. 300 Locust Ave., Raspeburg ST., 27th WARD
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ann A. Pyle

6 DATE OF BIRTH (month, day, and year) Nov. 19, 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	82	2	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Blacksmith

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Maryland

PARENTS

10 NAME OF FATHER Herman Pyle

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah Harkins

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Walter M. Pyle
(Address) 300 Locust Ave., Raspeburg, Md.

15 Filed 1928 . 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 3, 19 28

17

I HEREBY CERTIFY, That I attended deceased from May 25 . 19 27 to Feb. 3, . 19 28 .

that I last saw him alive on Feb. 3, . 19 28 ,

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) A. L. Wilkinson

2/4 . 19 28 (Address) 5713 Belair Rd., Raspeburg, Md.

A. L. Wilkinson, M. D.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Harford Co

DATE OF BURIAL 2/6 1928

20 UNDERTAKER William Coots

ADDRESS 502 E North Ave

Spec.–7-17-26—A Co.—200 Bks.

Millard

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 30209

CERTIFICATE OF DEATH

E 30209

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1105 26th St. 9-46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A Millard

(a) RESIDENCE NO. 1105-26th St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Reuben O. Millard

6 DATE OF BIRTH (month, day, and year): March 12. 1857

7 AGE: Years 70 Months 10 Days 22 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Milliner

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Greenwood

(State or country): Pa.

PARENTS

10 NAME OF FATHER: Benjamin F. Fisher

11 BIRTHPLACE OF FATHER (City or town): Greenwood

(State or country): Pa.

12 MAIDEN NAME OF MOTHER: Hanna Watts

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Pa.

14 Informant: Howard F Millard

(Address): 1105 26th st.

15 Filed 1928 by C. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 4 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 2, 1928, to Feb 4, 1928, that I last saw h[er] alive on Feb 4, 1928, and that death occurred, on the date stated above, at 12:30 P.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Clent C Hammond, M. D.

, 19 (Address) 136 Calhoun ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Catonsville Pa — Date of Burial 2/6 1928

20 UNDERTAKER: William Cook — ADDRESS 501 N Wolfe St

Spec.—1-10-21—M&T—1500 Bks.

E 30210 · HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 E 30210

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 103 N Fulton Ave St. 9-27 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert E. Bradley

(a) RESIDENCE No. 103 N. Fulton Ave St. WARD
(Usual place of abode)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Rose Bradley

6 DATE OF BIRTH (month, day, and year) July 12, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	57	6	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Supervisor
(b) General nature of industry, business, or establishment in which employed (or employer) Termin
(c) Name of employer Shipping Co

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Thos S Bradley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Isabelle Patterson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mrs Rose Bradley
(Address) 103 N Fulton Ave

15 Filed 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 3 1928

17 I HEREBY CERTIFY, That I attended deceased from Jany 5, 1928, to Feby 3, 1928, that I last saw him alive on Feby 3, 1928, and that death occurred, on the date stated above, at 12.30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(duration) yrs. 1 mos. — ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm O'Neill M. D.
1/5, 1928 (Address) 108 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem — DATE OF BURIAL 2/6 1928

20 UNDERTAKER George A Farley — ADDRESS Fulton Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

Martha A Sheetz

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30211

CERTIFICATE OF DEATH.

E 30211

1-PLACE OF DEATH 3643 Reisterstown Road

City of BALTIMORE: (No. 3643 St. Reisterstown Road Ward 15-58)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marthan Ann Sheetz

(a) Residence No. 3643 Reisterstown Road St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F.

4-COLOR OR RACE. W

5-Single, Married, Widowed or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Jesse Sheetz

6-DATE OF BIRTH (month, day and year) November 31 1842

7-AGE. 86 yrs. 2 mos. 14 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Carroll County Md

PARENTS.

10-NAME OF FATHER, Jesse Yingling

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Carroll Co Md

12-MAIDEN NAME OF MOTHER, Elizabeth Hoppe

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Carroll Co Md

14-

(Informant) Mrs Mary McCubbin

(Address) 3647 Reisterstown Road

15-

Filed 1928 C. HAMILTON JONES, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) February 3 1928

17. I HEREBY CERTIFY, That I attended deceased from August 11 1927 to February 1928

That I last saw her alive on February 2 1928

and that death occurred, on the date stated above, at 3.9 m.

The CAUSE OF DEATH was as follows:

Acute Cardiac Dilatation

Broncho-Pneumonia

(Duration) yrs. 0 mos. 1 ds.

CONTRIBUTORY (Secondary) Senility

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John A. Hagner M. D.

19 (Address) 4702 York Road.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Westminster — DATE OF BURIAL, 2/6 19 28

20-UNDERTAKER, H Bankard & Son — ADDRESS, Westminster

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30212

CERTIFICATE OF DEATH.

164

E 30212

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Clifton Park ST. 8-45 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Hogarth

(a) RESIDENCE NO. Clifton Park ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 60 yrs. ? mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Lucy Harrison Hogarth~~

6 DATE OF BIRTH (month, day, and year) June 15, 1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53	84	7	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Gardener & Florist

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer City

9 BIRTHPLACE (city or town) Whitby

(State or country) England

PARENTS

10 NAME OF FATHER Joseph Hogarth

11 BIRTHPLACE OF FATHER (city or town) England

(State or country)

12 MAIDEN NAME OF MOTHER Mary Todd

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) England

14 Informant John G. Hogarth

(Address) Clifton Park

15 Filed FEB 5 - 1928

16 Registrar Chas. P. Manz

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 3, 1928.

17 I HEREBY CERTIFY, That I attended deceased from Jan 13, 1928. to Feb. 3, 1928.

that I last saw him alive on Jan 31, 1928.

and that death occurred, on the date stated above, at 4 15 P. m.

The CAUSE OF DEATH* was as follows:

Infirmities of age.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Evidence

(Signed) Geo. B. Dyer, M. D.

, 19 (Address) 2802 Hartford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ft Marys Cem. Govans — DATE OF BURIAL: 2/7/28

20 UNDERTAKER: Chas. P. Manz — ADDRESS: 1180 Mt Royal Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30213

CERTIFICATE OF DEATH.

74001

E 30213

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor St. 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lena Kempfel

(a) RESIDENCE NO. Preston & Valley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) December

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	83			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER John Kempfel

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant

(Address) Little Sisters of the Poor Preston & Valley Sts

Date 1-5- 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 28

Jan 4th

17 I HEREBY CERTIFY, That I attended deceased from No Record, 19 ..., to ..., 19 ...,

that I last saw him alive on January 29, 19 28,

and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

2 Weeks (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Coma

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. C. Warner, M. D.

Jan 4 1928 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Mt Olivet Cemetery Jan 6. 1928

20 UNDERTAKER — ADDRESS

Sala Wiedefeld 914 Druid Hill Ave

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10-601

E 30214

E 30214 REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Sydenham Hospital St. 21-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles T. Kirkner

(a) RESIDENCE NO. 1019 S. Binney St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 20, 1926

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
	1	4	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Geo. Kirkner

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Balto.

12 MAIDEN NAME OF MOTHER Helen Koziozek

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto

14 Informant Geo Kirkner

(Address) 1019 S. Binney St

15 Filed 5 1928 (CERTIFICATION [illegible]) Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 4 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1927, to Feb 4, 1928, that I last saw h[illegible] alive on Feb 4, 1928, and that death occurred, on the date stated above, at 2 00 p m.

The CAUSE OF DEATH* was as follows:

Laryngeal Diphtheria

(duration) yrs. mos 5 da.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos 6 da.

18 Where was disease contracted

If not at place of death? Home

Did an operation precede death? Intubated 11/14/27 Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron S. Tull, M. D.

2/4. 1928 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Cem Feb 5 Date of Burial 1928

20 UNDERTAKER Stephen J Fialkowski ADDRESS 1027 Fleet

Cor.—12-9-25—A Co.—200 Bks.

E 30218

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 30215

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. U. S. Marine Hospital St. 12-51 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Hay

(a) RESIDENCE NO. SS "Keyingham" St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 7 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown 1883

7 AGE	Years	Months	Days	IF LESS than 1 day ..hrs. or ..min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Steamship engineer

(c) Name of employer SS "Keyingham"

9 BIRTHPLACE (city or town) Aberdeen

(State or country) Scotland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Capt. A. Elliott

(Address) SS "Keyingham"

15 Filed 6-1928 19 H. McSherry Jones, M. D. Dep. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 4 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Drowning as a result of collision with Steamship "Pennsylvania" Accidental

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) David H. Morrison M. D. Coroner

2/4, 192 8 (Address) 3632 Roland Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery Date of Burial Feb. 6 19 28

20 UNDERTAKER Joseph B. Cook ADDRESS 1003 W. Baltimore St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-002

E 30216
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 30216
REGISTERED NO.

CITY OF BALTIMORE: (No. 1732 N. Payson ST. 15-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helena Prechtel

(a) RESIDENCE No. 1732 N. Payson ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Prechtel

6 DATE OF BIRTH (month, day, and year) Jan. 22, 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	-	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Henry Wittekindit

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Martha Geiger

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mr. George F. Prechtel
(Address) 1732 N. Payson St.

15 Filed 2-6-1928 H. WILSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 3 1928

17 I HEREBY CERTIFY, That I attended deceased from Jany 30th 28 to Feby 3rd 28
that I last saw her alive on Feby 2nd 28
and that death occurred, on the date stated above, at 9.05 A. m.

The CAUSE OF DEATH* was as follows:

Hemorrhage
Cancer of Stomach
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Wilson Jones, M. D.
(Address) 1501 E. Eager Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL Feb. 6 1928

20 UNDERTAKER Lovell Cook — ADDRESS 1003 W. Baltimore St.

Spec.—1-10-21—M&T—1500 Bks.

E 30217

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30217

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1166 Washington Blvd. (ST.) W-29 (WARD)

2-FULL NAME Anna Margaret Holmes

(a) RESIDENCE NO. 1166 Washington Blvd. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 19, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	6	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Andrew Brunn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Dora Snyder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Lillian M. Smoot

(Address) 1166 Washington Blvd.

15 Filed 6-1928 19

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 3 19 28

17

I HEREBY CERTIFY, That I attended deceased from April 10th 1926 to Feb 3rd 1928.

that I last saw h alive on Feb 3rd 1928.

and that death occurred, on the date stated above, at 9.10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 3 yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) 5 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Laboratory.

(Signed) Wm. J. Sullivan M. D.

19 (Address) 1701 N. Fulton Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Feb. 7 19 28

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 W. Baltimore St

Spec.—1-12-23—M&T—500 Bks.

E 30218 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30218

CERTIFICATE OF DEATH.

100-01

1-PLACE OF DEATH

REGISTERED No. 23-32

CITY OF BALTIMORE: (No.) 1936 S. Charles St. ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Henry Slagle

(a) RESIDENCE No. 1936 S. Charles St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 6 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Slagle

6 DATE OF BIRTH (month, day, and year) July 9 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	6	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Dalto. Md.

10 NAME OF FATHER Frederick Slagle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant (Address) Mrs. Minnie Slagle 1936 S. Charles St.

Filed Feb 6 1928 C. HARRISON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 2 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1928, to Feb 2 1928, that I last saw him alive on Feb 2, 1928, and that death occurred, on the date stated above, at 11:15 P. m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Senile myocarditis

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) F. C. Harris, M. D.

2/4, 1928 (Address) 1 E Randall's

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL Feb 6 1928

20 UNDERTAKER J. Fenn McCauley

ADDRESS 130 E Fort

Spec.—6-9-19—H. P. Co.—1000 Blks.

E 30219

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 30219

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3308 N Calvert St. (Ward) 12-49

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma M. Roberts

(a) RESIDENCE. No. 3308 N Calvert St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph L. Roberts

6 DATE OF BIRTH (month, day, and year): Oct. 8 1850

7 AGE: Years 77 Months 3 Days 27 (26) If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Hanson Carmack

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Harriet Claughton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Nettie C. Roberts (Address) 3308 N. Calvert St.

15 Filed 6 - 1928 HARRISON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feby - 4 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 14 1927 to Feby 4 1928 that I last saw h[e]r alive on Feby 3 - 1928 and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Complication of diseases + Arterio-sclerosis. Chron. Cystitis Arthritis - Senile debility.

(duration) 2 yrs. 7 mos. ds.

CONTRIBUTORY (Secondary): Myocarditis. with decompensation

(duration) — yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Wesley Bell M. D.

2/5 1928 (Address) 772 Harrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cem.

DATE OF BURIAL: Feb. 6 1928

20 UNDERTAKER: John O. Mitchell & Sons

ADDRESS: 1908 Eutaw Place

Spec.—1-12-23—M&T—500 Bks.

30220

E 30220

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-00 E 30220

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary, WARD) 6-9

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Roland Rude

(a) RESIDENCE NO. Tilghman, Md St. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Lillian Rude

DATE OF BIRTH (month, day, and year): Apr 21 1884

AGE: Years 43 Months 9 Days 14 If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Well Driller

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Va

10 NAME OF FATHER: Lawrence Rude

11 BIRTHPLACE OF FATHER (city or town) (State or country): Norway

12 MAIDEN NAME OF MOTHER: Cornelius Reynolds

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

Informant (Address): Lillian Rude Tilghman Md

Filed Feb 8, 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Febr. 5 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1927, to Febr. 5, 1928, that I last saw h[illegible]ive on Febr. 5, 1928, and that death occurred, on the date stated above, at 4:45 P m.

The CAUSE OF DEATH* was as follows:

Paraty phoid fever

(B).

(duration) yrs. 2 mos 15 ds.

CONTRIBUTORY (Secondary): Mercurial poisoning (duration) yrs. mos. 6 ds.

18 Where was disease contracted, if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical diagnosis

(Signed) George B Breed M. D.

Feb 7 1928 (Address) Church Home Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Tilghman Md — DATE OF BURIAL: Feb 8 1928

20 UNDERTAKER: [illegible] — ADDRESS: [illegible]

Spec.—8-24-14—M. & T.—2000 Blks.

E 30221

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 30221

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Vincents Infant Asylum (Hospital, Street or Ward) 1401 Division St.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Louis Yoel

(Residence in Baltimore: No. St. Vincents Infant Asylum St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	White	

6-DATE OF BIRTH. Nov. (Month) 30 (Day), 1926 (Year)

7-AGE. 1 yrs. 2 mos. 5 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Edith Yoel

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Vincents Infant Asylum

(Address) 1401 Division St.

15- Filed ... 1926. ... 19... H. ... JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Feb (Month) 5 (Day), 1928 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 23 1928, to Feb 5 1928, that I saw h— alive on Feb 4 1928, and that death occurred, on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Broncho

(Duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) Measles

(Duration) ... yrs. ... mos. 12 ds.

(Signed) ... M. D.

Feb 5, 1928 (Address) ...

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. ... mos. ... ds. In the State 1 yrs. 2 mos. 5 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer	Feb 6, 1928
20-UNDERTAKER	ADDRESS
Martin Haley & Sons	1527 N. Fort Ave

Cor.—12-9-25—A Co.—200 Bks.

E 30222

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 ✓

E 30222

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 404 N. Washington St. 69 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John B. Charlton

(a) RESIDENCE NO. 404 N. Washington St. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 5th. 1914

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	13	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto.

PARENTS

10 NAME OF FATHER John H. Charlton

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Ann E. Woodhead

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Penna.

14 Informant John H. Charlton

(Address) 404 N. Washington St.

15 Filed 1926 [illegible] Registrar

C-1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Feby. 3/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Valvular Cardiac Insuff.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) History of Diphtheria 10 yrs ago. (duration) yrs. mos. ds.

(Signed) [signature] M. D.
(Coroner)

2/4/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial 2/6/28

20 UNDERTAKER Philip Herring ADDRESS 2016 Orleans St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30223

CERTIFICATE OF DEATH

31 E 30223

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2212 Jefferson ST. 7-10 WARD)

2-FULL NAME Mary A. Bennett.

(a) RESIDENCE No. 2212 Jefferson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis H. Bennett.

6 DATE OF BIRTH (month, day, and year): Aug 7-1886

7 AGE: Years 41 Months 5 Days 26 25 If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: D. Fredrick.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balt.

12 MAIDEN NAME OF MOTHER: Louise Simon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Louis H Bennett. (Address) 2212 Jefferson St.

15 FILED 1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-2-28

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928, to Feb 2, 1928, that I last saw her alive on Feb 2, 1928, and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Mitral Regurgitation

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary): Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) [illegible] M. D.

19 (Address) 20 W. Mt. Royal Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem.

DATE OF BURIAL: Feb 6 1928

20 UNDERTAKER: Geo. H. Ruth

ADDRESS: 1735 Harford Ave.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 30224

CERTIFICATE OF DEATH.

E 30224

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2100 E. Lafayette St., 8-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Will

(a) RESIDENCE NO. 2100 E. Lafayette St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Will

6 DATE OF BIRTH (month, day, and year) Oct 8/1863

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	64	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Motorman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer United Railways

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Jacob Will

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Wife Mary Will

(Address) 2100 E Lafayette Ave

15 Filed 1928 HAMILTON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Jones (Coroner) M. D.

(Address) 508 E. North Ave

2/6/28

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Date of Burial 2/8 1928

20 UNDERTAKER Albert J Wiltz Jr ADDRESS 1601 N Chester St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30225

CERTIFICATE OF DEATH.

E 30225
REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3221 Brightwood St. (Ave.) WARD

2-FULL NAME Clara Vigton Fellton Balderston

(a) RESIDENCE NO. 3221 Brightwood St. (Ave.) WARD
(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. 7 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas Balderston

DATE OF BIRTH (month, day, and year): June 17 1849

AGE: Years 78 Months 7 Days 11 If LESS than 1 day, hrs or min. 18

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Md.

10 NAME OF FATHER: Thomas Fellon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Elizabeth Mansfield

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

Informant: Mrs. Raymond Hughes
(Address) 3221 Brightwood Ave

Filed 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 4 1928

17

I HEREBY CERTIFY, That I attended deceased from July 1927 to Feb 4 1928

that I last saw him alive on Feb 4 1928

and that death occurred, on the date stated above, at 4 P m

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Cardiac Dilatation

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Hypostatic Congestion of Lungs (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A. C. Smith, M. D.

19 (Address) 4709 Liberty Hgts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt Olivet Cem. DATE OF BURIAL: Feb 6 1928

20 UNDERTAKER: Wm J Fleckner Sons ADDRESS: North & Pa

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30226

CERTIFICATE OF DEATH.

E 30226
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Guilford Ave 1249 St. WARD)

2-FULL NAME Lewis Landis

(a) RESIDENCE. No. Guilford Ave St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Nelson A Landis

7 DATE OF BIRTH (month, day, and year): March 11 1867

8 AGE: Years 60 Months 10 Days 22 If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Tennessee Ohio

10 NAME OF FATHER: James W. Hutchinson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Philadelphia Pa

12 MAIDEN NAME OF MOTHER: Ella Hutchenson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Philadelphia Pa

Informant (Address): Nelson A Landis 1249 Guilford Ave

Filed FEB 6 - 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 3 1928

I HEREBY CERTIFY, That I attended deceased from Jan 2 1928 to Feb 3 1928

That I last saw h alive on Feb 2 1928

and that death occurred, on the date stated above, at 1.20 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Carcinosis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E L Heckman M. D.

Feb 3 1928 (Address) 2211 N Caroll

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem

DATE OF BURIAL: Feb 6 1928

UNDERTAKER: Wm Fretwell Sons

ADDRESS: Norrisville Pa

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30227

CERTIFICATE OF DEATH.

44

E 30227

1-PLACE OF DEATH

REGISTERED NO. 2863

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Mt Hope Retreat ST. 28th WARD)

2-FULL NAME Matilda Hartman

(a) RESIDENCE NO. Mt Hope Retreat ST., 25th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. 2 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of X

6 DATE OF BIRTH (month, day, and year) Jan 20 - 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	0	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

10 NAME OF FATHER Francis Hartman

11 BIRTHPLACE OF FATHER (city or town) (?)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (?)

(State or country) Germany

Informant Records of Mt Hope Retreat

(Address) Mt Hope Balto Md

Filed FEB 6 - 1928 C. HAMILTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5th 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 9 - 1906, to Feb 5th 1928, that I last saw h[illegible] alive on Feb 4th 1928, and that death occurred, on the date stated above, at 3.20 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver -

Unknown but over one

years (duration) 1 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) Chronic Manic Psychosis - over (duration) 22 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Baltimore Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J Flannery, M. D.

Feb 7, 1928 (Address) Mt Hope Retreat -

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Conn — DATE OF BURIAL Feb 7 1928

20 UNDERTAKER J. M. J. Jackson Sons — ADDRESS Ft Pat

Spec—12-23-21—E.B.R.S.—400 Bks.

E30228 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E30228.

CERTIFICATE OF DEATH. 146

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. University Hospital St. 18-29 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruby Williams

(a) Residence No. 1010 W Pratt St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND or (or) WIFE of: Joseph A. Williams

6-DATE OF BIRTH (month, day and year): Nov 18 1904

7-AGE. 22 yrs. 2 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Va.

PARENTS

10-NAME OF FATHER: Thos W. Wiley

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Va.

12-MAIDEN NAME OF MOTHER: Lelorada Conrad

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Va

14-Informant: Mr. Joseph A. Williams

(Address) 1010 W Pratt St

15-Filed FEB 6 - 1928 THOMSON JONES, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Feb. 5, 1928

17- I HEREBY CERTIFY, That I attended deceased from Jan 28 1928 to Feb 5 1928 that I last saw h[illegible] alive on Feb 5 1928 and that death occurred, on the date stated above, at 2 55 a.m.

The CAUSE OF DEATH* was as follows:

Septicaemia

(Duration) yrs. mos. ds.

CONTRIBUTOR (Secondary) Pulmonary Embolus Broncho Pneumonia

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Physician Autopsy

(Signed) Vaught Reynolds M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral. DATE OF BURIAL: Feb 8 1928

20-UNDERTAKER: John Thomson & Son ADDRESS: 901 Holliday St

Spec.—12-9-25—A Co.—200 Bks.

E 30229

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

CERTIFICATE OF DEATH.

E 30229

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 947 Mount St. 16 Ward)

2-FULL NAME Williams White

(a) RESIDENCE NO. 947 Mount St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
M	C	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1/1/1923

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	5	1	3.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER Angus White

11 BIRTHPLACE OF FATHER (city or town) Va

(State or country)

12 MAIDEN NAME OF MOTHER Vernie Gross

13 BIRTHPLACE OF MOTHER (city or town) Va

(State or country)

14 Informant Father

(Address) 947 Mount St

15 Filed ..... 19 ..... C. HARRISON JONES, M. D.

1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/4/ 1928

17 I HEREBY CERTIFY, That I attended deceased from 1/31/ 1928, to 2/4/, 1928, that I last saw h.. alive on 2/3/, 1928, and that death occurred, on the date stated above, at 4. A. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia (Primary)

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY .....

(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. S. Hurtt M. D.

1928 (Address) 912 Eilam St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial Feb 6th 1928

20 UNDERTAKER C. Jones ADDRESS 111 S Gilmor St

23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30230

CERTIFICATE OF DEATH.

37

E 30230

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barbara Boehm

(a) RESIDENCE NO. 301 S. Eastern ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Boehm

6 DATE OF BIRTH (month, day, and year) 1841 - March 20

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	86	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Stiedgin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Hospital records Balto City Hosp.

15 Filed FEB 6 1928 16 NAME P. A. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 28, 1928, to Feb 4, 1928, that I last saw her alive on Feb 4, 1928, and that death occurred, on the date stated above, at 12:50 p.m.

The CAUSE OF DEATH* was as follows:

Senility -

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Hemiplegia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical + Lab.

(Signed) Thos Madden M. D.

2/4 1928 (Address) Balto City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL Feb 7 1928

20 UNDERTAKER George W. Zinkler

ADDRESS 1737 E. Baltimore St

TION is very important See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

30231

90 E 30231

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [illegible] ST., 19-28 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sara Carr.

(a) RESIDENCE No. 204 S. Bruce ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

3a If married, widowed, or divorced HUSBAND of or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

BIRTHPLACE (city or town) Baltimore.
(State or country) Md.

10 NAME OF FATHER George Krasner

11 BIRTHPLACE OF FATHER (city or town) Baltimore.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Eliz. Bushey

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md.

Informant
(Address) Records.

Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/3/ 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1927, to Feb. 3, 1928

that I last saw h[illegible]ive on Dec. 3, 1928

and that death occurred, on the date stated above, at 10 40 P. m.

The CAUSE OF DEATH* was as follows:

hypercardiosis chronic acute
interstitial nephritis
arteriosclerosis

(duration) yrs. 2 mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Generally & Sub

(Signed) C. Wilmer Brown, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Feb 7 1928

20 UNDERTAKER Harry A. Noltze — ADDRESS 1531 W Lombard St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30232

CERTIFICATE OF DEATH.

49 E 30232

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Jenkins Memorial 615 St. (Hosp.)

2-FULL NAME James Short.

(a) RESIDENCE No. 548 East Eager St. Balto. Md. ST. WARD Resident

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 7 mos. 7 ds. How long in U. S., if of foreign birth? 57 yrs. 1 mos. 7 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Single.

6 DATE OF BIRTH (month, day, and year) Dec-27-1870

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
57	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

10 NAME OF FATHER Peter Short

11 BIRTHPLACE OF FATHER (city or town) (State or country) ? ? Ireland

12 MAIDEN NAME OF MOTHER Catherine McNamney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ? ? Ireland

Informant Mrs. Margaret McNally (sister)

(Address) 518 E. Eager St.

Filed 6-1928 C. HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 4th 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1927, to Feb. 4, 1928, that I last saw him alive on Feb. 4, 1928, and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Sarcoma of Left Leg & Thigh Metastatic Growths in Lungs.

(duration) 1 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X Ray

(Signed) F. L. Dadey Jr. M. D.

(Address) St. Agnes' Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. DATE OF BURIAL Feb-7- 1928

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30233

CERTIFICATE OF DEATH

E 30233

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3804 Fenchurch St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa Seth Ensey

(a) RESIDENCE NO. 3804 Fenchurch St. 12 Ward Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ? mos. ? ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lot Ensey

6 DATE OF BIRTH (month, day, and year): October-12-1857

7 AGE — Years: 70 Months: 3 Days: 23 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town): Talbot Co., Md

(State or country)

PARENTS

10 NAME OF FATHER: John St. Lowe

11 BIRTHPLACE OF FATHER (City or town): Talbot Co. Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Mary J. Seth

13 BIRTHPLACE OF MOTHER (city or town): Talbot Co., Md.

(State or country)

14 Informant: Mr O. S. Ensey - (Son)

(Address) 3804 Fenchurch Road.

15 Filed Feb 6 1928 C. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 5 1928

17 I HEREBY CERTIFY, That I attended deceased from July 20, 1927, to Feb. 6, 1928, that I last saw h[illegible] alive on Feb. 5, 1928, and that death occurred, on the date stated above, at 2.15 a. m.

The CAUSE OF DEATH* was as follows:

1 Haemoplegia (Left)

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) 4 yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) James C. Clarke M. D.

Feb. 6 1928 (Address) Lafayette Apt.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Memorial Cemetery — Date of Burial: Feb 6 1928.

UNDERTAKER: Stewart & Co. — ADDRESS: 108 W. Mt. St.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30234

CERTIFICATE OF DEATH.

38 E 30234

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 307 N Greene ST. 4th WARD)

2-FULL NAME Anna Carnaggio

(a) RESIDENCE NO. 307 N Greene ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 4 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	S

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 15 27

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Guss Carnaggio

11 BIRTHPLACE OF FATHER (city or town) (State or country) Colorado

12 MAIDEN NAME OF MOTHER Rosanna Serio

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

Informant Guss Carnaggio

(Address) 307 N Greene St

Filed 1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5 1928

17

I HEREBY CERTIFY, That I attended deceased from 11-10, 1928, to 2-5, 1928, that I last saw h[illegible] alive on 2-4, 1928 and that death occurred, on the date stated above, at 9-9- m.

The CAUSE OF DEATH* was as follows:

Syphylitic Myocarditis.

(duration) yrs. 2 mos. 20 ds.

CONTRIBUTORY (Secondary) Congenital Syphylis

(duration) yrs. 2 mos. 20 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) S. D. Gamer M. D.

2-6, 1928 (Address) 1604 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Feb 6 1928

20 UNDERTAKER: W M Ruxton — ADDRESS: 2238 N Arlington

Spec.—1-12-23—M&T—500 Blks.

E 30235 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 30235
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2561 McCulloh St. 13-54 WARD)

2-FULL NAME Annie Newman

(a) RESIDENCE NO. 2561 McCulloh ST. WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	46			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Va.

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Frances Holland

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

Informant: Ed. M. Newman Reid. (Address) 2561 McCulloh St.

Filed [illegible], 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/5 1928

17 I HEREBY CERTIFY, That I attended deceased from 1/16, 1928, to 2/5, 1928,

that I last saw h— alive on 2/4, 1928

and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uteri

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Sam'l McCulloh, M. D.

2/5, 1928 (Address) 1130 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount

DATE OF BURIAL: 2/7 1928

20 UNDERTAKER: Samuel Snowden

ADDRESS 5[illegible] W. Saratoga

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

21E 30236 (1 3 8)

CERTIFICATE OF DEATH.

124E 30236

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. 13-52 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Benjamin

(a) RESIDENCE NO. 2941 Cedar Avenue ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rachel A Benjamin

6 DATE OF BIRTH (month, day, and year): 1-14-56

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
71		6	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: Evan Benjamin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Hanna Wade

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Del

Informant: Pearls

(Address)

Filed FEB 6 - 1928 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 4 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 13, 1928, to Feb-4, 1928,

that I last saw h[illegible] alive on Feb - 4, 1928

and that death occurred, on the date stated above, at 7 45 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis - Emphysema, Asthmatic bronchitis, Chronic laryngitis, Senile cardiac insufficiency.

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy.

(Signed) Clinton Johnston, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Marys Hampden

DATE OF BURIAL: Feb 7, 1928

20 UNDERTAKER: Shenowethdon

ADDRESS: 3615 Chestnut ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

E 30237 — REGISTERED NO.

E 30237 — 1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1226 Union Ave ST. 19-52 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Myers

(a) RESIDENCE NO. 1226 Union Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. / mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female — 4 COLOR OR RACE: White — 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Child.

6 DATE OF BIRTH (month, day, and year): Dec 23, 1927

7 AGE: Years — Months: 1 — Days: 11 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Robert L. Myers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Viola Sakuo

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Robert L. Myers. (Address) 1226 Union Ave

15 Filed 1928 — H. HANSON JONES, M. D., Registrar

16 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 4 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1928, to Feb 4, 1928, that I last saw h[illegible] alive on Feb 3, 1928, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia.

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) @ [illegible] M.D.

2-7, 1928 (Address) 3701 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Marys Hampden — DATE OF BURIAL: Feb 6 1928

20 UNDERTAKER: Johnson & Olson — ADDRESS: 3615 Chestnut Ave.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

30238

CERTIFICATE OF DEATH.

100 E 001 E 30238

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie J Dumas

(a) RESIDENCE No. 1904 E 31 st ST., WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 86 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	?

6 If married, widowed, or divorced HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, and year) ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer) 064

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant .....
(Address) .....

Filed 2-1928 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/5/1928

17

I HEREBY CERTIFY, That I attended deceased from Sept. 27, 1922 to Jan 5, 1928, that I last saw h alive on Jan 5, 1928 and that death occurred, on the date stated above, at 9.01 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? General & Surg.

(Signed) C. Holmes Engel M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Feb 7 1928
20 UNDERTAKER George E Lentz	ADDRESS 1032 Hollins

Spec.—1-10-21—M&T—1500 Bks.

E 30239

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167 E 30239

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 908 S. Bel Nord Ave. (Ward) 3

2-FULL NAME (Premature infant) Smith

(a) RESIDENCE NO. 908 S. Bel Nord Ave. St. (Ward) 12

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: no none

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years ____ Months ____ Days ____ If LESS than 1 day, 10 hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): premature infant

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

10 NAME OF FATHER: Elmer Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Lilly Henson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

PARENTS

14 Informant: Mrs Mertie Henson

(Address): 1514 S. Clinton St.

15 Filed 6 1928 19 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 4 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 4, 1928, to Feb 4, 1928, that I last saw him alive on Feb 4, 1928, and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Premature birth at 8th month of Pregnancy (obscure history of both Father & Mother about 1 week previous (duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Eclampsia? (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) [signature] M. D.

2/6/1928 (Address) 1614 S. Ellwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery — DATE OF BURIAL: Feb. 6 1928

20 UNDERTAKER: Robt F Wilkinson — ADDRESS: 1515 McElderry Ave

Spec.—4-12-23—M&T—500 Bks.

E 30240 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30240

101-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 401 Asquith ST. 5-6 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Solomon Schapiro

(a) RESIDENCE NO. 401½ Asquith ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. 0 mos. ds. How long in U. S., if of foreign birth? 42 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Ida

6 DATE OF BIRTH (month, day, and year): 1861

7 AGE — Years: 67 — Months: — — Days: — — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Collector

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: self

BIRTHPLACE (city or town) (State or country): Russia

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Ida

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

Informant (Address): (Dr.) 401 Asquith st

Filed 2-6-1928 C. HUMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 6 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 2, 1928, to Feb 6, 1928, that I last saw h(er) alive on Feb 5, 1928, and that death occurred, on the date stated above, at Feb 7 2a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary): Arteriosclerosis (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Joseph Sandler M. D.

2/6, 1928 (Address) 2348 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Southern Ave

DATE OF BURIAL: Feb 6 1928

20 UNDERTAKER: Levinson & Bro

ADDRESS 1127 E Baltimore st

Spec.—1-12-23—M&T—500 Blks.

30241

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

5 E 30241

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 618 Washington Blvd (Ward) 30

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Schlipper

(a) RESIDENCE NO. 618 Washington Blvd ST.; WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life time How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Fred Schlipper

DATE OF BIRTH (month, day, and year) Feby 17. 1864

AGE Years 64 Months 11 Days 18 If LESS than 1 day, hrs. or min

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home duties

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Balto Md.

10 NAME OF FATHER Geo Ort

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Hoffman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Fred Schlipper

(Address) 618 Washington Blvd

Filed 1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 7 19 28

17 I HEREBY CERTIFY, That I attended deceased from Jan 25 19 28 to Feby 7 19 28

that I last saw her alive on Feby 4 19 28

and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Diabetis

2 (duration) yrs mos ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) yrs 1 mos ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M B Spielmeyer M. D.

19 (Address) 6820 Baltimore Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL Feb 9 1928

20 UNDERTAKER Geo Leimbach & Son — ADDRESS 520 N. Lyndhurst St

Spec.—1-12-23—M&T—500 Bks.

E 30242 HEALTH DEPARTMENT—CITY OF BALTIMORE

109-002 E 30242

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 10-15 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Horty

(a) RESIDENCE No. 1140 Forest St, Ward

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of William Horty

DATE OF BIRTH (month, day, and year) Sept 20 1882

AGE 45	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	4	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Pa

10 NAME OF FATHER John Henty

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Susan Atkinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

Informant Records

(Address)

Filed [illegible] 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 17, 1927 to Feb 4, 1928

that I last saw her alive on Feb 4, 1928

and that death occurred, on the date stated above, at 3 30 m.

The CAUSE OF DEATH* was as follows:

Duodenal ulcer, partial intestinal obstruction, septic sore throat, cholelithiasis

(duration) yrs. 4 mos. 1 ds.

CONTRIBUTORY (Secondary) Localized peritonitis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 12-27-27 1-30-28

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) George G. Turner, M. D.

(Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Hampden

DATE OF BURIAL 2/6 1928

UNDERTAKER William Cook

ADDRESS 501 E North Ave

Spec.—1-12-23—M&T—500 Bks.

E 30243

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 30243

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1424 N Chester ST. 8-17 WARD)

2-FULL NAME Annie V Cole

(a) RESIDENCE NO. 1424 N Chester St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Cole

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	79			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER John Kelbough

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Ellen Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Mrs Ida Hond

(Address) 1809 Register St

Filed B6 - 1928 HALTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 2 1928 to Jan 6 1928

that I last saw her alive on Jan 4th 1928

and that death occurred, on the date stated above, at 6 A.M.

The CAUSE OF DEATH* was as follows:

Intest Toxaphemia

(duration) 1 yrs. ? mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys exam

(Signed) L. McCabe M. D.

1/6 1928 (Address) 1114 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood

DATE OF BURIAL 1/8 1928

UNDERTAKER Mr Cook

ADDRESS 502 E Mad.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30244

CERTIFICATE OF DEATH.

129

E 30244

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 177 Homestead ST., 9-46 WARD)

2-FULL NAME Annie E Gaither

(a) RESIDENCE NO. 2901 Kirk Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, ~~widowed or divorced~~ ~~HUSBAND~~ of (or) WIFE of: Lewis B Gaither

6 DATE OF BIRTH (month, day, and year): Oct 15 1885

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
42	3	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Charles H. K. Hoover

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Ida B. Kilbourn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Lewis B. Gaither

(Address): 2901 Kirk Ave

15 Filed FEB 7 1928, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): FEB 4 1928 19

17

I HEREBY CERTIFY, That I attended deceased from January 5. 19 28. to February 4. 19 28.

that I last saw ~~her~~ alive on February 4. 19 28.

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic Interstitial Nephritis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary): Cerebral Hemorrhage

(duration) yrs. mos 4 hrs

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical tests

(Signed) Atlee Hungerford, M. D.

2/6. 19 28 (Address) 1636 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~: Parkwood Cem

DATE OF BURIAL: FEB 7 1928 19

20 UNDERTAKER: Leo N Little

ADDRESS

Cor.—12-9-25—A Co.—200 Bks.

E 30245

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167-001

E 30245

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 840 N. Howard St. 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. Baker — (Berthiaume)

(a) RESIDENCE NO. 840 N. Howard St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Master 031

(b) General nature of industry, business, or establishment in which employed (or employer) Machinist

(c) Name of employer

9 BIRTHPLACE (city or town) Mass.

(State or country)

PARENTS

10 NAME OF FATHER Timothy

11 BIRTHPLACE OF FATHER (city or town) Mass.

(State or country)

12 MAIDEN NAME OF MOTHER Matilda

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant M. Lachapelle

(Address) 840 N. Howard St

15 Filed FEB 9 - 1926 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and hour) Feb. 5 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide

Gas Poisoning

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Asphyxia

(Duration) yrs. mos. ds.

Feb 5-26 Geo Clinton Bladen M. D.

(Coroner)

19 (Address) 143 W. 39 way

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Patrick's Cem. Date of Burial Feb 6, 1926

20 UNDERTAKER John A. Moran ADDRESS 3000 E. Balto St.

Spec.—1-12-23—M&T—500 Bks.

E 30246

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1st E 30246

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No) Womans Hosp. ST., 25-72 WARD

2-FULL NAME Auguste Bunte

(a) RESIDENCE NO. 1214 9th (Monell Court) ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Auste Bunte

6 DATE OF BIRTH (month, day, and year): Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Abt.	50			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Letvia, Russia

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Informant: Mr. Auste Bunte

(Address) 1214 9th & Monell ave

C. THOMPSON JONES, M. D.

Filed ... 19... 1928 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 4th 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 21st, 1925, to Feb. 4th, 1925,

that I last saw her alive on Feb. 4th, 1925,

and that death occurred, on the date stated above, at 11:10 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

(duration) 1 yrs.? mos ds.

CONTRIBUTORY (Secondary) Tuberculosis ; Secondary Anemia (duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Exam. & x-ray.

(Signed) H. H. Brock, M. D.

, 19 (Address) Womans Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western

DATE OF BURIAL: 2-7 19

20 UNDERTAKER: Fredk A Cole

ADDRESS: 2801 Calvert

Cor.—12-9-25—A Co.—200 Hks.

30247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 30247

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) Enroute St. Joseph Hospital (Ward) 9-46

2-FULL NAME Dallas May

(a) RESIDENCE NO. 1712 E. 25 Th St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annabell May

6 DATE OF BIRTH (month, day, and year): March 3/1892

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	35	10	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) N.C.

PARENTS

10 NAME OF FATHER James May

11 BIRTHPLACE OF FATHER (city or town):

(State or country) N.C

12 MAIDEN NAME OF MOTHER Ada Collins

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) N.C.

14 Informant Nancy Rooker

(Address) 1712 E. 25th St

15 Date 1928 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured skull- struck by automobile at North Ave & Register St

InQuest Feb 6/28)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

(Coroner)

2/5/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Middleton N.C. Date of Burial Feby 6 1928

20 UNDERTAKER Norris & Burns ADDRESS Lee St & E

Spec.—1-12-23—M&T—500 Bks.

E 30248

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30248

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 11-30 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Brown Hanson

(a) RESIDENCE NO. Camp Parole, Md St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Marie Hanson

DATE OF BIRTH (month, day, and year): May 10-1901

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	8	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): A A Co. Md

10 NAME OF FATHER: John L Hanson

11 BIRTHPLACE OF FATHER (city or town) (State or country): A A Md

12 MAIDEN NAME OF MOTHER: Almira Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): A A Co Md

Informant: Almira Brown

(Address): Parole A A Co. Md

FILED 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 6 - 1928

17 I HEREBY CERTIFY, That I attended deceased from 1-30-28, 19 , to 2-6-28, 19 ,

that I last saw h~~im~~ alive on 2-6-28, 19 ,

and that death occurred, on the date stated above, at 6:30 A m.

The CAUSE OF DEATH* was as follows:

Perforated appendicitis

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary): Acute intestinal obstruction 24 hrs

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Camp Parole, Md

Did an operation precede death? Yes Date of 1-31-28

Was there an autopsy? no

What test confirmed diagnosis? operation.

(Signed) H K Kerfschmaider, M. D.

2/6, 1928 (Address) Kernan's Hospital Forest Park Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fowler chapel A A Co Md. DATE OF BURIAL: Feb 7 1928

20 UNDERTAKER: B L Hopkins ADDRESS: Annapolis Md

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30249

CERTIFICATE OF DEATH.

74-001

74 E 30249

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 820 N Warburton St. 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barbara E. Davey

(a) RESIDENCE NO. 820 N Warburton St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles G Davey

6 DATE OF BIRTH (month, day, and year): Oct 21 1872

7 AGE: Years 55 | Months 3 | Days 14 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town): Bohemia

(State or country)

PARENTS

10 NAME OF FATHER: Frank Stastny

11 BIRTHPLACE OF FATHER (city or town): Bohemia

(State or country)

12 MAIDEN NAME OF MOTHER: Centona Vavrina

13 BIRTHPLACE OF MOTHER (city or town): Bohemia

(State or country)

14 Informant: M. J. Davey

(Address) 820 N Warburton St

1928 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 5 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 10 1928 to February 5 1928, that I last saw her alive on February 5 1928, and that death occurred, on the date stated above, at 8.50 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage Arteriosclerosis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Louis Krause, M. D.

, 19 (Address) 20 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood — Date of Burial: Feb 8 1928

20 UNDERTAKER: Frank E Brockelson — ADDRESS: 1900 Eutaw

Spec.—1-12-23—M&T—500 Bks.

E 30250

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30250

CERTIFICATE OF DEATH.

33

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 229 S Spring St. 3-4 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Estella Mack

(a) RESIDENCE NO. 229 S Spring St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	C	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Appox	36	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Joseph Mack

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Harriett Harper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Agnes Mack Sister (Address) 620 N Bethel St

Filed Feb 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1927, to Feb 5, 1928, that I last saw her alive on Feb 4, 1928, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Peritonitis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Influenza of Intestinal type

(duration) yrs. mos. 17 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) R J Young, M. D.

2/6, 1928 (Address) 1429 Eneodurment

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Patricks Lot DATE OF BURIAL: 2-8 1928

20 UNDERTAKER: Jas Snowden ADDRESS: 1708 E Madison

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30251

CERTIFICATE OF DEATH.

20 E 30251

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital 4-18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F. Raymond

(a) RESIDENCE NO. 1710 Harford Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 2/1900

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	27	5	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Chas. Raymond

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Annie Maule

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Sister

(Address) 1710 HarfordAve

15 Date Received 1928 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 3/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Encephalitis-Probably Traumatic
(Reported to have been hurt Jan 26/28 by bundle of shingles at Lafayette Mill & Lumber Co)

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia
(Autopsy at Hospital)

(Signed) J. J. O'Malley, M. D.

2/6/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery Date of Burial 2/7 1928

20 UNDERTAKER George J. Ruth ADDRESS 1735 Harford Ave

Cor.—12-9-25—A Co.—200 Bks.

E 30252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 30252

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 625 W Lanvale St. Ward) 27-16

2-FULL NAME Annie E. Springfield

(a) RESIDENCE NO. 204 Hawkins ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm H. Springfield

6 DATE OF BIRTH (month, day and year): March 16 1837

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	90	10	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country) Md

PARENTS

10 NAME OF FATHER: Mr Smith

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Unknown

14 Informant: Wm H. Springfield

(Address) 204 Hawkins ave

15 Filed C. HAMPSON JONES, M. D. Registrar

1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/4 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jos H. Ellis (Coroner) M. D.

2/6, 1928 (Address) 1632 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's Cemetery Govans Date of Burial: Feb 9 1928

20 UNDERTAKER: Henry W. Meanor & Son ADDRESS 805 N. Calvert

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30253

CERTIFICATE OF DEATH.

129 E 30253

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3620 Central ave Ward 13-57)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Norman L. Tubbs.

(a) RESIDENCE NO. 3620 Central Ave ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

DATE OF BIRTH (month, day, and year): Sept 4 1892

AGE: Years 35 Months 5 Days If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): md

10 NAME OF FATHER: David C. Tubbs

11 BIRTHPLACE OF FATHER (city or town) (State or country): md

12 MAIDEN NAME OF MOTHER: Alice Mundy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant: Geo. W. Mayer.
(Address) 3620 Central Ave.

Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 5 1928

17 I HEREBY CERTIFY, That I attended deceased from 1/1 1928, to 2/5 1928, that I last saw him alive on 2/5 1928, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Ch. Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical + micro.

(Signed) [illegible] M. D.

2/5 1928 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem — DATE OF BURIAL: Feb 7 1928

20 UNDERTAKER: Chenowith Son — ADDRESS: 3616 Chestnut Ave

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30254

CERTIFICATE OF DEATH

E 30254

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Sydenham Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Appel, Jr.

(a) RESIDENCE NO. 727 Melvale Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 1, 1925

7 AGE	Years	Months	Days	IF LESS than 1 day ___ hrs. or ___ min..
	2	8	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Louis Appel, Sr.

11 BIRTHPLACE OF FATHER (City or town) Baltimore

(State or country) Md

12 MAIDEN NAME OF MOTHER Mabel Richardson

13 BIRTHPLACE OF MOTHER (city or town) Balt.

(State or country) Md

14 Informant Louis Appel, Sr.

(Address) 727 Melvale Ave.

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

by ROH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Feb. 5, 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1928, to Feb. 5, 1928,

that I last saw him alive on Feb 5, 1928,

and that death occurred, on the date stated above, at 9 00 p. m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) yrs. mos 12 da.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos ? da.

18 Where was disease contracted

If not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) I. L. Levin, M. D.

Feb. 6, 1928 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loraine Cemetery

Date of Burial 2/7 1928

UNDERTAKER C. C. Fanning & Son - 1938 E. Lafayette Ave.

ADDRESS

Spec.—1-12-23—M&T—500 Blks.

E 30255

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 30255

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. BALTIMORE CITY HOSPITALS ST. 24-33 WARD)

REGISTERED NO. 1227

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Sowers

(a) RESIDENCE No. 409 E. Cross ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Lowry.

DATE OF BIRTH (month, day, and year) Oct 8th 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	3	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 0 + 0

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Edward Sowers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Margaret ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant (Address) Founders

Filed 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/4/1928

17

I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1928 to Dec. 4, 1928

that I last saw him alive on Dec. 4, 1928

and that death occurred, on the date stated above, at 2:00 P. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of liver - alcoholic

Myocarditis chronic & cont.

Hypertension

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Gross & Sub.

(Signed) C. Wilmer Brook M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem. DATE OF BURIAL: Feb 7 1928

20 UNDERTAKER: Leo G. Brook ADDRESS: 1723 Pattapsco Ave

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

30256

CERTIFICATE OF DEATH.

100-001 E 30256

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3815 Hamilton Ave ST., 9th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William F. Geisler

(a) RESIDENCE NO. 3815 Hamilton Ave ST., 9th WARD

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 8 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

7 DATE OF BIRTH (month, day, and year) May 8th 192[illegible]

8 AGE: Years — Months 8 Days 28 If LESS than 1 day, ... hrs. or ..... min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER William F. Geisler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Rose Wiedenlein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

Informant William F. Geisler

(Address) 3815 Hamilton Ave

Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5th 1928

17 I HEREBY CERTIFY, That I attended deceased from 1-26, 1928, to 2-4, 1928, that I last saw h[illegible] alive on 2-4, 1928, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos 28 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Miller Hunnicutt, M. D.

2/6, 1928 (Address) 2001 Hallam

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Feb 7 1928

20 UNDERTAKER: F. D. Wright — ADDRESS: 155 N. Walke

Spec.—1-12-23—M&T—500 Blks.

30257

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1001 E 30257

1-PLACE OF DEATH

CITY OF BALTIMORE—(No.) 49 N. Catherine (St.) 20th (Ward) 19

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edgar A. Stumpf

(a) RESIDENCE NO. 49 N. Catherine ST., 20th WARD

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. 8 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Minnie Stumpf

6 DATE OF BIRTH (month, day, and year): May 14th 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	46	8	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist

(b) General nature of industry, business, or establishment in which employed (or employer): B. & O. R. R. Co.

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Richmond, Ind.

10 NAME OF FATHER: Edw. L. Stumpf

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary C. Deener

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md.

Informant (Address): Minnie Stumpf 49 N. Catherine St.

Filed 1928 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 6th 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 29, 1928, to Feb 6, 1928, that I last saw him alive on Feb 6, 1928, and that death occurred, on the date stated above, at 6 30 A. m.

The CAUSE OF DEATH* was as follows: Septic Pneumonia Bronchitis

(Duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary): Influenza

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Asylum

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Robert E. Phelps, M. D.

2-7-28, 19 (Address) 207 Asylum Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL 19

20 UNDERTAKER: H. B. Wippert

ADDRESS 1850 N. Gilmor St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30258 E 30258

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hospitals (St.) 25-72 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Boell Waldner

(a) RESIDENCE NO. 2325 Washington Blvd WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word) married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Howard Waidner

DATE OF BIRTH (month, day, and year) Jan. 12. 1891

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~37~~	37		22	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto, Md

10 NAME OF FATHER Thomas Hayles.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sophia Hunter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Geo. Haslup Brother

(Address) 111 Leadenhall St.

Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 4 1928

17 I HEREBY CERTIFY, That I attended deceased from 1-23, 1928, to 2-4, 1928

that I last saw h[illegible] alive on 2-4, 1928

and that death occurred, on the date stated above, at 9:00 P.M.

The CAUSE OF DEATH* was as follows: Pneumonia Lobar

(duration) yrs. mos.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) B Dorsey M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem. a.a

DATE OF BURIAL Feb 7 19 28

20 UNDERTAKER Margaret L. Flynn

ADDRESS 1422 Light

E 30259

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30259

CERTIFICATE OF DEATH.

REGISTERED No. C 49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 26 E 20th ST. 17-50 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary L. Hawkins

(Residence in Baltimore: No. 26 E 20th St.; 76 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, Col

5-~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, ..., 1852.
(Month) (Day) (Year)

7-AGE, 50 yrs. 47 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Gloucester Co Va

PARENTS.

10-NAME OF FATHER, Louis W Litting

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Elizabeth Brown

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Hawkins

(Address) 26 E 20th Street

15-

Filed ..... C. HARRISON JONES, M. D.
- 1928 - DCH Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 5, 1928.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1st 1928, to Feb 5 1928, that I saw her alive on Feb 5 1928, and that death occurred, on the date stated above, at 5.30 P.M.

The CAUSE OF DEATH* was as follows:

Tumor of Rectum to Left Ovarian Cyst Formerly Malignant ? (Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Imperfect circulation (Duration) yrs. mos. ds.

(Signed) Calvin N. Gabriel M. D.

Feb 5, 1928 (Address) 2413 St Paul

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Gloucester Court Va — DATE OF BURIAL, 2/7/28

20-UNDERTAKER Mrs. Geo. H. Holland — ADDRESS 165 Druid Hill Ave

Spec.—1-12-23—M&T—500 Bks.

E 30260 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30260

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1817 Bolton St. (St.) (14-20 Ward) REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Snellenberg.

(a) RESIDENCE NO. 1817 Bolton St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

6 If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Eliza Snellenberg.

DATE OF BIRTH (month, day, and year) May 6th. 1845.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	8	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Artificial

(b) General nature of industry, business, or establishment in which employed (or employer) Flower Mnfgr.

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany.

10 NAME OF FATHER ? Snellenberg.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

Informant Mr. Snellenberg

(Address) 1817 Bolton St.

Filed 1928. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby. 5th. 1928

17 I HEREBY CERTIFY, That I attended deceased from [illegible], 192[illegible], to [illegible], 19[illegible],

that I last saw h[illegible] alive on [illegible], 19[illegible],

and that death occurred, on the date stated above, at [illegible] P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Senile

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) , M. D.

, 19 (Address) 836 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Har Sinai Cemetery — DATE OF BURIAL 2/7/ 1928

20 UNDERTAKER Howard Sondheim — ADDRESS 118-20 W. Mt. Royal Ave.

Spec.—1-12-23—M&T—500 Bk. Nannie Jelenko.

30261 HEALTH DEPARTMENT—CITY OF BALTIMORE 49 B 30261

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital (Ward) 49-64

2-FULL NAME Mrs Nannie Gustave Jelenko

(a) RESIDENCE NO. 4004 Oakford Ave ST. (Ward) Balto Md.
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of Gustave Jelenko

DATE OF BIRTH (month, day, and year) Feb 4, 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
69	69	11	22	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 27

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Vienna Austria

10 NAME OF FATHER Jonas Loeb

11 BIRTHPLACE OF FATHER (city or town) (State or country) Vienna Austria

12 MAIDEN NAME OF MOTHER Babette Altshul

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Vienna Austria

Informant Daughter

(Address)

File 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 6, 1928, to Feb 6, 1928, that I last saw h[e] v alive on Feb 6, 1928 and that death occurred, on the date stated above, at 5.15 P m

The CAUSE OF DEATH* was as follows:

Carcinoma - Esophagus Pylorus

CONTRIBUTORY (Secondary) (duration) ? yrs. mos ds. Cardiac decompensation

(duration) ? yrs. ? mos. ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 10/10/27, 12/10/27

Was there an autopsy? No

What test confirmed diagnosis? Biopsy.

(Signed) James Wilson Worthington, M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Har Sinai Cem. DATE OF BURIAL 2/8/ 1928

20 UNDERTAKER Harry Sondheim ADDRESS 115-20 W. Mt. Royal Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-91

E 30262

CERTIFICATE OF DEATH.

E 30262

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 320 N. Mount St. 9-27 Ward)

2-FULL NAME Louise Johnson

(a) RESIDENCE NO. 320 N. Mount St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fmale

4 Color or Race: Colo

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day and year): Aug 15th 1910

7 AGE: Years 17 Months 5 Days 20 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Homework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country)

PARENTS

10 NAME OF FATHER: Joseph Johnson

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md

12 MAIDEN NAME OF MOTHER: Louise Newman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

14 Informant: Louise Johnson (mother)

(Address): 320 N. Mount St.

15 Filed: 1-7-1928 C. HARRISON JONES, M.D. Registrar

By: R.H.C.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Feb 4th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by the Inquest (autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Thos. Ped. Horton M. D.

(Coroner)

Feb 5 1928 (Address) Curtis Bay, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See Instruction No. 10.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Iron — Date of Burial 2-7 1928

20 UNDERTAKER: Joseph A Lively — ADDRESS 40 N. Mount

Spec.—I-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30263

CERTIFICATE OF DEATH.

179 E 30263

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 203 N Belnord Ave ST., 6-10 WARD)

2-FULL NAME Oscar Feldman

(a) RESIDENCE NO. 203 N Belnord Ave ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 9 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Cecilia Feldman

6 DATE OF BIRTH (month, day, and year) Apr. 12-1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	50	9	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shirt Ironer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Retired

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Max Feldman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Venice

12 MAIDEN NAME OF MOTHER Lydia Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Cecilia Feldman
(Address) 203 N Belnord ave

15 Filed 1928 O. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 4. 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 25 1927 to Feb 4th 1928, that I last saw him alive on Feb 3rd 1928 and that death occurred, on the date stated above, at 12 N

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 15 yrs. mos ds.

CONTRIBUTORY (Secondary) Dementia

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? no Date of ~

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) W. Brixton, M. D.

2/6 1928 (Address) 301 East Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery — DATE OF BURIAL 2/7 1928

20 UNDERTAKER George J Ruth — ADDRESS 1735 Harford ave

Spec.—1-12-23—M&T—500 Bks.

E 30264

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 E 30264

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Aged Men + Women's Home (St.) (Ward)

2-FULL NAME Robert Morton

(a) RESIDENCE NO. 1622 Druid Hill Ave St.

(Usual place of abode)

WARD

Length of residence in city or town where death occurred 40 yrs. mos.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) [illegible] 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

10 NAME OF FATHER [illegible]

11 BIRTHPLACE OF FATHER (city or town) (State or country) [illegible]

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) [illegible]

Informant: Rachel Jones

(Address) 1507 E Monument

Filed 1928 C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 4 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1928, to Feb 4, 1928

that I last saw h[illegible] alive on Feb. 4, 1928

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Duration 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically Examined

(Signed) C. Garland Chatwell M. D.

Feb 6, 1928 (Address) 1534 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: Feb. 7, 28

20 UNDERTAKER: John N. Jourdan — ADDRESS: 16 Dean St

Cor.—12-9-25—A Co.—200 Bks.

E 30265

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 30265

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital 6-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Betty Simon

(a) RESIDENCE NO. 136 N. Washington St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 28/27

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
		5	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER George Simon

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Thelma Nochols

13 BIRTHPLACE OF MOTHER (City or town)

(State or country) Balto., Md.

14 Informant Father

(Address)

15 Filed FEB 9 1928 H. Bol JAMES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Rickettsia

(duration) yrs. mos. ds.

(Signed) J. H. Calver M. D.
(Coroner)

2/7/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs. ....mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cem Feb 7 1928

20 UNDERTAKER Wendell Diffel & Son ADDRESS 37 S Calvert St

Spec.—12-9-25—A Co.—200 Bks.

Haupt

HEALTH DEPARTMENT—CITY OF BALTIMORE

90

E 30266

CERTIFICATE OF DEATH.

E 30266

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor St. 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Haupt

(a) RESIDENCE NO. Preston & Valley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1st 7th 1857

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	70	3	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: John Haupt

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER: Elz. Fauright

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant: Little Sisters of the Poor

(Address) Preston & Valley St

15 Filed ..... 19 ..... REGISTRAR OF VITAL STATISTICS

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 27

Dec 4th

17

I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....,

that I last saw h[illegible] alive on Feby 5 , 19 28 ,

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Vascular Disease of heart

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Jan 6 (Signed) F. A Warren, M. D.

, 1928 (Address) 1193 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF [illegible], CREMATION OR REMOVAL: Rie Wudefeld

Date of Burial: Jan 7. 1928

20 UNDERTAKER: Cathedral

ADDRESS: 914 Fremont Ave

Cor.—12-9-25—A Co.—200 Bks.

E 30267 HEALTH DEPARTMENT—CITY OF BALTIMORE 90 E 30267

Parkhurst Anna Roger

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Wallace Sone 57 Carroll Park REGISTERED NO.

St. 14 - 54 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Rich

(a) RESIDENCE NO. 2239 Penna ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M.	C.	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Isabelle Rich

6 DATE OF BIRTH (month, day and year) Feb 1887

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
about 51	41			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) O & P

(c) Name of employer

9 BIRTHPLACE (city or town) Bad

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Isabelle Rich

(Address) 2239 Penna ave

15 Filed 2/6 1928 CLAYTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/4 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Valvular Disease of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

16 (Address) 1632 Rolland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn cemetary Date of Burial 2/7 1928

20 UNDERTAKER Thomas G. Relson ADDRESS 1303 Pressman st

Spec.—1-10-21—M&T—1500 Bks.

E 30268

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Harford Rd | E 30268

1-PLACE OF DEATH 117 Sefton ave.

CITY OF BALTIMORE: (No.) ST. 27-43 (WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Adam Eberle

(a) RESIDENCE NO. 117 Sefton ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced (write the word) Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 29 1918

7 AGE Years 9 Months 6 Days 6 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md.

PARENTS

10 NAME OF FATHER Walter A Eberle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Virgie Hummel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mother

(Address) 117 Sefton Ave

Filed 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/5 1928

17 I HEREBY CERTIFY, That I attended deceased from 2/4 1928, to 2/5 1928, that I last saw h alive on 2/5 1928, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Patent Foramen Ovale

(duration) Since birth yrs. mos. ds.

CONTRIBUTORY (Secondary) La Grippe (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Hyde W. Bolley M. D.

1928 (Address) 5012 Harford Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Forkwood DATE OF BURIAL Feb 8 1928

20 UNDERTAKER J. A. Cook ADDRESS 332 E Wath Ave

Spec.—1-12-23—M&T—500 Bks.

Do Wilkirdi 11 p Cases

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30269

CERTIFICATE OF DEATH.

E 30269

1-PLACE OF DEATH

REGISTERED NO. 3744

CITY OF BALTIMORE: (No. 4725 Harford Rd. St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James R Baxter

(a) RESIDENCE NO. 4725 Harford Rd. St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

DATE OF BIRTH (month, day, and year) Aug-10-1850

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	77	5	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer Lynch

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER James R. Baxter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Martha Moore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Mrs Philip Rosendale (Address) 4725 Harford Rd

Filed 1928 . 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1928, to Feb 5, 1928, that I last saw h[illegible] alive on Feb. 4, 1928, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis.

(duration) 2+ yrs. mos ds.

CONTRIBUTORY (Secondary) Apoplexy cerebral

(duration) yrs mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None.

(Signed) C. Hamilton Jones, M. D.

Feb 9 19 (Address) 11 Mosher St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount — DATE OF BURIAL Feb. 9 1928

20 UNDERTAKER H. W. Cole — ADDRESS 932 E. Fort Ave

Spec.—1-12-23—M&T—500 Bks.

E 30270

HEALTH DEPARTMENT—CITY OF BALTIMORE

1002

11 E 30270

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1019 Valley St., 10-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hannah Harrigan

(a) RESIDENCE NO. 1019 Valley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of John Harrigan

DATE OF BIRTH (month, day, and year) Dec. 20, 1849

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	1	16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER John Callaher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Mrs Mary McKeally

(Address) 1019 Valley St

Filed 1928, 19

C. HAMILTON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 5, 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 18, 1928, to Feb 5, 1928, that I last saw h[illegible] alive on Feb 5, 1928, and that death occurred, on the date stated above, at 8 P— m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) D. Bernard Lott, M. D.

2/6, 1928 (Address) 914 E Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Peters Cemetery

DATE OF BURIAL Feb. 6, 1928

20 UNDERTAKER Elmer W. Conklin

ADDRESS 914 E Eager St

Spec.—1-12-23—M&T—500 Blks.

30271

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89 E 30271
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2138 E. Baltimore ST. 6-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Abraham Needle

(a) RESIDENCE No. 2138 E Baltimore ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? 18 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Etta Needle

DATE OF BIRTH (month, day, and year) unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Etta Needle

(Address) 2138 E Baltimore

Filed 1928 HARRISON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/6 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 26, 1927, to Jan 4 Fr, 1928 that I last saw him alive on Feb 3rd, 1928 and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

1 (duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary) exertion

(duration) yrs. mos. 1 day

18 Where was disease contracted if not at place of death? no where

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? By Symptoms

(Signed) Harris Flinder, M. D.

, 19 (Address) 2026 E. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — DATE OF BURIAL 2/7 1928

20 UNDERTAKER Jack Lewis — ADDRESS 1439 E Balt St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30272

CERTIFICATE OF DEATH.

10 1-001 E 30272

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 633 Fletcher ST. 14-20 (WARD)

2-FULL NAME Percy Robinson

(a) RESIDENCE NO. 633 Fletcher ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	CM	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) [illegible] 1903.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Wm. Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Estella West

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Estella Robinson
(Address) 633 Fletcher St

15 Filed 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5 1928

17 I HEREBY CERTIFY, That I attended deceased from January 28, 1928, to May 5, 1928, that I last saw him alive on May 5, 1928, and that death occurred, on the date stated above, at 9.20 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clin. Aspect.

(Signed) Paul V. Maynard M. D.

5-7, 1928 (Address) 1716 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 5-8 1928

20 UNDERTAKER John H. Frazier — ADDRESS 1027 Hanover Mkt

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30273

CERTIFICATE OF DEATH.

129 E 30273

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2162 Hollins St. 20-69 Ward)

2-FULL NAME John Harry Truett

(a) RESIDENCE NO. 2162 Hollins St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth M Truett

6 DATE OF BIRTH (month, day, and year): Jan 3 1881

7 AGE: Years 47 | Months 1 | Days 2 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Safety Director

(b) General nature of industry, business, or establishment in which employed (or employer): Balto Co

(c) Name of employer

9 BIRTHPLACE (city or town): York Co

(State or country)

PARENTS

10 NAME OF FATHER: Saml. Truett

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Ida Risler

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): York Pa

14 Informant: James W. Truett

(Address): 2163 Hollins St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 5 - 28 19

17 I HEREBY CERTIFY, That I attended deceased from Feb 3rd 19 28 to Feb 5 19 28,

that I last saw h.m. alive on Feb 3rd 19 28,

and that death occurred, on the date stated above, at 6 00 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Nephritis Chronic

(duration) ..... yrs. Baby mos. ..... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Barry O'Mellory, M. D.

2/6, 1928 (Address) 408 N Payson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorriane Cemetery — Date of Burial: Feb 8 1928

20 UNDERTAKER: Robert Brookerson — ADDRESS: Calhoun Hollins

Spec.—1-10-21—M&T—1500 Bks.

E 30274

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

73

E 30274
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 911 Rosedale ST., 16-67 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Marie Hodge,

(a) RESIDENCE NO. 911 Rosedale ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
Female	White	Married

5a If married, ~~widowed, or divorced~~ (or) WIFE of Joseph H. Hodge,

6 DATE OF BIRTH (month, day, and year) April 10. 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	9	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER Matthew Murphy,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Joseph H. Hodge
(Address) 911 Rosedale St.

15 Filed 7- 1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) FEB 6 1928

17 I HEREBY CERTIFY, That I attended deceased from 1/30, 1928, to 2/6, 1928, that I last saw her alive on 2/4, 1928, and that death occurred, on the date stated above, at 8.50 a.m. p.m.

The CAUSE OF DEATH* was as follows:

Cerebral embolism
Softening Both Ventricles

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys. Signs

(Signed) C. Hamilton Jones, M. D.

2/7, 1928 (Address) 877 Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ New Cathedral — DATE OF BURIAL 19

20 UNDERTAKER Geo W Little — ADDRESS

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 30275 — 1-PLACE OF DEATH

E 30275 — REGISTERED NO.

City of BALTIMORE: (No. 2623 E. Monument St. Ward) D-10

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John B. Loeblein

(a) RESIDENCE NO. 2623 E. Monument St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. if of foreign birth 69 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Kate Julia Loeblein

6 DATE OF BIRTH (month, day, and year): Feb 16/59

7 AGE — Years: 68 — Months: 11 — Days: 20 — IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: [illegible]

11 BIRTHPLACE OF FATHER (City or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Catherine Loeblein 2623 E Monument St.

15 Filed T-1928 — HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 6/28

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1928, to Feb 6, 1928, that I last saw h[illegible] alive on Feb 6 1928, and that death occurred, on the date stated above, at 10 50 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Oesophagus

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Inanition

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? X Ray

(Signed) E. Gill Hall M. D.

Feb 7 1928 (Address) 1631 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem. — Date of Burial: 2/8 1928

20 UNDERTAKER: Philip Herring — ADDRESS: 2016 Orleans St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30276

CERTIFICATE OF DEATH.

1001 E 30276

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS (ST.) 11-25 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Jane Robinson

(a) RESIDENCE NO. 670 W. Baltimore St. WARD
(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
female	Colored	?

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) ?

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	45			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)
(State or country) Maryland

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town)
(State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) ?

Informant
(Address) Records

Filed C. Mayo Robbins, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/3/ 1928.

17

I HEREBY CERTIFY, That I attended deceased from Nov. 16 . 1927. to Dec. 3 . 1928.

that I last saw her alive on Dec. 3 . 1928.

and that death occurred, on the date stated above, at 3:30 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Gen. and Lab.

(Signed) C. Holmes Boyd M. D.

. 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL Feb 1 1928

20 UNDERTAKER Leonard H Haden

ADDRESS 309 Myrtle Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30277 E 30277

CERTIFICATE OF DEATH.

Mt Wash

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Cross Country Blvd ST. 27-54 (WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laurence Riggs

(a) RESIDENCE NO. Cross Country Blvd ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Riggs

6 DATE OF BIRTH (month, day, and year): Nov 22 1846

7 AGE: Years 81 Months 7 Days 13 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 0/3

(b) General nature of industry, business, or establishment in which employed (or employer): Butcher

(c) Name of employer: Retired

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Laurence Riggs

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Martha Dinsmore

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs Ida C. Fritz

(Address) Cross Country Blvd

15 Filed ..... 1928 C. HARRISON JONES, M. D., Registrar

Jan

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feby 5. 1928

17 I HEREBY CERTIFY, That I attended deceased from July, 1927, to Feby 5, 1928, that I last saw him alive on Feby 4, 1928, and that death occurred, on the date stated above, at 5.00 A.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis (duration) 6/ yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Advanced Symptoms

(Signed) William Todd, M. D.

19 (Address) 22 Druid Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Park — DATE OF BURIAL: Feby 1928

20 UNDERTAKER: Rita Wedefeld — ADDRESS: 914 Greenmount

Spec.—1-12-23—M&T—500 Blks.

Rose D Meyers Douglass

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30278

CERTIFICATE OF DEATH

74-001

74 E 30278

1-PLACE OF DEATH

CITY OF BALTIMORE: No. West Baltimore Gen Hosp ST. 13-54 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose D. Miles Douglas

(a) RESIDENCE NO. 2334 McCulloh ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced. (write the word): Widow.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm Douglas

DATE OF BIRTH (month, day, and year): December 1884

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	44			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Maid

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Md.

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Martina Burke

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Informant: Rose Meyers

(Address) 2334 McCulloh

Filed - 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 4 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1928, to Feb 4, 1928, that I last saw her alive on Feb 4, 1928, and that death occurred, on the date stated above, at 2.10 P.M.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clin. Exam.

(Signed) Louis T. Tavy, M. D.

2-4-28 (Address) E. Balto Gd Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn

DATE OF BURIAL: Feb 7 1928

UNDERTAKER: Mrs. K. M. Elliott

ADDRESS: 1227 Ashland Ave.

Spec.—1-12-23—M&T—500 Bks.

E 30279

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30279

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1501 S. Charles St. ST 24-34 WARD)

REGISTERED NO. 38

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clifton Thompson

(a) RESIDENCE NO. 1706 Belt St ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Ida F. Thompson

DATE OF BIRTH (month, day, and year) Sept. 8 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	48	5	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Sykesville Md.

10 NAME OF FATHER Vaeth Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant (Address) Mrs. Thompson 1501 S. Charles St.

Filed 1928 C. HAZEL JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-6 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928, to Feb 6 1928, that I last saw him alive on Feb 6, 1928 and that death occurred, on the date stated above, at 3 PM.

The CAUSE OF DEATH* was as follows:

Pneumonia Subclavian

(duration) yrs 0 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Typical signs.

(Signed) Sidney R. Brunett, M. D.

2/6 1928 (Address) 1445 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery DATE OF BURIAL 2/8 1928

20 UNDERTAKER J. Fenwick McCully ADDRESS 1702 Fort

Spec.—1-12-23—M&T—500 Bks.

Eliza McCoy.

30280

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 B 30280

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1643 Abbott ST. 7-13 WARD)

2-FULL NAME Eliza McCoy

(a) RESIDENCE NO. 1643 Abbott ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: unk

DATE OF BIRTH (month, day, and year): May 10, 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
55	55	10	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): N C (farm)

10 NAME OF FATHER: J. Fatherson

11 BIRTHPLACE OF FATHER (city or town) (State or country): N C

12 MAIDEN NAME OF MOTHER: Eliza Farmer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N C

Informant: Thos McCoy (son)

(Address) 1643 Abbott St

Filed 1928

C. H. JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 5 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 3, 1928 to Feb 5, 1928

that I last saw h alive on Feb 4, 1928

and that death occurred, on the date stated above, at 2 A m

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs 2 mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) [illegible], M. D.

2-7, 1928 (Address) 508 Cummer

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cem — DATE OF BURIAL: 2/8/28

20 UNDERTAKER: Robert E. Williams — ADDRESS: 1530 Mc Elderry St

Cor.—12-9-25—A Co.—200 Bks.

E 30281 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30281

CERTIFICATE OF DEATH.

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 147 N. High St. St., 5-8 Ward)

2-FULL NAME Sarah Baefsky.

(a) RESIDENCE NO. 227 D St. N.W. Washington D.C. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? 86 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Widow.

5a If ~~single, widowed, or divorced~~ (or) WIFE of Isaac Baefsky.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	66	----------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Nathan Rubin. (son)

(Address) 56 Channing St. Washington, D.C.

15 Filed FEB 7 - 1928 C. HUDSON JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) February 6. 1928.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. Reinhardt M. D. (Coroner)

2/7 1928 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herring Run Date of Burial 2/7 1928

UNDERTAKER Jack Lewis ADDRESS 1439 E. Baltimore St.

Spec.—1-10-21—M&T—1500 Blks.

E 30282 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30282

CERTIFICATE OF DEATH.

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Patterson Park Casino ST. 1-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen I. Malone [redacted]Campbell

(a) RESIDENCE NO. Patterson Park Casino ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Campbell

6 DATE OF BIRTH (month, day, and year) Feb. 11, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
50	51	11	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Port Deposit, Md.

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant John Campbell (Address) Patterson Casino

15 Filed FEB 7 - 1928 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 5, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 4, 1927, to Feb. 5, 1928, that I last saw her alive on Feb. 4, 1928 and that death occurred, on the date stated above, at 12:20 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

(duration) Unknown. yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary tubercu-losis (duration Unknown mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Evidence

(Signed) Geo. B. Corbett, M. D.

, 19 (Address) 2802 Harford Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dale Favor Cem. DATE OF BURIAL Feb 8-1928

20 UNDERTAKER Jos. J. Herrmann ADDRESS 136 Eugene Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 30283

1-PLACE OF DEATH ~~E (X) 2683~~

REGISTERED NO. C

CITY OF BALTIMORE. No. 130 Richmond. St. (11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jennie Bishop

(Residence in Baltimore.) No. 130 Richmond St.; 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) 1868 (Year)

7-AGE, 60 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Abraham Tent

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Charlotte Thompson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Aneta Simms

(Address) 130 Richmond St

15- Filed 2-7-1928 C. HAMPSON JONES, 191 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) — 5 (Day), 1928 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 12 1927, to Feb 3 1928, that I saw her alive on Feb 3 1928, and that death occurred, on the date stated above, at 3 30 a m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(Duration) yrs. 1 mos. 20 ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency

(Duration) yrs. mos. ds.

(Signed) S. B. Hughes M. D.

Feb 5, 1928 (Address) 1413 E. Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, 2/7, 1928

UNDERTAKER Samuel Hamburger

ADDRESS 1578 Eden St

Spec.—1-12-23—M&T—500 Blks.

30284

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30284

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Memorial Hosp. 23-31 100

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leonard Henry Seybold

(a) RESIDENCE No. 124 W. Beverly ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Infant

a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

DATE OF BIRTH (month, day, and year) Feb 3 1928

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	-	-	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer) -

(c) Name of employer ✓

BIRTHPLACE (city or town) (State or country) Balto. Md

10 NAME OF FATHER Leonard Seybold

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto, Md

12 MAIDEN NAME OF MOTHER Anna Schramm

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant Marie Metzger

(Address) 124 W Beverly St.

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 7 1928

17

I HEREBY CERTIFY, That I attended deceased from Feb 6, 1928, to Feb 7, 1928, that I last saw h[illegible] alive on Feb 7, 1928, and that death occurred, on the date stated above, at 6.30 A m.

The CAUSE OF DEATH* was as follows:

1 Pneumonia (broncho)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of ✓

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wallace R Swarthout M. D.

19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL Feb 9

20 UNDERTAKER J. Evans ADDRESS 38 E. Fort Ave

Spec.—12-9-25—A Co.—200 Bks.

Hurley
161-001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 30285
1-PLACE OF DEATH

REGISTERED NO. E 30285

City of BALTIMORE; (No. 1326 Harmon St., 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant of Mr & Mrs Norris E. Hurley

(a) RESIDENCE NO. 1326 Harmon St. 23 Ward
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of.
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 6 28

7 AGE	Years	Months	Days	IF LESS than 1 day 6 hrs. or 15 min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md.

PARENTS

10 NAME OF FATHER Norris E. Hurley
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md
12 MAIDEN NAME OF MOTHER Nora M. Higgins
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Norris E. Hurley
(Address) 1326 Harmon

15 Filed 2-7-1928 HAMILTON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/7/1928

17 I HEREBY CERTIFY, That I attended deceased from 2/6, 1928, to 2/7, 1928, that I last saw h~~e~~ alive on 2/6, 1928 and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Premature Birth
(Mother's condition)
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Prematurity
(duration) yrs. mos. 1 ds.

18 Where was disease contracted
If not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) R. E. Campbell M. D.
2/7 1928 (Address) 1644 Harmon

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial
Edgewood Hill Mem Pk 2-7 1928

20 UNDERTAKER — ADDRESS
A. Howard Evans 38 E Fayette

Spec.—1-12-23—M&T—500 Blks.

E 30286

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30286

CERTIFICATE OF DEATH

1-PLACE OF DEATH Union memorial Hospital

REGISTERED NO. 15-64

CITY OF BALTIMORE: (No. 33 & Calvert ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. William Rife

(a) RESIDENCE No. 3700 Forest Park Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs. William Rife

6b DATE OF BIRTH (month, day, and year): August 24 1854

7 AGE: Years 73 | Months 5 | Days 13 | If LESS than 1 day, hrs. or min. 12

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Pressed Steel Sinclair Scott Co.

(b) General nature of industry, business, or establishment in which employed (or employer): 86

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ohio.

10 NAME OF FATHER. John Rife

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ohio

12 MAIDEN NAME OF MOTHER: Annie Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ohio

Informant: Mrs Mildred Judd

(Address) Hunt Valley Road

Filed 1928, 19

C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 6, 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1928, to Feb 6, 1928, that I last saw him alive on Feb 6, 1928, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Gall Bladder

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 2/1/28

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. D. Hannah M. D.

, 19 (Address) Union Memorial Hospital 33 & Calvert Sts.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge

DATE OF BURIAL: Feb 7 1928

20 UNDERTAKER: Chas O. Mitchell Sons

ADDRESS: Eutaw Place

Spec.–7-17-26—A Co.—200 Bks.

E 30287

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 30287

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO. 14-20

City of BALTIMORE: (No. 1419 Mt Royal Ave St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Jane Fletcher

(a) RESIDENCE NO. 1419 Mt Royal ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jany 26 1880

7 AGE: Years 48 Months – Days 12

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: home duties

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) South C.

(State or country)

PARENTS

10 NAME OF FATHER John W. Fletcher

11 BIRTHPLACE OF FATHER (City or town) England

(State or country)

12 MAIDEN NAME OF MOTHER Adelaide Fair

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant (Address) Marcus A. Fletcher 1419 Mt Royal ave

15 Filed 1928 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7 19 28

17 I HEREBY CERTIFY, That I attended deceased from Feb 1 19 27 to Feb 7 19 28

that I last saw h alive on Feb 7 19 28

and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Purpura Hemorrhagica

(duration) 15 yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical + blood Exam

(Signed) [illegible] M. D.

19 (Address) 12 E. Eager St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery — Date of Burial: July 9 1928

20 UNDERTAKER: John O. Mitchell — ADDRESS: 1908 Eutaw Place

Spec.—1-10-21—M&T—1500 Bks.

30288

HEALTH DEPARTMENT—CITY OF BALTIMORE

30288

CERTIFICATE OF DEATH.

43

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 Hanover ST. 23-31 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Townsend

(a) RESIDENCE NO. 914 Hanover Street ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura V. Townsend

6 DATE OF BIRTH (month, day, and year) — 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	--	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Charles Townsend

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Mr. Charles Townsend
(Address) 1301 W. Ostend Street

15 1928 C. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 6 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug. 1927. to Feb 6. 1928.

that I last saw h alive on Feb 6. 1928

and that death occurred, on the date stated above, at 11.47 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Larynx

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) Thos. J. Campbell M. D.

, 19 (Address) 1644 S. Hanover Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Feb. 9 1928

20 UNDERTAKER Wm. H. Cook

ADDRESS 1003 West Baltimore St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30289

CERTIFICATE OF DEATH.

191 E 30289

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph's Hospital St. 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Timm Mason

(a) RESIDENCE NO. 804 N. Central Avenue St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) September 21, 1908

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	19	4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Henry C. Mason

11 BIRTHPLACE OF FATHER (city or town) Washington

(State or country) N. C.

12 MAIDEN NAME OF MOTHER Lottie F. Timm

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant Mrs. Lottie F. King

(Address) 804 N. Central Avenue

15 Filed ..... 19 C. HAMPSON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 4 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquory (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Sepsis-Hemorrhage due to pistol shot wound back of right lung. Probably shot by Policeman

Inquest Feb 7/28

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

(Coroner)

18 (Address) 508 E. North Avenue

2/6/28

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

20 PLACE OF BURIAL, CREMATION OR REMOVAL Fairwood Cem

Date of Burial Feb 8 1928

20 UNDERTAKER Joseph L. Cook

ADDRESS 1003 N. Baltimore St

Spec—12-23-21—E.B.R.S.—400 Blks.

E 30290

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30290

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 4-30 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Parker

(a) Residence No. Shipley Md. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-Single, Married, Widowed, or Divorced. (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Feb 6 1928

7-AGE. ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or 5 min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Maryland.

PARENTS

10-NAME OF FATHER. Grant Parker

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Kate Parker

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Maryland.

14- (Informant).....

(Address) JOHNS HOPKINS HOSPITAL

15- Filed 1928 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 6 1928

17- I HEREBY CERTIFY, That I attended deceased from Feb 6, 1928 to Feb 6, 1928 that I last saw h[illegible] alive on Feb 6, 1928 and that death occurred, on the date stated above, at 11 05 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

Congenital Atelectasis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Aby exam

(Signed) Dwight Reynolds M. D.

, 19 (Address) University Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL ..... DATE OF BURIAL FEB 7 1928, 19....

20-UNDERTAKER Dept. Health. ADDRESS

per Wm. B. WOODALL

Spec.—1-10-21—M&T—1500 Bks.

30291

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30291

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) So. Balt. Gen Hosp. ST., 24-33 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Barnett

(a) RESIDENCE NO. Lakewood Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	Newborn

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, / hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 0

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) So. Balt. Gen Hosp

10 NAME OF FATHER Moreza H. Barnett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Mary E Cole

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

PARENTS

14 Informant Mother

(Address) Lakewood ave

15 Filed 2-7 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 4 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1928, to Feb 4, 1928, that I last saw her alive on Feb. 4, 1928, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eudene R. D. Wash, M. D.

2-6, 1928 (Address) 1213 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL DATE OF BURIAL FEB 7 1928

20 UNDERTAKER Bureau of Health. ADDRESS

Spec.—1-12-23—M&T—500 Blks.

E 30292

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30292

CERTIFICATE OF DEATH.

REGISTERED NO. 161-28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2764 Exeter St ST. 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carmela Ventura.

(a) RESIDENCE NO. 276 n Exeter ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word)

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1-20-28

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
			6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER Agustin Ventura

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Dorotea Bruno

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy.

Informant Dorotea Bruno.

(Address)

Filed 2-5 1928 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-5 1928

17 I HEREBY CERTIFY, That I attended deceased from 1-30 1928 to 2-5 1928

that I last saw her alive on 2-4 1928

and that death occurred, on the date stated above, at 12-30 P. M.

The CAUSE OF DEATH* was as follows:

Premature birth

Toxemia gestation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Congenital debility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) S. D. Wagner M. D.

(Address) 1604 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL FEB 7 - 1928 19

20 UNDERTAKER

ADDRESS

JOHNS HOPKINS HOSPITAL
Per Wm. H. WOODALL

Spec.—1-12-23—M&T—500 Blks.

E 30293 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30293

CERTIFICATE OF DEATH

1-PLACE OF DEATH Sinai Hospital

REGISTERED NO. 129

CITY OF BALTIMORE: (No. 13-59 St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martin Kaufman

(a) RESIDENCE No. Lake Side Drive Apartments WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs 2½ mos ds How long in U. S., if of foreign birth? 60 yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Daisy Kaufman

DATE OF BIRTH (month, day, and year) Feby. 23 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	11	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) New York

10 NAME OF FATHER Theodore Kaufman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Fannie Lobrienne

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mrs. Simond

(Address) Lake Drive Apts.

Filed 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/6/ 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1928, to Feb 7, 1928, that I last saw h in alive on Feb. 7, 1928 and that death occurred, on the date stated above, at 9.25 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis with Uremia

(duration) yrs mos 7 ds

CONTRIBUTORY (Secondary) Pancarditis

(duration) yrs mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Milton Shear, M. D.

19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Salem Fields Brooklyn, N. Y. DATE OF BURIAL 2/7/ 1928

20 UNDERTAKER David Sondheim ADDRESS 1820 W. Mt. Royal Ave

Spec.—1-12-23—M&T—500 Bks.

Dr Wiesing 4002 Edmondson

E 30294 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

17 9 E 30294

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 436 E North Ave ST. 17-19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herman J Homemann

(a) RESIDENCE NO. 436 E North Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W.	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C Homemann

DATE OF BIRTH (month, day, and year) Oct 19 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	3	17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer C R R

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Herman R Homemann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary V Smartmon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant H. L. Homemann

(Address) 436 E North Ave

Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5 1928

17

I HEREBY CERTIFY, That I attended deceased from April 1927 to Feb 5 1928,

that I last saw him alive on Feb 5 1928

and that death occurred, on the date stated above, at 7 30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Chronic Valvular Disease

Hypertrophied Prostate

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Geo. H. Wiesing M. D.

1928 (Address) 4002 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine

DATE OF BURIAL 2/8 1928

20 UNDERTAKER H. Cook

ADDRESS 333 E North Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30295

E 30295

CERTIFICATE OF DEATH.

100-01

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital 1931 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Wachter

(a) RESIDENCE NO. 152 W. Cross ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): W

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna S. Wachter

DATE OF BIRTH (month, day, and year): Oct 23-1889

AGE: Years 39 | Months 4 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Chauffer

(b) General nature of industry, business, or establishment in which employed (or employer): B+O RR

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: Michael Wachter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Baltz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Annie S Wachter

(Address) 152 W Cross

Filed 1928, 19

HAMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/7/28 19

17

I HEREBY CERTIFY, That I attended deceased from 2/4/28, 19, to 2/7/28, 19,

that I last saw him alive on 2/5/28, 19,

and that death occurred, on the date stated above, at 6:30 P m.

The CAUSE OF DEATH* was as follows:

Delirium Tremens

(duration) 2 yrs. mos 7 ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H Lawrence Fahrney, M. D.

, 19 (Address) St. Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loraine Cemetery

DATE OF BURIAL: 2/10 19 28

20 UNDERTAKER: W Cook

ADDRESS: 201 E Mad

Spec.—1-10-21—M&T—1500 Bks.

E 30296 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30296

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 6-9 WARD)

REGISTERED NO. 118

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Lauenstein

(a) RESIDENCE NO. Pasadena Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1/2 yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frederick T.

6 DATE OF BIRTH (month, day, and year): June 11-1874

7 AGE: Years 53 Months 7 Days 23 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer): 37

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Louis Haase

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Agnes Gosh

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Frederick Lauenstein 3106 Fleet St

15 1928

16 HAMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-6-1928

17 I HEREBY CERTIFY, That I attended deceased from 1-30, 1928, to 2-6-1928, that I last saw he alive on 2-6-1928, and that death occurred, on the date stated above, at 10:20 p m.

The CAUSE OF DEATH* was as follows:

Peritonitis (perforated bowel)

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Myocardial failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 2-4-28

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) W Grange Fotterdale M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loraine Cemetery

DATE OF BURIAL: 2/10 1928

20 UNDERTAKER: W Cook

ADDRESS: Sollers Point

Spec.—1-12-23—M&T—500 Blks.

Zajic

E 30297 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ 90 E 30297

CERTIFICATE OF DEATH.

1-PLACE OF DEATH S. H

CITY OF BALTIMORE: (No. Sinai Hospital St. 1-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sylvester Zajic

(a) RESIDENCE No. 734 S Ellwood ave. ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Sept 1897

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	5		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Musician

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md

10 NAME OF FATHER John Zajic

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Maryanna Schaefer

(Address) 734 S Ellwood Ave

Filed 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 5 1928

17 I HEREBY CERTIFY, That I attended deceased from 1/9, 1928, to 2/5, 1928,

that I last saw h[illegible] alive on 2/5, 1928

and that death occurred, on the date stated above, at 10:20 a.m.

The CAUSE OF DEATH* was as follows: -

Rheumatic Carditis Aortic Mitral Stenosis & Insuff; Aortic Insufficiency

(duration) 21 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Examination

(Signed) Dr. Geo. Miller, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Feb. DATE OF BURIAL 9 1928

20 UNDERTAKER John C. Miller ADDRESS 2435 Alaska

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30298 E 30298

CERTIFICATE OF DEATH.

89

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 609 Hollen Road 27-46 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susan R. Brooks

(a) RESIDENCE NO. 609 Hollen Road St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William M. Brooks

6 DATE OF BIRTH (month, day, and year) May 16, 1845

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	82	8	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER Selah Cole

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Margaret Gibson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Mrs. John W. Shaw

(Address) 609 Hollen Road

1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

February 6 - 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 23 - 1928, to Feb - 6 - 1928, that I last saw her alive on Feb - 5 - 1928, and that death occurred, on the date stated above, at 4-30 - m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis -

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) E. Gill Hall, M. D.

Feb 6 1928 (Address) 1631 E North Av -

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

London Park Cem. Feb. 8 1928

20 UNDERTAKER ADDRESS

Wm. E. Black 927 N. Broadway

Cor.—12-9-25—A Co.—200 Bks.

30299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

166 E 30299

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. 8-17 Ward)

2-FULL NAME Grace Tydings

(a) RESIDENCE NO. 1632 N. Gay St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 3-1911

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	16	10	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work High School Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER J. Reid Tydings, Sr.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Rebecca Taeuber

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Father

(Address)

15 1928 C. HAMPSON JONES, M. D.

Filed RCH Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6/28 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Nephritis & Enteritis. Bichlor-ide Mercury Poisoning-Self administered. Probably Suicide, possibly accidental.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. Hatten M. D.

(Coroner)

2/7/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem. Date of Burial Feb. 9 1928

20 UNDERTAKER Wm. L. Black ADDRESS 927 N. Broadway

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 30300

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30300

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3700 E. Pratt St. 26-37 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Paul Oscar Blackburn

(a) RESIDENCE. No. 3700 E. Pratt St., Ward.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 26, 1927

7 AGE — Years 1 Months 11 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Lester H. Blackburn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Pauline A. Leiter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant (Address) Lester H. Blackburn 3700 East Pratt St

15 Registered 1928 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 6, 1928, to Feb 7, 1928, that I last saw h[illegible] alive on Feb 6, 1928, and that death occurred, on the date stated above, at 1.15 a. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H L Reckard, M. D.

2-7-28 (Address) 3201 St. Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Feb. DATE OF BURIAL: 8

20 UNDERTAKER: John C. Miller ADDRESS: 2435 E. Alice

Spec.—1-12-23—M&T—500 Bks.

30301

HEALTH DEPARTMENT—CITY OF BALTIMORE

30301 E 30301

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals ST. 10-14 WARD)

REGISTERED NO. 10

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William McDermott

(a) RESIDENCE NO. 715 E Biddle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
68				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER Wm McDermott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Hospital Record

(Address)

Filed 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6, 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 10, 1928 to Feb 6, 1928

that I last saw h[illegible] alive on Feb 6, 1928

and that death occurred, on the date stated above, at 9:50 m.

The CAUSE OF DEATH* was as follows:

Senium Prostatic Hypertrophy

Chronic Urinary Retention

(duration) [illegible] yrs. [illegible] mos. [illegible] ds.

CONTRIBUTORY (Secondary) Colon Bacillus

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 2-1-28

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) W Blackwell M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loretto Cemetery Md

DATE OF BURIAL Feb 9 1928

20 UNDERTAKER Rita Wiedefeld

ADDRESS 914 Fremont Ave

Spec.—1-12-23—M&T—500 Blks.

E 30302

HEALTH DEPARTMENT—CITY OF BALTIMORE E 30302

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 123 Elm (ST.) 25-17 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Calvin W. Webster.

(a) RESIDENCE NO. 123 Elm (ST.) (WARD)

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 2 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 COLOR OR RACE: White.

5 Single, Married, Widowed, or Divorced, (write the word): Infant.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 17, 1924.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3.	2.	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto. Md.

10 NAME OF FATHER: Milton W. Webster

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Capitolia A. Burdett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

Informant: Milton W. Webster.

(Address) 123 Elm St. (Father)

Filed 1928 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9th 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 25th, 1928, to Feb 9th 1928

that I last saw him alive on Feb 9th 1928

and that death occurred, on the date stated above, at 8:55 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia following influenza at medical

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

2/13 1928 (Signed) Thos Leibel M.D.

(Address) 1224 26 Harford Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill

DATE OF BURIAL: Feb 9. 1928

20 UNDERTAKER: A. Howard Evans

ADDRESS: 35 E. Fayette

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30303

CERTIFICATE OF DEATH.

88 E 30303

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No.) 2632-N-Charles ST. 12-50 (WARD)

2-FULL NAME James Lockington Parran

(a) RESIDENCE NO. 2632-N-Charles St ST. 12 WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 6 mos. 6 ds. How long in U. S., if of foreign birth? 59 yrs. 6 mos. 6 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Alma L. Parran

DATE OF BIRTH (month, day, and year) Aug-1-1868

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	59	6	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Oil

(c) Name of employer Standard Oil Co.

BIRTHPLACE (city or town) (State or country) Balto. Maryland.

10 NAME OF FATHER James R. Parran ? ? ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Allie Lockington

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Liverpool England.

Informant Mrs Alma L Parran.

(Address) 2632-N Charles St.

Filed [illegible] 19 [illegible] C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 7th 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 17th, 1928, to Feb 7th, 1928, that I last saw h/k alive on Feb 6th, 1928 and that death occurred, on the date stated above, at 12:30 A. m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis with Grand Septicaemia (Streptococcus Viridans)

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Blood culture + Viridans Feby 7th

(Signed) Wm M. Dabney, M. D.

Feb 7th, 1928 (Address) Reston Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	Feb 9, 1928
20 UNDERTAKER	ADDRESS
Stewart & Co.	Balto.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30304

CERTIFICATE OF DEATH.

49 E 30304

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3129 Guilford Av (St.) 12-50 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Viola Moore

(a) RESIDENCE No. 3129 Guilford Av ST. 12 WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 9 mos. 10 ds. How long in U. S., if of foreign birth? 68 yrs. 9 mos. 10 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) April-27-1859

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	68	9	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

BIRTHPLACE (city or town) (State or country) Baltimore. Maryland.

10 NAME OF FATHER Jas. C. Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country) ? ? Pennsylvania

12 MAIDEN NAME OF MOTHER Margaret E. Hughes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pittsburgh Penna.

Informant Mrs. L. Blanche Smith (niece)

(Address) 3129 Guilford Av.

Filed Feb 9 1928 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 10, 1927, to Feb-6, 1928,

that I last saw her alive on Feb 5, 1928,

and that death occurred, on the date stated above, at 1 45 P m

The CAUSE OF DEATH* was as follows:

1 Hypostatic Pneumonia

(duration) yrs. mos 4 days

CONTRIBUTORY (Secondary) Osteo-Carcinoma of Uterus (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? X ray

(Signed) Alma B Lunan, M. D.

2-9, 1928 (Address) 718 N. Pulaski St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery DATE OF BURIAL Feb 9 1928

20 UNDERTAKER Stewart & Co. ADDRESS Balto.

Spec.–7-17-26—A Co.—200 Bks.

E 30305

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 30305

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 5215 Gwynn Oak Av. St., 28-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Rachael Thomas

(a) RESIDENCE NO. 5215 Gwynn Oak Av. St. Ward Resident

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 66 yrs. 6 mos. 23 ds. How long in U. S. If of foreign birth? 66 yrs. 6 mos. 23 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): About July 14 1861

7 AGE: Years: about 66 Months: 6 Days: 23 IF LESS than 1 day hrs. nr min..

8 OCCUPATION OF DECEASED

(a) Trade, profession nr particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (nr employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town): Balto.

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Mr. James Thomas

11 BIRTHPLACE OF FATHER (City nr town)

(State or country): unknown

12 MAIDEN NAME OF MOTHER: Celia J. Mentzel

13 BIRTHPLACE OF MOTHER (city or town): Balto.

(State or country): Maryland.

14 Informant: Mrs Vernon Murphy (Sister)

(Address) 5215 Gwynn Oak Ave.

15 Filed 19 CLAUDSON JONES M. D. Registrar

2-8-1928 Feb 8

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 6 1928

17 I HEREBY CERTIFY, That I attended deceased from Jany. 1928, to Feby. 6 1928, that I last saw h alive on Feb. 5 1928, and that death occurred, on the date stated above, at 6:30 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs & symptoms

(Signed) C. F. Hammill M. D.

Feb. 8 1928 (Address) 3210 Tioga Parkway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery

Date of Burial: Feb 8 1928.

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS: 108 W. NORTH AVE.

Spec.—12 9 25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

159-002

E 30306

CERTIFICATE OF DEATH.

E 30306

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 102 N. Rose St. 6-10 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Raymond Judeno

(a) RESIDENCE NO. 102 N. Rose St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: mall

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): singel

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year): Feb 5/28.

7 AGE: Years | Months | Days 2 | 3 | IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ✓

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md.

10 NAME OF FATHER Charles Judeno

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Austria Russia

PARENTS

14 Informant Charles Judeno

(Address) 102 N Rose St

Filed FEB 8 1928 HAMILTON JONES, M. D. Registrar

by [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

2/7/28.

17. I HEREBY CERTIFY, That I attended deceased from Feb 5th, 1928, to Feb 7th, 1928, that I last saw him alive on Feb 7th, 1928, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Patent Foramen Ovale

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. J. Jenkins, M. D.

, 19 (Address) 119 N. Milton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Date of Burial: Feb 8 1928

20 UNDERTAKER: Hunt & Eversfield Sons ADDRESS: 1900 E. Ward

Spec.—1-12-23—MAT—500 Bks.

E 30307

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 30307
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. T.B.) 17 24 31 WARD)

2-FULL NAME Julia Griffin

(a) RESIDENCE No. 551 Oxford st. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Separated

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, and year) 1895

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
33	32			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

10 NAME OF FATHER Chas. Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Hospital Records
(Address)

Filed 1928 H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 5 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 15 1927 to Feb. 5 1928, that I last saw her alive on Feb. 5 1928 and that death occurred, on the date stated above, at 1.15 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous laryngitis and enteritis (duration) Unknown mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Emma deLue M. D.

2-6-1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury — DATE OF BURIAL Feb 8 1928

20 UNDERTAKER John W Henderson & Merriman — ADDRESS 1502

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30308

CERTIFICATE OF DEATH.

44 E 30308

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 505 N Port (St.) 6-10 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Hebbel

(a) RESIDENCE NO. 505 N Port ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Christina Hebbel

DATE OF BIRTH (month, day, and year) March 2-1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	11	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher 013

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Henry Hebbel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant (Address) Christina Hebbel 505 N Port St

Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec-30 1927 to Feb-6 1928,

that I last saw ~~him~~ alive on Feb-6 1928,

and that death occurred, on the date stated above, at 10-30 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Oesophagus

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Inanition

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) E Gill Hall M. D.

Feb 8, 1928 (Address) 1631 E Northaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel Cemetery	Feb 9 1928
20 UNDERTAKER	ADDRESS
Chas C. Miller & Son	2534 Jeffers

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30309

CERTIFICATE OF DEATH

101-001 E 30309

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 709 S port St. St., 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Podgurski

(a) RESIDENCE NO. 709 S Port St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 1863

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Labor

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER John Podgurski

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Anna Klos

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant [illegible] Podgurski

(Address) 709 S. Port St.

15 Filed [illegible] 1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Feb. 3 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 4 19 28 to Feb 3 19 28

that I last saw h[illegible] alive on Feb 3 19 28

and that death occurred, on the date stated above, at 1.30A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. 4 mos. ds.

CONTRIBUTORY Acute Cardiac Dilatation

(Secondary)

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William Rogers M. D.

2-28 (Address) 58 N Kenwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Holy Rosary	Feb 10 1928

20 UNDERTAKER John Maleber ADDRESS 1803 Bank st

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30310

CERTIFICATE OF DEATH.

188-003

E 30310

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital St. 1753 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Bonsack Powell

(a) RESIDENCE NO. Stoney Run Lane St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 21st 1915

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	12	10	16	15

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School - boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Cynwyd

(State or country) Pa.

PARENTS

10 NAME OF FATHER Geo H. Powell

11 BIRTHPLACE OF FATHER (city or town) Penn

(State or country) Pa

12 MAIDEN NAME OF MOTHER Mary E. Bonsack

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant Geo H Powell Father

(Address) Stoney Run Lane Parr

15 Filed 1925 19 H. MADISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/6 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

THE CAUSE OF DEATH* was as follows: Fracture Base of Skull Auto Accident

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) M. D. (Coroner)

2/7, 1925 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the state yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem Date of Burial Feb 8 1925

20 UNDERTAKER Henry H. Jenkins Sons ADDRESS Mt Washington

Spec.—12-9-25—A Co.—200 Bks.

E 30311 HEALTH DEPARTMENT—CITY OF BALTIMORE

37-001

CERTIFICATE OF DEATH. **E 30311**

REGISTERED NO. 2622

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 415 Druid Hill ave. St.) 4-25 (Ward)

2-FULL NAME Laura Ewell

(a) RESIDENCE NO. 415 Druid Hill Ave Ward

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? 10 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colord	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 21st 1917

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	10	1	14 15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country) Baltimore County

PARENTS

10 NAME OF FATHER Moses Ewell

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Hattie Richardson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md

14 Informant Hattie Ewell

(Address) 415 Druid Hill Ave

15 Filed FEB 8 - 1928

G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 6, 1928 19

17 I HEREBY CERTIFY, That I attended deceased from Dec. 2nd 1927 to Feb. 6th 1928, that I last saw her alive on Feb. 6th 1928, and that death occurred, on the date stated above, at 7.5 A m.

The CAUSE OF DEATH* was as follows: Miliary Tuberculosis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination and Postmortem

(Signed) Ernest C Milton M. D.

19 (Address) 2001 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem. Date of Burial Feb 8 1928

20 UNDERTAKER Edward B Hemsley ADDRESS 70 Bridge

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

30312

CERTIFICATE OF DEATH.

E 30312

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 560 Orchard ST. 17-24 WARD)

2-FULL NAME Mary Smith Carter

(a) RESIDENCE NO. 560 Orchard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

6 If married, widowed, or divorced HUSBAND of ~~WIFE~~ of Joseph Carter

DATE OF BIRTH (month, day, and year) Nov 29. 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	2	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER John Brooks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Rebecca Boone

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant (Address) Addie Bonner 511 N. Lafayette Ave

Filed 1928 C. HAMPSON JONES, M. D. (Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6. 1928

17 I HEREBY CERTIFY, That I attended deceased from ~~Feb. 28~~ 1928, to Feb 6 1928,

that I last saw her alive on Feb 6th 1928,

and that death occurred, on the date stated above, at 6:40 a m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Lee Ellis, M. D.

2/7, 1928 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem.	2/8 1928
UNDERTAKER	ADDRESS
Samuel H Grooby	538 Biddle

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 30313 (90) E 30313

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2020 Mc Culloh ST., (WARD) 14-20

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruth Ann Bennett.

(a) RESIDENCE No. 2020 Mc Culloh WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced. (Write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo. W. Bennett

6 DATE OF BIRTH (month, day, and year): 1859

7 AGE: Years 69 | Months | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Carroll Co. Md

10 NAME OF FATHER: Allen Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

PARENTS

14 Informant: Gloary Bennett (Address) 2020 Mc Culloh

15 Filed 1928 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 31, 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 30, 1928, to Jan 31, 1928

that I last saw her alive on Jan 30, 1928

and that death occurred, on the date stated above, at 3:45 P.M.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(duration) About 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? P.G. and Physical Sign

(Signed) H. Garland Johnson M. D.

(Address) 1134 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: St Lukes Cem DATE OF BURIAL: Feb 8 28

UNDERTAKER: Samuel Hensley ADDRESS: Balto

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-081

E 30314

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 30314

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. 2704 Dillon St. 13 Ward)

2-FULL NAME Wm T Markiewicz

(a) RESIDENCE NO. 2704 Dillon St. 1 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. — mos. — ds. — How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 4 28

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
			3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

10 NAME OF FATHER Wm Markiewicz

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Laura Pachuta

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Italy Md

PARENTS

14 Informant Wm Markiewicz

(Address) 2704 Dillon St

Filed ... 1928 ... HARRY JONES M.D. Registrar

By ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1928, to Jan. 7, 1928, that I last saw h[illegible] alive on Jan. 7, 1928 and that death occurred, on the date stated above, at 8 30 p m.

The CAUSE OF DEATH* was as follows:

Prematurity Birth

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of ....

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Andrew Kwiatkowski, M. D.

2/8, 1928 (Address) 2589 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem Date of Burial Feb. 8 1928

20 UNDERTAKER Stephen C Fralkowski ADDRESS 1644 Edmondson Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30315

CERTIFICATE OF DEATH.

+ 90

E 30315

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Women's Hosp. St., 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lilly E. Bowie Pascal.

(a) RESIDENCE NO. Lutherville, Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White	Widowed.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of John William Pascal.

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59.	Unknown		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore Md.
(State or country)

10 NAME OF FATHER Benjamin Bowie.

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) Balto Md.
(State or country)

Informant Mrs. Ethel Hendrickson
(Address) Lutherville Md.

Filed [illegible] HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 7th 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb. 6th, 1925, to Feb. 7th, 1925, that I last saw her alive on Feb. 7th, 1925, and that death occurred, on the date stated above, at 5:35 P.m.

The CAUSE OF DEATH* was as follows:

Cardio-renal disease

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Uraemic Coma.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Blood, Chem. Urine Exam.

(Signed) Francis H. Langley, M. D.

, 19 (Address) Women's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Feb. 9 1925
20 UNDERTAKER	ADDRESS
Frank Grossmont Son	Fullerton

Spec.—1-10-21 M&T 1500 Bks.

30316

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001

CERTIFICATE OF DEATH.

E 30316

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, NO. 1443 Ward ST. 21-28 WARD)

2-FULL NAME Golden Sheppard

(a) RESIDENCE NO. 1443 Ward ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 21-1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	1	4	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Russell Sheppard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ada Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Russell Sheppard

(Address) 1443 Ward St

Filed 1928, 19 HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/7/28 1928

17 I HEREBY CERTIFY, That I attended deceased from 2/3/28, 19 , to 2/7/28, 19 ,

that I last saw h alive on 2/7/28, 19 ,

and that death occurred, on the date stated above, at 5 9 m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) 1 yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Shepherd Dorsey M. D.

, 19 (Address) 1111 Mt Royal Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL Feb 9 1928

20 UNDERTAKER Dennis Easton ADDRESS 916 Dolphin

Spec.—1-12-23—M&T—500 Bks.

E 30317

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 30317

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE, No. Mercy Hospital ST. 1359 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisiana Franklin

(a) RESIDENCE NO. 45 49 Florence ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Benjamin H Franklin

7 DATE OF BIRTH (month, day, and year) Feb 28 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	11	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: James Hughes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs Elizabeth Dr

(Address) 1120 Woodyear St

Filed [illegible] 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 7 '28, 19 to Feb 5 '28, 19, that I last saw h alive on Feb 5 '28, 19, and that death occurred, on the date stated above, at 1 0 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma Gall bladder with metastasis to liver

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (Duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? at home -

Did an operation precede death? no Date of

Was there an autopsy? no Why [illegible]

What test confirmed diagnosis? [illegible]

(Signed) [illegible] M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: Feb 5 19 28

20 UNDERTAKER: Franklin & Seitz

ADDRESS 709 W 33 St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30318

CERTIFICATE OF DEATH.

E 30318

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital (WARD) 19-26

REGISTERED NO. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Earl Jackson

(a) RESIDENCE NO. Jones Station, Md. ST., ____ WARD ____
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 1 ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6 DATE OF BIRTH (month, day, and year) May 27-1910

7 AGE — Years: 17 — Months: 8 — Days: 9 — If LESS than 1 day, hrs. or min. ____

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Rayfield Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Lottie E Brann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant (Address) Rayfield Jackson father Jones Sta. Md.

Filed 2-10-1928 WILLIAM H. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 5 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb. 4 , 19 28 to Feb. 5 , 19 28

that I last saw him alive on Feb. 5 , 19 28

and that death occurred, on the date stated above, at 4:45 P m.

The CAUSE OF DEATH* was as follows:

Generalized Peritonitis
(Ruptured Appendix)

(duration) ____ yrs. ____ mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Feb 4, 1928

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Fred M. Hall M. D.

, 19 (Address) Franklin Sq. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Jones Sta. Md. DATE OF BURIAL: Feb. 8 1928

20 UNDERTAKER: Jno. M. Johnson ADDRESS 1239 Ethington St.

Spec.—1-12-23—M&T—500 Bks.

E 30319

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30319

CERTIFICATE OF DEATH.

REGISTERED NO. 10150

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 639 Ensor (St.) 5-8 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Taylor

(a) RESIDENCE NO. 639 Ensor ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

6 If married, widowed, or divorced HUSBAND of or) WIFE of Gevenia Taylor

DATE OF BIRTH (month, day, and year) 1900

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
28 27				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Raleigh NC

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant Gevenia Taylor

(Address) 639 Ensor St

FILED 2-8-1928 C. HAMILTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 — 5 — 1928

17

I HEREBY CERTIFY, That I attended deceased from Feby 3, 1928, to Feby 5, 1928, that I last saw him alive on Feby 5, 1928, and that death occurred, on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) yrs. 0 mos. 4 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. H. Hornstein, M. D.

2/7, 1928 (Address) 733 Aisquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cem

DATE OF BURIAL 2/8 1928

20 UNDERTAKER Byrom & Wright

ADDRESS 1218 McElderry

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30320

CERTIFICATE OF DEATH.

128

E 30320

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 316 S Wolfe St (Ward) 7-4

2-FULL NAME Zirita C Williamson

(a) RESIDENCE NO. 316 S Wolfe St. (Ward)

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Francis Williamson

6 DATE OF BIRTH (month, day, and year): Dec 18 1821

7 AGE: Years 56 Months 1 Days 20 / If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home Wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto

(State or country)

PARENTS

10 NAME OF FATHER: Daniel Mauddith

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country)

12 MAIDEN NAME OF MOTHER: Ann Thurwood

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country)

14 Informant: Francis Williamson

(Address) 316 S Wolfe St

15 Filed 19 HAMPSON JONES, M.D. Registrar

8-1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest or Inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ac Nephritis

(Duration) yrs. 2 mos. 8 ds.

CONTRIBUTORY (Secondary) Ac Bronchitis

(Duration) yrs. mos. 2 ds.

Feb 8/27 (Signed) Geo Clinton Wades M. D.

(Coroner)

19 (Address) 436 Dorsey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Date of Burial: Feb 9 1928

UNDERTAKER: Wandell Duppelton ADDRESS: 37 S Ann St

Spec.–7-17-26—A Co.—200 Bks.

E 30321 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30321

CERTIFICATE OF DEATH

REGISTERED NO. 38

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1120 N Stockton St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mamie E Wilson

(a) RESIDENCE NO. 1120 N Stockton St. Ward

(Usual place of abode)

Length of residence In city or town where death occurred 26 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 Color or Race Colored | 5 Single, Married, Widowed, or Divorced. (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank F Wilson

6 DATE OF BIRTH (month, day, and year) April 1890

7 AGE Years 37 Months 10 Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) St Marys Co Md

PARENTS

10 NAME OF FATHER Robt Cooper

11 BIRTHPLACE OF FATHER (City or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Emma Gray

13 BIRTHPLACE OF MOTHER (City or town) (State or country) St Marys Co Md

14 Informant Frank Wilson (Address) 1120 N Stockton St

FEB 9 - 1928 C. HAMILTON JONES Registrar

By RLR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 20 1928, to Feb 7 1928, that I last saw her alive on Feb 1928, and that death occurred, on the date stated above, at 11.15 P. m.

The CAUSE OF DEATH* was as follows: Cardiac Failure Edema

(duration) yrs. mos 18 ds.

CONTRIBUTORY (Secondary) Acute Pneumonia

(duration) yrs. mos 18 ds.

18 Where was disease contracted Home

if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? No

What test confirmed diagnosis? Characteristic Symptoms

(Signed) Charles A Fowlkes M. D.

, 19 (Address) 712 S Bond St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Date of Burial Feb 10 1928

20 UNDERTAKER Thomas E Wright ADDRESS 1464 Mass

Spec.—6-9-19—H. P. Co.—1000 Bks.

30322

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D7-56 12 E 30322

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 Oread Ave ST. 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie M Forrester

(a) RESIDENCE. NO. 211 Oread Ave ST., WARD. 27

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. 5 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank D. Forrester

6 DATE OF BIRTH (month, day, and year): Aug 8/1871

7 AGE: Years 57 Months 5 Days 29 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: George W. Fitchett

11 BIRTHPLACE OF FATHER (city or town) (State or country): Norfolk Va

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Frank D. Forrester

(Address): 211 Oread Ave

15 Filed FEB 8 - 1928 HAMPTON JONES, M. D. Registrar

By K M R

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 7 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 2, 1928, to Feb 6, 1928, that I last saw h— alive on Feb 6, 1928, and that death occurred, on the date stated above, at 1.30 a m.

The CAUSE OF DEATH* was as follows:

Exhaustion

(duration) — yrs., mos. 1 ds.

CONTRIBUTORY (Secondary): Acute Febrile Jaundice

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Charles L Jones, M. D.

, 19 (Address) 727 Park Sq 4

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lauden Park Cemetery

DATE OF BURIAL: Feb 9th 1928

20 UNDERTAKER: C. Larson Kennard

ADDRESS: 723 W. Lafayette Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

30323 E 30323

CERTIFICATE OF DEATH.

REGISTERED NO. 74

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3819 Chatham St. 15-63 WARD

2-FULL NAME Annie C. Dorsey

(a) RESIDENCE NO. 3819 Chatham St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 3 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Widow.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas W. Dorsey

DATE OF BIRTH (month, day, and year): Oct. 24 1860

AGE: Years 67 | Months 3 | Days 14 | If LESS than 1 day, hrs or min

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto. Md

10 NAME OF FATHER: Michael Bahnhardt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Mr. Wm. J. Dorsey.

(Address) 2958 Harford Ave.

Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 7 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 6, 1928, to Feb 7, 1928,

that I last saw h[illegible] alive on Feb 7, 1928,

and that death occurred, on the date stated above, at 12.30 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): High Blood Pressure.

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. N. Dolor. M. D.

3/9, 1928 (Address) Hudson and Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem. | DATE OF BURIAL: Feb 9 1928

20 UNDERTAKER: Wm. J. Dickue Sons. | ADDRESS: Rockville

Spec. 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

30324 30324

CERTIFICATE OF DEATH.

100-6E

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3002 Milford Ave ST. 28-14 WARD)

2-FULL NAME Mary Ann Lucchesi

(a) RESIDENCE NO. 3007 Milford Ave ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W.

5 ~~Single, Married~~, Widowed, ~~or Divorced~~, (write the word) Widow

5a If married, widowed, ~~or divorced~~ ~~HUSBAND of~~ ~~(or) WIFE of~~ Widow of David Lucchesi Jr

6 DATE OF BIRTH (month, day, and year) Aug. 25, 1848

7 AGE Years 79 Months 5 Days If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) ~~Trade~~, profession or particular kind of work Home Duties

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

10 NAME OF FATHER Charles Hogan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Canada

12 MAIDEN NAME OF MOTHER Ann Moore.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New Jersey

Informant Mrs. David Lucchesi Jr

(Address) 3007 Milford Ave

Filed 1928 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-7- 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb. 5th, 1928 to Feb. 7, 1928, that I last saw h[illegible] alive on 2-7- 1928, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

Several yrs. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Emmerich Lorece M. D.

, 19 (Address) 3702 Liberty Hgts Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery DATE OF BURIAL 2/9 1928

20 UNDERTAKER William Cook ADDRESS 502 E. North Ave

Spec.—1-10-21—M&T—1500 Bks.

30325

HEALTH DEPARTMENT—CITY OF BALTIMORE

30325

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No.) 108 Cathedral ST. (or AVE.) W. Fayette

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H Rollins

(a) RESIDENCE NO. Oakdale Av ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State) Richmond

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Ella Rollins

6 DATE OF BIRTH (month, day, and year): 12/12-1866

7 AGE: 61 Years 1 Months 26 Days — If LESS than 1 day, hrs. or min.

62

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Pattern Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Mustkette Co

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: George Rollins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Eliza Harnett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

Informant: Ella S. Rollins

(Address) 537 Mt Hamburg

Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-8 1928

17

I HEREBY CERTIFY, That I attended deceased from 1-31, 1928, to 2-8, 1928,

that I last saw h/ alive on 2-8, 1928,

and that death occurred, on the date stated above, at 3 45 p. m.

The CAUSE OF DEATH* was as follows:

Perforated duodenal ulcer with generalized peritonitis

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary): Cardiac dilatation

(duration) yrs. mos. 4½ ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Feb 1 '28

Was there an autopsy?

What test confirmed diagnosis? Operation

(Signed) L. N. Rollins, M. D.

2-8, 1928 (Address) Franklin Square Hosp Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery — DATE OF BURIAL: 2/10 1928

20 UNDERTAKER: William Cook — ADDRESS: 502 E Madison

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30326

E 30326

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1136 Forrest St. 10-15 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah E. Mickey

(a) RESIDENCE NO. 1136 Forrest ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis F. Mickey

6 DATE OF BIRTH (month, day, and year) Dec. 22, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	1	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Newport

(State or country) Pennsylvania

10 NAME OF FATHER John Noble Charters

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Mary Ann Long

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Pennsylvania

PARENTS

14 Informant Miss Maude V. Mickey

(Address) 1136 Forrest St.

15 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 6 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1928, to Feb 6, 1928, that I last saw h er alive on Feb 6, 1928, and that death occurred, on the date stated above, at 10.20 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos 17 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) W. Fred Scott M. D.

2-7, 1928 (Address) Earl Court Apts. Preston and St. Paul Sts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Feb. 9 1928

20 UNDERTAKER Joseph B. Cook

ADDRESS 1009 West Baltimore St.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30327

129 E 30327

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO. 2253

City of BALTIMORE: (No. 200 Woodwood Gardens Roland Park Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin Withgott Corkran Jr

(a) RESIDENCE NO. 200 Woodwood Gardens Roland Park Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, ~~widowed~~, or ~~divorced~~ HUSBAND of (or ~~WIFE of~~) Anna Matilda Lloyd Corkran

6 DATE OF BIRTH (month, day, and year): March 8th 1857

7 AGE: Years 70 Months 10 Days 29 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Meat Packers

(c) Name of employer: Corkran Hill Co

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Benj W Corkran

11 BIRTHPLACE OF FATHER (City or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Anna B. Hiss

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant: Anna M. L. Corkran (Address) 200 Woodwood Gardens R P.

15 Filed FEB 8 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: February 7th 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1925 to Feb 7th 1928

that I last saw h/ alive on Feb 7th 1928

and that death occurred, on the date stated above, at 5 PM m.

The CAUSE OF DEATH* was as follows:

Myocarditis

of many years duration

(duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(duration) ? yrs. ? mos. ? ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? X

(Signed) Sydney R Miller M. D.

2/8 1928 (Address) 1115 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Co — Date of Burial: Feb 9th 1928

20 UNDERTAKER: Lewis Hentkin & Co Co — ADDRESS: Druid Hill Ave & Gilmor St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30328

CERTIFICATE OF DEATH.

E 30328

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St., Ward)

2-FULL NAME Gubin G Murray

(a) RESIDENCE NO. Oella, Md. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin F. Murray

6 DATE OF BIRTH (month, day, and year) Aug 1899

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	28	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer

9 BIRTHPLACE (city or town) Smithburg&Md.

(State or country)

PARENTS

10 NAME OF FATHER Otha Brown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Ellen Holmes

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Husband

(Address) Oella, Md.

15 Filed 1928 C. HAMPSON JONES, M. D. By R.C.H. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Sepsis following abortion. Probably accidental. (Autopsy at Hospital)

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) (duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Powers M. D.

(Coroner)

2/8/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Family Cemetery Deer Park Balto. Co. Md. Date of Burial Feb 10 1928

20 UNDERTAKER Easton Lowe ADDRESS Ellicott City Md

Spec.—1-12-23—M&T—500 Blks.

E 30329

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30329

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST. 16-70 WARD) REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Nellie Trainor

(a) RESIDENCE NO. 2929 Harlem Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. 9 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Edwd. H Trainor

DATE OF BIRTH (month, day, and year) June 21st 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63 64		7	16 15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Telegraph Operator

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Galtimore Md

10 NAME OF FATHER T. Foley

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER Agnes Foley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant John B. Trainor

(Address) 2929 Harlem ave

Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 - 6 - 1928

17 I HEREBY CERTIFY, That I attended deceased from 1-31, 1928, to 2-6, 1928,

that I last saw her alive on 2-6, 1928

and that death occurred, on the date stated above, at 11.25 a m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phy. Exam

(Signed) F. L. Pellegliacca, M. D.

, 19 (Address) St Agnes' Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 2-9 1928

20 UNDERTAKER H C Brauns & Son

ADDRESS 1136 Bolton St

Spec.—1-10-21—M&T—1500 Bks.

E 30330

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30330

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH Franklin Square Hosp. — REGISTERED NO. 21-31

CITY OF BALTIMORE: (No. Baltimore, Md. — ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Strieb

(a) RESIDENCE NO. 1210 Warner ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced (~~HUSBAND~~) of (or) WIFE of Pearl See Strieb —

6 DATE OF BIRTH (month, day, and year) Feb. 7, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48		1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Rubber Heel manuf

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer Holtite manuf —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md. —

10 NAME OF FATHER George Adam Strieb

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Bernadine Cook

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany —

14 Informant wife — Chas E. Strieb

(Address) 1210 Warner

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1928, to Feb 8, 1928, that I last saw him alive on Feb 7, 1928, and that death occurred, on the date stated above, at 2.30 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis —

(over)

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? Home —

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis?

(Signed) Elizabeth B Sharma M. D.

, 19 (Address) Franklin Sq Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore	19
20 UNDERTAKER	ADDRESS
A. Howard Evans	38 E. Fayette

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30331

CERTIFICATE OF DEATH.

31 E 30331

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals ST. (3-4) WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theodore Tinson

(a) RESIDENCE NO. 117 S. Dallas st. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1888

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
40	39			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Chas. Tinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Hospital Records

(Address)

Filed 1928 CLAYTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (month, day, and year) Feb. 7, 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1928, to Feb. 7, 1928, that I last saw h im alive on Feb. 7, 1928, and that death occurred, on the date stated above, at 3.45 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No Path. Lab.

What test confirmed diagnosis?

(Signed) L. G. Madden, M. D.

2-7-1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL 2/8 1928

20 UNDERTAKER J. J. Fahy Sons

ADDRESS 1515 Light St

Spec.—1-12-23—MAT—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

30332

CERTIFICATE OF DEATH.

38 E 30332

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hospital (16-37 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Jacobson

(a) RESIDENCE NO. ST., WARD

(Usual place of abode) Unknown (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
49				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Kit Helper

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Informant: Balto city Hospt

(Address)

Filed 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 4, 1928

17

I HEREBY CERTIFY, That I attended deceased from March 28, 1927, to Feb 4, 1928,

that I last saw h[illegible] alive on Feb 4, 1928

and that death occurred, on the date stated above, at 6 30 m.

The CAUSE OF DEATH* was as follows:

Luetic Cardiovascular Disease

Bronchopneumonia Influenzal

(duration) 4 yrs. mos. ds.

CONTRIBUTORY — (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs Laboratory

(Signed) W. Heycock, M. D.

, 19 (Address) Balto City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart

DATE OF BURIAL: 2/8 1928

20 UNDERTAKER: J. J. Fahy Sons

ADDRESS: 12-18 Light St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30333

CERTIFICATE OF DEATH.

E 30333

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSP. ST., 7-9 WARD)

2-FULL NAME Frederick H Allen

(a) RESIDENCE No. 20 Warren Ave St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Mal	white	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Allen

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
05		—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Master Mariner

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) ~~Bath Me~~ Maine

10 NAME OF FATHER Richard Allen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maine.

12 MAIDEN NAME OF MOTHER Emma Handy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maine

Informant (Address) Records

Filed 1928 C. HAMPSON JONES, M. D. Registrar

By BRK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-8 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 19 1928 to February 8 1928.

that I last saw h alive on 2 February 1928

and that death occurred, on the date stated above, at 4 m.

The CAUSE OF DEATH* was as follows:

Carcinoma Rectum

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of 2 Feb 28

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Francis D Corscaden, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Boston Mass

DATE OF BURIAL 2/9 1928

20 UNDERTAKER J Boston

ADDRESS Fleetwing

Spec. -7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30334

CERTIFICATE OF DEATH

5 E 30334

1-PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE: (No. 3014 Clifton Park Terrace St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George A. Lentz

(a) RESIDENCE NO. 3014 Clifton Park Terrace St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. (If non-resident give city or town and State) Unknown How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Lillian Lentz

6 DATE OF BIRTH (month, day, and year) Sept. 30th 1874

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	53	4	8	

8 OCCUPATION OF DECEASED

(a) Trade, professioo or particular kind of work Church Organist 096

(b) General nature of industry, business, or establishment in which employed (or employer) and Music Teacher

(c) Name of employer

9 BIRTHPLACE (city or tnwn) Unknown

(State or couotry) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town) Unknown

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country) Unknown

14 Informant Lillian Lentz

(Address) 3014 Clifton Park Terrace

Filed — 1928 C. HAMPSON JONES, M. D., Registrar

For R.O.R.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 7th 1928 19

17 I HEREBY CERTIFY, That I attended deceased from Jan 9 . 19 28. to Feb 7 . 19 28.

that I last saw h. alive on Feb 6 . 19 28.

and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Pyelo-Nephritis, & Diabetes Mellitus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Disintegration

as (duratinn) yrs. mos. ds.

18 Where was disease cootracted if oot at place of death?

Did an operation precede death? No Date of

Was there ao autopsy? No

What test coofirmed diagnosis? Clinical

(Signed) F. Howard Bowker, M. D.

, 19 (Address) 817 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Baltimore Cemetery Jan. 10 1928

20 UNDERTAKER — ADDRESS

Frederick Lasadre Sons Fullerton

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30335

CERTIFICATE OF DEATH.

131 E 30335

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1319 Hillman St. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Philip H. Kessler

(a) RESIDENCE No. 1319 Hillman ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Kessler

6 DATE OF BIRTH (month, day, and year) Sept. 14 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	80	4	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Philip Kessler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Amelia Kessler

(Address) 1319 Hillman St

Filed 2-9-1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 22, 1928 to Feb 6, 1928, that I last saw him alive on Feb 5, 1928, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Pyelo-Nephritis

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urine examination

(Signed) Herbert Harris, M. D.

Feb 6, 1928 1216 E. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Feb 9, 1928

20 UNDERTAKER Geo. L. Rittase

ADDRESS 1735 Harford Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

30336

CERTIFICATE OF DEATH.

38 E 30336

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St. 26-37 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Ferd. Krueger

(a) RESIDENCE NO. 612 S. 6th St St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 20/27

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		5	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER John T. Krueger

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Carrie Hastler

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Father

(Address)

15 Filed 19 H. HAMILTON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia(Term)Otitis Med. Cong Syphilis

(Autopsy at Hospital)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) ..... M. D.

(Coroner)

19 2/9/28 (Address) 508 E.North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem. Date of Burial Feb 9 1928

20 UNDERTAKER Lilly & Zeiler & Bro. ADDRESS 403 S Wolfe St.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30337

CERTIFICATE OF DEATH

143-002

E 30337

1-PLACE OF DEATH Md. Gen. Hospital — REGISTERED NO.

City of BALTIMORE: (No. Linden & Madison St. 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Nannie Hopkinson

(a) RESIDENCE NO. Aldino, Md. St. Ward

(Usual place of abode) Aldino, Md. (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Richard Hopkinson

6 DATE OF BIRTH (month, day, and year): November 25, 1893

7 AGE: Years 34 Months 2 Days 14 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: HW

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Port Deposit

(State or country) Md.

PARENTS

10 NAME OF FATHER: Jno. Howlett

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER: unk

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) unk

14 Informant: Hospital Records

(Address)

15 Filed 1928 C. HAMILTON JONES, M. D.

By: Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 9, 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1928 to Feb. 9th, 1928

that I last saw her alive on Feb 9th, 1928

and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Ectopic pregnancy

(duration) about 4-6 wks. yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage & Shock

(duration) 15 hours. yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of Feb. 8, 1928

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno. Howlett M. D.

, 19 (Address) Md. Gen. Hosp.

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rockburn Cem. — Date of Burial 2/12/1928

20 UNDERTAKER: H. Mahoney Mitchell — ADDRESS Havre de Grace Md.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30338 E 30338

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2446 David Hill Ave ST. 13-59 WARD)

REGISTERED NO. 74-281

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William R. Spencer—

(a) RESIDENCE NO. 2446 David Hill Ave ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of): Mrs. Fannie Spencer.

6 DATE OF BIRTH (month, day, and year): Oct 15—1864

7 AGE: Years 74 Months 3 Days 21 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired 086

(b) General nature of industry, business, or establishment in which employed (or employer): Shoulder—

(c) Name of employer: Captain

9 BIRTHPLACE (city or town) (State or country): St Louis Mo

10 NAME OF FATHER: Wm R. Spencer—

11 BIRTHPLACE OF FATHER (city or town) (State or country): Missouri

12 MAIDEN NAME OF MOTHER: Fannie Spencer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md Baltimore

PARENTS

14 Informant: Anna Goodman Daughter

(Address) 2446 David Hill

Filed 2-9- 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 6th 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 17th, 1928, to Feb 6th, 1928, that I last saw him alive on Feb 5—, 1928, and that death occurred, on the date stated above, at 12 52 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(duration) yrs. mos 20 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

not known (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Samuel A Bani, M. D.

, 19 (Address) 937 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cem

DATE OF BURIAL: 2-9 1928

20 UNDERTAKER: Samuel H Hemsley M D

ADDRESS

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

111-001

E 30339

CERTIFICATE OF DEATH.

E 30339

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 3633 Cedar Ave. St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Allen B. Loveless

(a) RESIDENCE NO. 3633 Cedar Ave. St. 13 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Isabelle M. Loveless

6 DATE OF BIRTH (month, day, and year): April 24-1874

7 AGE — Years: 53 Months: 9 Days: 13 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): 015

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Prince George Co. Md

10 NAME OF FATHER: Richard Loveless

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

PARENTS

14 Informant (Address): Mrs. Isabelle M. Loveless 3633 Cedar Ave.

15 Filed 9-1928 16 HARRY JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 7 1928.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry (autopsy or inquest) find that said deceased came to death on the day stated above.

18 CAUSE OF DEATH* was as follows: Internal Hemorrhage

CONTRIBUTORY (Secondary) Cystic Ulcer (duration) yrs. mos. ds.

(Signed) J. H. Norman M. D. (Coroner) (Address) 1632 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Date of Burial: Feb. 10 1928.

20 UNDERTAKER: Horace H. Burgee ADDRESS: 3631 Falls Road.

Spec.—1-12-23—M&T—500 Blks.

Q 10647 E 30340

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

86 E 30340

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSP. ST. 6-9 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Bowman Bowman

(a) RESIDENCE NO. 707 N. Chapel ST. WARD City
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5/4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth A. Bowman

DATE OF BIRTH (month, day, and year) 12-26-94

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	1	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pipe Fitters helper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Md —
(State or country)

10 NAME OF FATHER Benjamin Bowman

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER Eliz. Shipley

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

Informant Records —
(Address) JOHNS HOPKINS HOSPITAL

Filed B-9-1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb-7 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 30, 1928 to Feb 7, 1928, that I last saw him alive on Feb 7, 1928 and that death occurred, on the date stated above, at 9 15 a. m.

The CAUSE OF DEATH* was as follows:

Mastoiditis

Meningitis, pneumococcus

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 1/31/28

Was there an autopsy? yes

What test confirmed diagnosis? Operation, X-ray, or Laboratory

(Signed) L. M. Polvogt, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem. DATE OF BURIAL 2/9 1928

20 UNDERTAKER Philip Henry ADDRESS 2116 Orleans St

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30341

CERTIFICATE OF DEATH

129 E 30341

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2033 Orleans St 6-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Frederick Ulrich

(a) RESIDENCE NO. 2033 Orleans St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. if of foreign birth? 81 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wilhelmina Ulrich

6 DATE OF BIRTH (month, day, and year) Mar 18/1845

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	82	10	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Gardener

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Frederick Ulrich

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Eva

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs John Neutze

(Address) 2033 Orleans St

15 Filed ..... 19 .....

Registrar

8-9-1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7/28

17 I HEREBY CERTIFY, That I attended deceased from Feb 4 19 28 to Feb 7 19 28

that I last saw him alive on Feb 7 19 28

and that death occurred, on the date stated above, at 8 40 m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Nephritis Hypertension

(duration) 9 yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Senile Dementia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Fred Neufeld M. D.

2 28 (Address) 500 N Dallas St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn — Date of Burial 2/10/28

20 UNDERTAKER Philip Henry — ADDRESS 2016 Orleans St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30342

CERTIFICATE OF DEATH.

90 E 30342

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1632 Gilmor St. 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Crippen

(a) RESIDENCE NO. 1632 Gilmor St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [redacted] yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	colored	widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of James Crippen

6 DATE OF BIRTH (month, day, and year) unknown.

7 AGE	Years	Months	Days	IF LESS than 1 day ..hrs. or ..min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Easton (State or country) Md. Feb 9, 1875

PARENTS

10 NAME OF FATHER Walter Stevens

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Eliza ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Walter Shirrell (Address) 102 Penna Ave

15 Filed ..... 19 ..... Registrar

FEB 9 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 7, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an enquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said enquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) no history

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.

(Coroner)

1926 (Address) 257 N Eamondson ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..yrs.. mos.. ds. In the State ..yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery Date of Burial Feb 9 1926

20 UNDERTAKER Mrs Kate R. Williams ADDRESS 322 N. Schroeder St

Spec.—1-12-23—M&T—500 Bks.

Dr Seltzer, Eager + Carolyn

HEALTH DEPARTMENT—CITY OF BALTIMORE

99 E 30343

CERTIFICATE OF DEATH.

E 30343

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Georgetown Rd & Immanuel Ave ST. 25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Eugenia Wickesser

(a) RESIDENCE NO. Georgetown Rd & Immanuel Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W.	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of George Wickesser

DATE OF BIRTH (month, day, and year) June 24 1901

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	6	23	11

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Andrew J Simmons

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Constance Simmons

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant George Wickesser

(Address) Georgetown Rd & Immanuel Ave

Filed Jan 9 1928 C. MARSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7 1928

17 I HEREBY CERTIFY, That I attended deceased from June 20 1927 to Feb 7th 1928, that I last saw h alive on Feb 7th 1928, and that death occurred, on the date stated above, at 10.45 P m.

The CAUSE OF DEATH* was as follows:

Diffuse Bronchitis over

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. O. Stowe, M. D.

(Address) 1801 E Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL 2/10 1928

20 UNDERTAKER H. Cook

ADDRESS 1128 Matthews

Spec.—1-12-23—M&T—500 Bks.

Dr Heany 2901 Garrison Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30344

E 30344

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5410 Cleveland Ave ST. Govans WARD 24-48 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Dammann

(a) RESIDENCE NO. 5410 Cleveland Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of John Dammann

DATE OF BIRTH (month, day, and year) May 4, 1845

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
82	72	9	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Katherine Kennert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Joseph Dammann

(Address) 5410 Cleveland Ave

Filed 6-1928 19

CHARLES JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7 19 28

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1928, to Feb 7, 1928,

that I last saw h[illegible] alive on [illegible], 19[illegible],

and that death occurred, on the date stated above, at 2.10 P. m.

The CAUSE OF DEATH* was as follows:

Paralysis

Hemorrhage of Brain

(duration) yrs. mos 2 b ds.

CONTRIBUTORY (Secondary) Hardening of Arteries

(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C C Green M. D.

2-8, 1928 (Address) 4901 Garrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer DATE OF BURIAL 2-10 19 28

20 UNDERTAKER [illegible] ADDRESS 532 E Lafayette Ave

Spec.—12-9-25—A Co.—300 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001

E 30345

CERTIFICATE OF DEATH.

E 30345

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE (No. 23rd Mount St. Ward 10)

2-FULL NAME Infant of Otto Urban

(a) RESIDENCE NO. 23rd Mount St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 8 28

7 AGE: Years | Months | Days | IF LESS than 1 day ...hrs. or ...min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: no

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Otto Urban

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Md

12 MAIDEN NAME OF MOTHER Hilda Neuman

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Md

14 Informant Otto Urban

(Address) 23rd Mount

15 Filed ... C. HAMPSON JONES, M. D. Registrar

2-1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9 28

17 I HEREBY CERTIFY, That I attended deceased from Feb 8 28, to Feb 9 28, that I last saw h... alive on Feb 9 28, and that death occurred, on the date stated above, at 12.45 a. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ... M. D.

19 (Address) 811 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oakland Cemetery — Date of Burial 3/9 1928

20 UNDERTAKER: William Cook — ADDRESS 502 E North

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30346

E 30346

CERTIFICATE OF DEATH.

REGISTERED NO. 100

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 420 Frederick ST. 25-25 WARD)

2-FULL NAME John Norman Newell

(a) RESIDENCE NO. 420 Frederick ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Child

6 DATE OF BIRTH (month, day, and year): Dec 16 1927

7 AGE: Years — Months: 1 — Days: 24 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: Wm Newell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Lena Byglin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 9 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 5, 1928, to Feb 9, 1928, that I last saw him alive on Feb 5, 1928, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows: Bronchopneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary): Measles

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) Mulcahy M. D.

2/9, 1928 (Address) 1319 Eighteen St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

Informant Wm Newell

(Address) 420 Frederick Ave Catonsville

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Hanover

DATE OF BURIAL: Feb 10 1928

20 UNDERTAKER: Thanower & Son

ADDRESS: 3616 Chestnut Ave

Filed 2-9 1928. HARRISON JONES, M. D. Registrar

By: R. Cole

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30347

CERTIFICATE OF DEATH.

57 E 30347

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2249 E. Biddle ST. 8-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Guckert.

(a) RESIDENCE NO. 2249 E. Biddle ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry Guckert.

6 DATE OF BIRTH (month, day, and year): Mar 13. 1865

7 AGE: Years 62 | Months 6 | Days 25 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Andrew J. Simms

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Rosina Mohoch,

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: Harry Guckert

(Address): 2249 Biddle St

15 Filed: 1928 (C. HAMILTON JONES, M. D.) Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 8 1928

17

I HEREBY CERTIFY, That I attended deceased from May 14th, 1927, to Feb 8th, 1928,

that I last saw her alive on Feb 8th, 1928,

and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Nephritis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Diabetis

(duration) 15 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Dtd an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? manual

(Signed) Leonard A Brach, M. D.

, 19 (Address) 2249 St. Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: Feb 11 1928

20 UNDERTAKER: Walter F. McNamara ADDRESS: 1414 Fells St.

Spec. — 1-M-23—M&T—500 Blks.

E 30348

10696

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30348

CERTIFICATE OF DEATH. x 129

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSP. ST. 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Solomon

(a) RESIDENCE NO. 2601 1st Ave S. St. Petersburg, Fla. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	married

6 If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Gussie Solomon

DATE OF BIRTH (month, day, and year) 1851

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
46	47			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Roumania

10 NAME OF FATHER Sam Solomon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Roumania

12 MAIDEN NAME OF MOTHER Jennie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant Records

(Address)

FEB 9 - 1928 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 8th 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 31, 1928, to Feb. 8, 1928, that I last saw ~~him~~ alive on Feb 8, 1928 and that death occurred, on the date stated above, at 11:20 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Acute Tonsillitis

10-10 (duration) yrs. ~~mos.~~ ds.

CONTRIBUTORY (Secondary) Acute Tonsillitis (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? Laboratory Findings

(Signed) Christopher Johnston, M. D.

2/9, 1928 (Address) Johns Hopkins Hosp. Tel

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Petersburg, Fla.	2/9/1928
20 UNDERTAKER David Sondheim Royal Ave	ADDRESS 118 20th St.

Spec.—1-12-23—M&T—500 Blks.

E 30349 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30349

CERTIFICATE OF DEATH.

101-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST. 97-51 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Sarah Russell

(a) RESIDENCE NO. 2739 Maryland Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed or Divorced, (write the word) Married

6 If married, widowed or divorced HUSBAND of (or) WIFE of Geo. E. Russell

DATE OF BIRTH (month, day, and year) Nov 28-1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	2	11 10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) 37

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER James Miles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Agnes Pierce

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

Informant Geo. E. Russell

(Address) 2739 Maryland Ave

Filed FEB 9 - 1928 C. HARRISON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 8-1928

17 I HEREBY CERTIFY, That I attended deceased from Jul-2 - , 19 27 , to Feb-8 , 19 28 ,

that I last saw h a alive on Feb-8 , 19 28 ,

and that death occurred, on the date stated above, at 6 50 a m.

The CAUSE OF DEATH was as follows: Bilateral Lobar Pneumonia

CONTRIBUTORY (Secondary) Myocardial Failure (duration) yrs. 1 mos. 17 ds.

(duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H W Eliason M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 2/10 1928

20 UNDERTAKER Chas R Ernst Sons

ADDRESS 1807 E Baltimore St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30350

E 30350

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1029 Bush ST. 21-28 (WARD) 11-00

2-FULL NAME Thelma A. Fletcher

(a) RESIDENCE NO. 1029 Bush ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Apr 27th 1927

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		9	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md U.S.

10 NAME OF FATHER Geo T. Fletcher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Susie E. Labon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant Mrs Geo T. Fletcher

(Address) 1029 Bush St

Filed FEB 8 1928 C. EXTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Febry 8th 1928

17 I HEREBY CERTIFY, That I attended deceased from 7/4/28, 19__, to 2/8/28, 19__,

that I last saw h alive on 7/8/28, 19__,

and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Grippe

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Thos Reed Dan'l M. D.

19__, Address 1 W Mt Vernon Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem

DATE OF BURIAL: Febry 10th 28

20 UNDERTAKER: John J Cowan Son

ADDRESS: 40 N Holliday St

Spec.—1-12-23—MAT—500 Blks.

30351

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30351

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: No. Bethel A. M. E. Hosp. St. 5-8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jane Brooks

(a) RESIDENCE No. Asquith & Lexington St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col.	Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Brooks

DATE OF BIRTH (month, day, and year) 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore Md

(State or country) Balto

10 NAME OF FATHER Wm Prichett

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) unknown.

Informant Ella Wood.

(Address) 1416 Nicholas St Phila Pa.

Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-6- 1928

17

I HEREBY CERTIFY, That I attended deceased from 2-3-, 1928, to 2-6-, 1928,

that I last saw h alive on 2-5-, 1928

and that death occurred, on the date stated above, at 1 P. m

The CAUSE OF DEATH* was as follows:

Chronic Valvulitis

unknown.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

Unknown.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) H. O. Bongiel, M. D.

2-7-, 1928 (Address) 611-N. Carrol.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Feb. 9, 1928
20 UNDERTAKER Mrs. R. A. Elliott	ADDRESS 1725 Eastland

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

30352 E 30352

CERTIFICATE OF DEATH.

10-14 90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1228 E. Chase ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John T. Leach

(a) RESIDENCE NO. 1228 E. Chase ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 3 mos. ? ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of ------

DATE OF BIRTH (month, day, and year) Nov. ? 1870

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	3	?	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (City or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER John T. Leach

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary J. Waddell

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

Informant Mrs. Anna A. Silberzahn
(Address) 1228 E. Chase Street

Filed 9- 1928 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 8th 19 28

17 I HEREBY CERTIFY, That I attended deceased from Jany 10 19 28 to Feby 8th 19 28

that I last saw him alive on Feby 6th 19 28

and that death occurred, on the date stated above, at 7.50 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 1 hour

CONTRIBUTORY (Secondary) Syncope (duration) yrs. mos. ½ hour

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jno. H. Jones M. D.

19 28 (Address) 1304 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 2/10 19 28

UNDERTAKER Henry W. Wears & Douglas Walker

ADDRESS

Spec.—1-12-23—M&T—500 Bks.

0353

HEALTH DEPARTMENT—CITY OF BALTIMORE

001

1 E 30353

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 316 N Amme ST., 6-9 WARD)

2-FULL NAME Walter Epps Jr

(a) RESIDENCE NO. 316 N Amme ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1-28-27

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	1		11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Walter Epps

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Bettie Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

Informant Walter Epps

(Address) 316 N Amme

Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-9 1928

17 I HEREBY CERTIFY, That I attended deceased from 2-8- 1928, to 2-9- 1928, that I last saw h..... alive on 2-9 1928 and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Welzel Burruss, M. D.

2-9, 1928 (Address) 2017 E. 32

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem DATE OF BURIAL Feb 11 1928

20 UNDERTAKER Robt F Williams ADDRESS 1515 W Lexington St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30354

CERTIFICATE OF DEATH.

188-003

E 30354

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Enroute Hopkins Hospital 5-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bridget Martin

(a) RESIDENCE NO. 409 S. Cent. Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

10 NAME OF FATHER Jas. G. Martin

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Rose Tasley

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

PARENTS

14 Informant Margaret Moulds

(Address) 409 S.Cent. Ave

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquoet find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intrathoracic Hemorrhage
Accidently struck by automobile
at Eastern Ave & Bond St

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

19 (Address) 2/9/28 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mem Cathedral Date of Burial Feb 10. 1928

20 UNDERTAKER Wendell J. Hopped ADDRESS 301 S Eden St

Spec.—1-10-21—M&T—1500 Bks.

E 30355

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30355

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 90

CITY OF BALTIMORE: (No. 340 Augusta Ave St. 20-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thos. Albrecht

(a) RESIDENCE NO. 340 Augusta Ave St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced; (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma C. Albrecht

6 DATE OF BIRTH (month, day, and year): April 22-1865

7 AGE: Years 62 Months 9 Days 17 16

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cooper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md. (State or country)

10 NAME OF FATHER Charles Albrecht

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Hanna Tohn

13 BIRTHPLACE OF MOTHER (city or town) Germany. (State or country)

Informant: Mrs. Emma C. Albrecht

(Address) 340 Augusta Ave.

Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 8th 1928

17

I HEREBY CERTIFY, That I attended deceased from ~~July~~ Feby 1, 1923, to Feby 8, 1928, that I last saw him alive on February 7, 1928, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Physical signs

(Signed) Jesse D. Bahn M. D.

Feb 9, 1928 (Address) 2 W Mt Vernon Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Feb. 10 1928

20 UNDERTAKER: George L. Schwab — ADDRESS: 2101 Frdk. Ave.

Spec.—1-12-23—M&T—500 Bks.

30356 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30356

CERTIFICATE OF DEATH.

REGISTERED NO. 46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt. City Hospitals ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alonzo Elliott

(a) RESIDENCE NO. 113 S Bethel ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? 26 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of James Elliott

DATE OF BIRTH (month, day, and year) 1881 Oct 29

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	3	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Antone ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Johanna ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant (Address) Hosp Reports

1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/8 1928

17 I HEREBY CERTIFY, That I attended deceased from 11/27, 1927, to 2/8, 1928, that I last saw he alive on 2/8, 1928, and that death occurred, on the date stated above, at 6.30 A m.

The CAUSE OF DEATH* was as follows:

Cancer of Cervix

(duration) Years mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Chart

(Signed) R. W. Hook, M. D.

, 19 (Address) Bath Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery

DATE OF BURIAL Feb 10 1928

20 UNDERTAKER George W. Zickler

ADDRESS 1737 E. Eager st

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

30357

CERTIFICATE OF DEATH.

91-28 E 30357

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) ST. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Reese

(a) RESIDENCE NO. 720 No Gay ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	? Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) March 5 49

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	79	11		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Henry Reese

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant (Address) ~~Received~~ S Thomas 2524 N Calvert

Filed 1928 C. HAMILTON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 6, 1928, to Feb 7, 1928, that I last saw her alive on Feb 7th, 1928, and that death occurred, on the date stated above, at 9 30 P m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerotic Gangrene both feet

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio sclerosis Decubitus Ulcers

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) C. Holmes Bond, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Park Cem	Feb 10 1928
20 UNDERTAKER	ADDRESS
H M Rowland	2238 N Howard

Spec.—1-12-23—M&T—500 Rks.

30358

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30358

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4001 Hamilton Ave ST. 27-43 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary C Linder

(a) RESIDENCE NO. 4001 Hamilton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs 5 mos 4 ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of: August R Linder

6 DATE OF BIRTH (month, day, and year): Sept 4-1853

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
74	5	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: John A. Hensel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Lynn Mass.

12 MAIDEN NAME OF MOTHER: Margaret C Scott

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

Informant: Margaret V Ansley

(Address) 4001 Hamilton Ave

Filed 1928 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 8 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 28, 19 28, to Feb 8, 19 28, that I last saw her alive on Feb 7, 19 28, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Pulmonary oedema

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Myocarditis - Influenza

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Clara Deaver, M. D.

1928 (Address) 4702 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Feby 10 1928
20 UNDERTAKER	ADDRESS
Harry N. Cunnac est. -20-	Edgewood Ave

Spec.-7-17-26—A Co.—200 Bks.

E 30359

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 101-501

E 30359

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO. 2622

City of BALTIMORE: (No. 413 W. Biddle St. 17-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elise Lee

(a) RESIDENCE NO. 435 Gough St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colord

5 Single, Married, Widowed, or Divorced, (write the word): Sigle

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: 2

6 DATE OF BIRTH (month, day, and year): 1909

7 AGE: 19 Years 18 Months Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Elevator Operator

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer: Standard Overall Co.

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Wm. Godfrey

11 BIRTHPLACE OF FATHER (City or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Lovie Dyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Lovie Godfrey

(Address): 435 Gough St

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Feb. 8th 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb. 5th, 1928, to Feb 8th, 1928, that I last saw her alive on 2/8/28, 19, and that death occurred, on the date stated above, at 9:50 A.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumania

(duration) yrs. mos. 12 da.

CONTRIBUTORY (Secondary) Lowered Resistance

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Home of patient

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Ex.

(Signed) Ernest A. Melton, M. D.

, 19 (Address) 2001 Penna. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — Date of Burial: 2/11/28

20 UNDERTAKER: Mrs. Geo. H. Holland — ADDRESS: 1631 Druid Hill Ave.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30360 E 30360

CERTIFICATE OF DEATH. X 31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 329 E. 24th St 12-50 Ward)

2-FULL NAME James Alan Pfeil

(a) RESIDENCE NO. 329 E 24th St St. Ward Elizabeth, N. J.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jane Mears Pfeil

6 DATE OF BIRTH (month, day, and year) Sept. 1, 1892

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	35	4	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lept Street Lighting

(b) General nature of industry, business, or establishment in which employed (or employer) C

(c) Name of employer American Street Lighting Co.

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER A. Pfeil

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Cath. Mc Dermott

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Jane Pfeil

(Address) 329 E. 24th St.

15 Filed C. HAMPSON JONES M. D. 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 7, 1928. 19

17 I HEREBY CERTIFY, That I attended deceased from January 23rd 1928 to February 7th 1928, that I last saw him alive on February 6th 1928, and that death occurred, on the date stated above, at 3 40 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 11 yrs. 5 mos. - ds.

CONTRIBUTORY (Secondary) Edna F Lamp

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Edgar D. Perkins M. D.

, 19 (Address) 1111 Franklin Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cem Date of Burial 2/10 1928

20 UNDERTAKER G Vernon Lemmon ADDRESS 59 E 22 St.

Spec.—1-12-23—M&T—500 Bks.

E 30361

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30361

CERTIFICATE OF DEATH.

REGISTERED NO. 57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSP. ST. 3-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Frazier

(a) RESIDENCE NO. 27 S Caroline ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) March - 1857

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	70	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

10 NAME OF FATHER Clark Frazier

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Y.

12 MAIDEN NAME OF MOTHER Mary Simms

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Suicide

(Address) [illegible]

1928 THOMSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 23, 1927 to Feb 7, 1928, that I last saw h alive on Feb 7, 1928 and that death occurred, on the date stated above, at 9 15 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus
Arteriosclerosis
Myocardial insufficiency
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Erysipelas - Chronic Nephritis
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Laboratory findings

(Signed) Chas Kopetzky Assistant, M. D.

, 19 Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL Feb 10 1928

20 UNDERTAKER [illegible]

ADDRESS [illegible]

Spec.—1-12-23—M&T—500 Bks.

E 30362 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30362

CERTIFICATE OF DEATH. 124

1-PLACE OF DEATH St. Agnes Hospital REGISTERED NO.

CITY OF BALTIMORE: (No.) 20-H (St.) (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Julia O'Brien

(a) RESIDENCE NO. 410 (Usual place of abode) St. Mt. Holly Ward

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widow

~~Married~~, widowed, ~~or divorced~~

HUSBAND of (or) WIFE of Mathew H. O'Brien

DATE OF BIRTH (month, day, and year) May 19 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	—	—	—

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER not given

11 BIRTHPLACE OF FATHER (city or town) (State or country) " "

12 MAIDEN NAME OF MOTHER " "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " "

Informant Josephine O'Brien

(Address) 410 Mt Holly St

Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-8 1928

17 I HEREBY CERTIFY, That I attended deceased from 1-26, 1928, to 2-8, 1928, that I last saw h~~e~~r alive on 2-8, 1928 and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Empyema of Gall-bladder

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) several yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 1/29/28 Drainage of Gall Bladder

Was there an autopsy? no

What test confirmed diagnosis?

Augustine P. Von Schulz M. D.

St. Agnes Hospital

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 2-11 1928

20 UNDERTAKER H. P. Braunagel

ADDRESS 1136 Bolton St

Spec.—1-12-23—M&T—500 Bks.

30363 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30363

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 675 W Barre ~~St~~ 22-30 WARD) REGISTERED NO. 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ALPONS FERSUK

(a) RESIDENCE No. 675 W Barre ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) May 6. 1927

AGE — Years 9 Months 3 Days If LESS than 1 day, hrs or min

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Jocb Fersuk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russian

12 MAIDEN NAME OF MOTHER K. Senkus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithvania

Informant J. Fersuk

(Address) 675 W Barre Street

Filed 1928 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/9 19 28

17

I HEREBY CERTIFY, That I attended deceased from 1/3, 1928, to 2/9, 1928,

that I last saw h[illegible] alive on 2/8, 1928

and that death occurred, on the date stated above, at 7 a m

The CAUSE OF DEATH* was as follows:

Acute Bronchio Pneumonia

(duration) yrs. 1 mos 6 ds.

CONTRIBUTORY (Secondary) Measles

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) [illegible] M. D.

2/9, 1928 (Address) 12[illegible] Lee

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Feb. 10, 1928
20 UNDERTAKER	ADDRESS
John Grebliauckas	433 S Paca St

Spec.—1-12-23—M&T—500 Bks.

E 30364 156

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30364

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS H... St. 11-24 (Ward) 38

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alfred Toliver

(a) RESIDENCE NO. 900 Park Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 20 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: Col—

5 Single, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 12-20-93

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
34		1	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Garage worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER Alfred Toliver

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Fannie Banks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

Informant Family

(Address) JOHNS HOPKINS HOS...

File 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb-9 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 21, 1928, to Feb-9, 1928, that I last saw h/M alive on Feb-9, 1928 and that death occurred, on the date stated above, at 2.45 P. m.

The CAUSE OF DEATH* was as follows:

(1) Nephritis, subacute & acute

(2) Uremia

(duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) (1) Internal hemorrhoids (2) Colitis, (3) Secondary anemia

(duration) Don't know yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? NO Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Blood + urine analyses

(Signed) C. Harrison Jones, M. D.

2/9, 1928 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Harrisonburg, Va.

DATE OF BURIAL: Feb. 9 1928

20 UNDERTAKER: Rol Cook

ADDRESS 1003 W B

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 30365

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30365

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 206 E Lafayette Ave 19 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fannie L King

(a) RESIDENCE. No 206 E Lafayette Ave WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William King

6 DATE OF BIRTH (month, day, and year): Oct 16 1869

7 AGE: Years 58 Months 3 Days 13 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pat E Detroit Mich

10 NAME OF FATHER: John A Lyle

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pat E Detroit Mich

12 MAIDEN NAME OF MOTHER: Ann McVey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pat E Detroit Mich

14 Informant: Hattie Lyle

(Address) 206 E Lafayette Ave

15 Filed 1928 C. HAMILTON JONES, M. D. Registrar

Path

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feby 9 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 1 1927 to Feb 9 1928 that I last saw her alive on Feb 8 1928 and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John T Avery M. D.

(Address) 1603 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Feb 11 1928
20 UNDERTAKER	ADDRESS
William Cook	502 E Northern

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

30366

CERTIFICATE OF DEATH.

E 30366

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (ST.) T.B. (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pete Vogt (Vogit)

(a) RESIDENCE NO. 623 S. Dallas st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie

DATE OF BIRTH (month, day, and year) 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER August Vogt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dorothy Vogt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Hospital Records (Address)

Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 8 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1928, to Feb. 8, 1928, that I last saw him alive on Feb. 8, 1928, and that death occurred, on the date stated above, at 6.25 a. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

Multiple pulmonary abscesses, (acute)

(duration) yrs. mos 17 ds.

CONTRIBUTORY (Secondary) Acute myocardial insufficiency (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) L. Emmadden, M. D.

2-8-, 19 28 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Hampden

DATE OF BURIAL 2/10 1928

20 UNDERTAKER Wm Cook

ADDRESS Sorrento St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 30367

E 30367 1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1115 Druid Hill St., 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Diggs

(a) RESIDENCE NO. 1115 Druid Hill St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE: Years 58 | Months ? | Days ? | IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Easton

(State or country): Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country)

14 Informant: Marie McKinsey

(Address) 1115 Druid Hill

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Feb 7 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928, to Feb 7, 1928, that I last saw her alive on Feb 7, 1928, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis

(duration) 1 yrs. 6 mos. ? ds.

CONTRIBUTORY

(Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Urinary

(Signed) D. McKee, M. D.

2/8, 1928 (Address) 1126 Druid Hill

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional spaces.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — Date of Burial: 2/10 1928

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 1303 Pressman St

FEB 1928 R 11 M

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30368

CERTIFICATE OF DEATH.

114 E 30368

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1731 Presbury St St. 15-21 Ward)

2-FULL NAME Catherine F. Good

(a) RESIDENCE NO. 1731 Presbury St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Flood.

6 DATE OF BIRTH (month, day, and year) 1893

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	35			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) at Home.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) St mary's co md

10 NAME OF FATHER Boob Hill

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Saint Marys Co.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

PARENTS

14 Informant Thomas Summerville

(Address) 1731 Presbury st

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 7 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute gastro-enteritis

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Accidentation of blood poisoning

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. I. Hennessy M. D.
(Coroner)

Feb 8 1928 (Address) 2572 Edmondson ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs.. mos.. ds. In the State..... yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery Date of Burial 2/10 1928

20 UNDERTAKER Thomas E. Kelson ADDRESS 1303 Pennsylvania Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30369

E 30369.

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & St. 16-9 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alma Kodrick Mrs

(a) RESIDENCE NO. 139 W. 2nd ST., WARD Frederick Md.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr Chas Kodrick

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE 45	Years	Months	Days	If LESS than 1 day, hrs. or min.
44				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) ?

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dont Know

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont Know

PARENTS

Informant Charles Kodrick

(Address) Frederick

File 1928 CLAYTON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9 1928.

17

I HEREBY CERTIFY, That I attended deceased from Jan. 17th, 1928, to Feb 9, 1928,

that I last saw her alive on Feb 9th, 1928,

and that death occurred, on the date stated above, at 10.20 P m.

The CAUSE OF DEATH* was as follows:

Pyo nephritis - bilateral - urinary bladder - Cystic kidney

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Frederick md

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Pathological Exam of kidney

(Signed) A. Byrd Jones, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Frederick

DATE OF BURIAL 2/10 1928

20 UNDERTAKER Tho Rice

ADDRESS Market St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 30370

30370

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Notre Convent St. 2-4 Ward)

2-FULL NAME Mary Calasanctia Haverkamp

(a) RESIDENCE NO. 101 S. Wolfe St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan-25-1872

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	56		14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Charles Haverkamp

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Boecklage

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md.

14 Informant Sister M. Dionede

(Address) Notre Dame Convent

15 Filed C. 19 JONES, M. D. Registrar

FEB 10 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb-8- 1928

17

I HEREBY CERTIFY, That I attended deceased from 1-6-28, 19..., to 2-8-28, 19...,

that I last saw her alive on 2-8-28, 19...,

and that death occurred, on the date stated above, at 12.35 p.m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) ...yrs. ...mos. 14 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) ...yrs. ...mos. 1/2 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) I. B. Bronshas M. D.

2-9, 1928 (Address) 3037 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Mount Cliff Md Feb 11 1928

20 UNDERTAKER Frank A. Fink ADDRESS 916 N. Gayle

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30371

CERTIFICATE OF DEATH.

57 E 30371

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE; (No.) Mercy Hosp ST. 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Murdock.

(a) RESIDENCE NO. 1024 McCulloh ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant (Address) David Murdock 1024 McCulloh St.

Filed Feb 13, 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1928, to Feb 7, 1928, that I last saw h[illegible] alive on Feb 7, 1928, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Diabetis Mellitus

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetic Gangrene (Supervened) 3 wks.

Cachexia (duration) yrs. mos.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm Ellison, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: Feb 10 1928

20 UNDERTAKER: Daniel Carter — ADDRESS 916 6a m

Spec.—1-12-23—M&T—500 Bks.

E 30372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 E 30372

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital 18 26 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Ingram

(a) RESIDENCE NO. 111 N. Carrollton Ave. WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	married

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min
	50			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) N C

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant [illegible]
(Address) 111 Carrollton Ave

Filed FEB 10 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 | 7 | 28 19

17 I HEREBY CERTIFY, That I attended deceased from 1 | 9 | 28 19 to 2 | 7 | 28 19
that I last saw h alive on 2 | 7 | 28 19
and that death occurred, on the date stated above, at 10 PM m.
The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis
Tuberculosis multiple ulcers
Multiple ulcers intestines

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Septicemia
(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of 2/7/28

Was there an autopsy? No

What test confirmed diagnosis? Physical signs.

(Signed) [illegible] M. D.

, 19 (Address) St. Joseph's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL Feb 10 1928

20 UNDERTAKER [illegible]

ADDRESS 946 Pa Ave

Spmc.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30373

CERTIFICATE OF DEATH.

31 E 30373

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3008 Glendale Ave STREET 37-43 WARD

2-FULL NAME Katherine Hauck

(a) RESIDENCE. No. 3008 Glendale Ave STREET WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 39 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of: August H Hauck

6 DATE OF BIRTH (month, day, and year): June 11 1866

7 AGE: Years 61 Months 7 Days 27 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: Meier

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Mr Richard Lambert

(Address) 3008 Glendale ave

Filed 1928

C. HARRISON JONES, M. D. Registrar

By RHH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 8 1928

17 I HEREBY CERTIFY, that I attended deceased from Dec 28 1927 to Feb 8 1928

that I last saw h alive on Feb 8 1928

and that death occurred, on the date stated above, at 2 30 P. m.

The CAUSE OF DEATH* was as follows:

Thrombosis
(duration) 2nd day
Pulmonary Embolism
(duration) one day

CONTRIBUTORY (Secondary)

15 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date

Was there an autopsy? No

What test confirmed diagnosis? Gross Examination

Dec 1928 (Address) 1120 W. 20 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Pk DATE OF BURIAL: Feb 11 28

20 UNDERTAKER: Franklin W Leitz ADDRESS: 709 W 33 St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30374

CERTIFICATE OF DEATH.

100-001

E 30374

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE; (No. Cold Spring Lane St., 11 Ward) Melrose 6

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Smith

(a) RESIDENCE NO. Cold Spring Lane St. Melrose Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: C

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) December

7 AGE — Years: — Months: 2 — Days: — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Student

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: Joseph Smith

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md

12 MAIDEN NAME OF MOTHER: Edna Cure

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md

14 Informant: Edna Cure

(Address): Melrose

15 Filed ..... 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/8 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry, find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

(Coroner)

2/8, 1928 (Address) 763 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Date of Burial Feb 10 1928

20 UNDERTAKER: Virginia T. Brooks ADDRESS 463 N. Carey

30375 Jaremia M Paul.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 30375

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 722 N Belnord ST., 7-10 WARD)

2-FULL NAME Mrs Jerma M Paul

(a) RESIDENCE NO. 722 N Belnord ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. 0 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Paul

6 DATE OF BIRTH (month, day, and year): Jan 19 1892

7 AGE: Years 36 | Months 0 | Days 19 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Ferdinand Russy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria

12 MAIDEN NAME OF MOTHER: Anna Hauber.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemia

14 Informant: Frank Paul

(Address) 722 N Belnord

15 Filed FEB 10 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 7 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1928, to Feb 7, 1928.

that I last saw her alive on Feb 7, 1928,

and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation

from Disease (duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J H Mershane, M. D.

Feb 8, 1928 (Address) 3001 Hanford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Hill Cem. DATE OF BURIAL: Feb. 11 1928

UNDERTAKER: Jos. J. Kerr ADDRESS: 156 N. Luzerne ave.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30376

CERTIFICATE OF DEATH.

167-001

E 30376

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2913 Pork wood St. 43-54 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elias L. Michelson

(a) RESIDENCE NO. 2913 Pork wood Ave St. 43 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth 24 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lena G.

6 DATE OF BIRTH (month, day, and year): April 25 - 1877

7 AGE: Years 50 — Months 9 — Days 24 — If LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Real Estate Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Russia.

PARENTS

10 NAME OF FATHER: E. Michelson

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Russia

12 MAIDEN NAME OF MOTHER: Libby Rome

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Russia

14 Informant: Lena G. Michelson

(Address) 2913

15 Filed: FEB 10 1928 HARRISON JONES, M. D. Registrar

Per: ROW

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/9 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (at request, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to his death on the date stated above.

The CAUSE OF DEATH* was as follows:

Gas Poisoning

(Suicide)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) John Morrison M. D.

(Coroner)

2/9 1928 (Address) 7632 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale — Date of Burial: Feb 10 1928

20 UNDERTAKER: Sol Levinson & Bro — ADDRESS 1127 E Balto st

Spec.—1-12-23—M&T—500 Bks.

Rosie Cook.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30377

CERTIFICATE OF DEATH.

31 E 30377

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 244 Hoffman ST. 11-24 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosie Cook

(a) RESIDENCE NO. 244 Hoffman ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Cook

DATE OF BIRTH (month, day, and year) 1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home wife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Talbot Co. Md

10 NAME OF FATHER George Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Isaac Cook

(Address) 244 Hoffman St.

Filed 1928 Feb 12 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9th 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 17th, 1927, to Feb. 9th, 1928, that I last saw her alive on Feb 8th, 1928, and that death occurred, on the date stated above, at 2:40 P.M.

The CAUSE OF DEATH* was as follows:

Bronchs Pneumonia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Hemoplosis

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Lee Cole, M. D.

2/9/1928 (Address) 924 Mosher

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bethel Cemetery Calvert Co Md	Feb 12 1928
20 UNDERTAKER	ADDRESS
Sam'l H Chase & Son	Prince Geo

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30378
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90 E 30378
REGISTERED NO.

City of BALTIMORE: (No.) City Hospital St. 16-23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Della Stratton

(a) RESIDENCE NO. 1115 N. Carey St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 Color or Race: Col

5 Single, Married, Widowed, or ~~Divorced~~, (write the word): married

5a If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Stanley Stratton

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	45			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 037
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Stanley Stratton
(Address) 1115 N. Carey St.

15 Filed 19 [illegible] Registrar

OCT 10 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8- 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) ~~7~~ yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Cardiac

(Duration) yrs. mos. 1 ds.

Oct 9 1928 (Signed) G. C. Pfeltz M. D.
(Coroner)
(Address) 143 N. Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death.....yrs..mos..ds. In the State yrs..mos..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — Date of Burial: Oct 12 1928

20 UNDERTAKER: Tim McDonnell Son — ADDRESS: 1400 Mosher

Spec.—1-12-23—M&T—500 Bks.

517 South St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30379

CERTIFICATE OF DEATH.

90

E 30379

1-PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No.) 256 Maryland Ave (Street) West (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Margaret Bartscher

(a) RESIDENCE No. 256 Maryland Ave West Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of or) WIFE of: Frank L. Bartscher

6 DATE OF BIRTH (month, day, and year): May 23 1861

7 AGE — Years: 66 Months: 8 Days: 16 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Confectionary Store

(b) General nature of industry, business, or establishment in which employed (or employer): 019

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

10 NAME OF FATHER: Henry Kraemer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Henrietta Thelmadey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

Informant: Ida M. Bartscher

(Address) 25 E Maryland Ave West

Filed Feb 10 1928 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 9 1928.

17 I HEREBY CERTIFY, ~~That I attended~~ deceased from Jan 10, 1928, to Feb 9, 1928.

that I last saw h~~er~~ alive on Feb 8, 1928

and that death occurred, on the date stated above, at 2:45 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) — yrs. 1 mos — ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

2/7, 1928 (Address) 51 Lloyd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem.

DATE OF BURIAL: 2/11 1928

20 UNDERTAKER: Josiah Syfer

ADDRESS: 1600 W North Ave

Spec.—1-12-23—M&T—500 Bks.

30380

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 E 30380

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp ST. 15-65 WARD)

2-FULL NAME Mr Emory E. Hall

(a) RESIDENCE NO. 3311 Bateman Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E Hall

DATE OF BIRTH (month, day, and year) Aug 20-1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65	—	6	18	—

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shipping Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore (State or country)

10 NAME OF FATHER Elias Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah J. Hunter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Mrs. Mary Hall

(Address) 3311 Bateman Ave

Filed . 19 C. EARLSON JONES, M. D. Registrar

JUN 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 - 8 1928

17 I HEREBY CERTIFY, That I attended deceased from 2-2 , 1928 , to 2-8 , 1928,

that I last saw him alive on 2-8 , 1928

and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach & Liver.

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo C Reid, M. D.

. 19 (Address) Bon Secours Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Louden Park Cemetery DATE OF BURIAL Feb 11 1928

20 UNDERTAKER Josiah Offer ADDRESS 1600 W. North Ave

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30381

100-001

CERTIFICATE OF DEATH

E 30381

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 212 S Fremount St. 21-29 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruth Brown

(a) RESIDENCE NO. 212 S Fremount St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State)

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 30 1926

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min..
	1	2	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER William J Brown

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Ala Pa.

12 MAIDEN NAME OF MOTHER Sallie Allen

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Danville Va.

14 Informant Sallie Brown

(Address) 212 S Fremont St.

15 Filed 1928 C. Hamilton Jones, M. D. Registrar

Reg

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Feb. 9 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 6, 1928, to Feb 9, 1928, that I last saw h[illegible] alive on Feb. 8 1928, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J Mulry Hoeg M. D.

Feb 10 1928 (Address) 729 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cem Feb

Date of Burial 11 1928

20 UNDERTAKER John M Naber

ADDRESS 1803 W Baltimore St

Spec.-7-17-26—A Co.—200 Bks.

E 30382

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001

E 30382

REGISTERED NO. 1-31

1-PLACE OF DEATH

City of BALTIMORE: (No. 815 S Bradford St. St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Stachlinski

(a) RESIDENCE NO. 815 S Bradford St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	51	30		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Jan Stachlinski

(Address) 815 S Bradford St.

Filed FEB 10 1928 15 HAMILTON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Feb. 9 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 7 1928 to Feb. 9 1928, that I last saw her alive on Feb. 7 1928, and that death occurred, on the date stated above, at 6 10 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Physical signs

(Signed) C. S. Iser M. D.

2/10/28 (Address) 408 Patterson ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
St Stanislaus Cem	11 19 28
20 UNDERTAKER	ADDRESS
John M Welch	1803 Bank St

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30383

CERTIFICATE OF DEATH

E 30383

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 322 S Castle St. St., 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Stasiuk

(a) RESIDENCE NO. 322 S Castle St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 23 1926

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	1	6	17 16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Nick Stasiuk

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Apolonia Gorelick

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Apolonia Stasiuk

(Address) 322 S Castle St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Feb. 9 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1928, to Feb. 9, 1928, that I last saw h[illegible] alive on Feb. 9, 1928, and that death occurred, on the date stated above, at 10.35 A.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. Artigiani, M. D.

19 (Address) 2942 E. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Holy Rosary cem	Feb. 10 1928
20 UNDERTAKER	ADDRESS
John M Weber	1803 Bank

25

Cor.—12-9-25—A Co.—200 Bks.

Weir

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30384

CERTIFICATE OF DEATH.

51

REGISTERED No. E 30384

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 4717 Eastern St. 26-37 Ward)

2-FULL NAME John A. Weir

(a) RESIDENCE NO. 4717 Eastern St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. — mos. — ds. — How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Amanda Weir

6 DATE OF BIRTH (month, day, and year) April 9 1856

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	71	9	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of Industry, business, or establishment in which employed (or employer) Carpenter

(c) Name of employer

9 BIRTHPLACE (city or town) Dover Pa

(State or country)

PARENTS

10 NAME OF FATHER Jonathan Weir

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Rhinana Decker

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Pennsylvania

14 Informant Charles H. Weir

(Address) Edgemere, Md

15 Filed 1928 19 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Rheumatic Endocarditis

(duration) 6 yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Alcoholism

(duration) yrs. mos. ds.

Feb 28 1928 (Signed) G. E. Wilson M. D.

(Coroner)

19 (Address) 143 Holburg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Manchester Pa Cemetery via Sta Mar Wolf Run RR — Date of Burial Feb 11 1928

20 UNDERTAKER John A. Denny — ADDRESS 715 Light St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30385

E 30385

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 1049 N. Lexington St. 18-26 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Estelle Christian

(a) RESIDENCE NO. 1049 N. Lexington Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col'd

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day and year): Oct 31st 1927

7 AGE: Years — Months 3 Days 7 6

IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country)

PARENTS

10 NAME OF FATHER Delmor Gross

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country)

12 MAIDEN NAME OF MOTHER Mary Christian

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Balto.

14 Informant Mary Christian

(Address) 1049 N. Lexington St

15 Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Feb 7th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest and Inquest (Inquest, autopsy or inquiry.) did that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Thos. B. Norton M. D.

(Coroner)

Feb 9 1928 (Address) Curtis Bay, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemetery Date of Burial: Feb. 10, 1928

20 UNDERTAKER: Mrs. Katie R. Williams ADDRESS 322 N. Schroeder St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30386

CERTIFICATE OF DEATH.

135

E 30386

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (NO. St Joseph Hospital 9-18 ST. (WARD)

2-FULL NAME Frank P. Swick

(a) RESIDENCE NO. 1132 E North Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
69				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Publisher

(b) General nature of industry, business, or establishment in which employed (or employer) Printing

(c) Name of employer John J. Lucas

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Thomas D. Swick

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Offet

13 BIRTHPLACE OF MOTHER (city or town) New Orleans (State or country)

Informant Mrs. Swick

(Address) 1132 E North Ave

Filed ..., 19... (Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 4, 1928, to Feb 8, 1928,

that I last saw him alive on Feb 8, 1928,

and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Chr Hypertrophic Prostatitis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Adrenitis

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lawrence Fabian M. D.

, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Feb 10 1928
20 UNDERTAKER	ADDRESS
Martin Tubby & Sons	1827 N Gay St

Cor.—12-9-25—A Co.—200 Bks.

E 30387 HEALTH DEPARTMENT—CITY OF BALTIMORE

91-007 E 30387

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No 2906 Brasman Ward 16-67)

2-FULL NAME Chester S. Myers

(a) RESIDENCE NO. 2906 Brasman St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sally E Myers

6 DATE OF BIRTH (month, day, and year): July 23 1853

7 AGE: Years 74 Months 6 Days 12 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Unknown

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Unknown

PARENTS

14 Informant (Address): Mrs Eleanor C Myers 2906 Brasman

FEB 10 1928 C. EARLSON JONES Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 8- 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 1 ds.

Feb 9/28 Signed: J. C. Yates M. D. (Coroner)

(Address) 143 W Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery Date of Burial 2/10 1928

20 UNDERTAKER: Richard W Meyer ADDRESS 1620 Ashburton St

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30388

CERTIFICATE OF DEATH.

6-22 129

E 30388

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 805 Appleton St. 6-22 Ward)

2-FULL NAME Louise Barbara Gruber

(a) RESIDENCE NO. 805 appleton St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. 1 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William C. Gruber

6 DATE OF BIRTH (month, day, and year): July 23rd 1848

7 AGE: Years 79 | Months 6 | Days 17 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Self

9 BIRTHPLACE (city or town): Hagerstown

(State or country): Md

PARENTS

10 NAME OF FATHER: Jacob Rettberg

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Dorothea Louisa Cook

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: William C. Gruber

(Address): 805 N. Appleton St

Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/9/28 19

17 I HEREBY CERTIFY, That I attended deceased from Dec 14 19 27 to Feb 9th 19 28

that I last saw h alive on Feb 8 19 28

and that death occurred, on the date stated above, at 4:21 a m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary): Chronic Nephritis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Clay D. McCleery, M. D.

2/10, 19 28 (Address) 400 N. Bryson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

Date of Burial: 2/11/ 19 28

20 UNDERTAKER: Geo. Peters & Son

ADDRESS: 2503 Edmondson Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 30389

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90E 30389

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) #111 Valley Road St. Hamilton WARD 27

2-FULL NAME Harry Hinkle.

(a) RESIDENCE. No. #111 Valley Road St. Hamilton WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. 7 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~WIFE~~ Mary Eva Hinkle

6 DATE OF BIRTH (month, day, and year) July 5, 1866

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
61	7	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Brass molder

(b) General nature of industry, business, or establishment in which employed (or employer): Bell Foundry

(c) Name of employer: M° Shane

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

10 NAME OF FATHER: Jacob Hinkle

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Rose Keller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant (Address): Florence Garlock #1605 N. Broadford St.

Filed FEB 9 1928 19 HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feby 9- 1928

17 I HEREBY CERTIFY, That I attended deceased from Jany 15 1928 to Feby 9- 1928 that I last saw him alive on Feby 8- 1928 and that death occurred, on the date stated above, at 5.15 p. m.

The CAUSE OF DEATH* was as follows:

Cardiac asthma

CONTRIBUTORY (Secondary) Cardiac decompensation (duration) yrs. mos. 25 ds.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? None

Was there an autopsy? no-

What test confirmed diagnosis? none.

(Signed) George Abner Bowden M. D.

2/9 1928 (Address) #1517 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery DATE OF BURIAL: Feb. 13 1928

20 UNDERTAKER: Henry Hoeck Son ADDRESS: 1301 E. Eager St

Spec.—1-12-23—M&T—500 Bks. See Letter on file dated 2-17-28 from Atty

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30390

CERTIFICATE OF DEATH.

129 E 30390

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 N. Streeper ST. 6-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henrietta Wiess

(a) RESIDENCE NO. 210 N. Streeper ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married,~~ Widowed, ~~or Divorced,~~ (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of or) WIFE of: of The Late Rudolph Wiess

DATE OF BIRTH (month, day, and year): Feb 22 - 1854 (1853)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59 ~~75~~		11	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not Known

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

Informant: George A. Bauernschub

(Address) 210 N. Streeper St.

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/4/ 19 28

17 I HEREBY CERTIFY, That I attended deceased from Jan 1. 19 28. to Feb. 4 19 28.

that I last saw h[illegible] alive on Feb 4 19 28.

and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Senile Bronchitis.

CONTRIBUTORY (Secondary) Chronic Nephritis (duration) 1 yrs. mos 1 ds.

" Valvular Heart Disease (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

2/4/ 19 (Address) 1115 N. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cemetery

DATE OF BURIAL: Feb 11 19 28

20 UNDERTAKER: Chas C. Miller & Son

ADDRESS: 2334 Jefferson St

Spec.—1-12-23—M&T—500 Blks.

E 30391 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 30391

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 408 N Montford Ave ST.) (WARD) 6-10

2-FULL NAME Charles F Link

(a) RESIDENCE NO. 408 N Montford ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year) Feb 3 - 1921

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7		6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 000

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore (State or country) Md.

10 NAME OF FATHER Philip F Link

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Katherine Frantz

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

Informant Philip F Link

(Address) 408 N Montford ave

Filed 10 1928 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 14 1927 to Feb 9 1928

that I last saw him alive on Feb 8 1928

and that death occurred, on the date stated above, at 12 3/4 m.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation

& Broncho Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Jones, M. D.

1928 (Address) 4 W 6 Hoffman Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL Feb 11 1928

UNDERTAKER Wm C Miller & Son — ADDRESS 2334 Jefferson St

Spec.—1-12-23—M&T—500 Blks.

E 30392

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30392

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST. 26-37 WARD)

REGISTERED NO. 44

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George C. Smith

(a) RESIDENCE NO. Balto. City Hospitals ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Sept. 21 - 1872

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	56	4	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boot maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) md.
(State or country)

10 NAME OF FATHER Chris Smith

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Caroline? Widdel

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md. Germany

Informant Relative
(Address)

Filed 10 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9 1928

17

I HEREBY CERTIFY, That I attended deceased from 10-11, 1927, to 2-9, 1928

that I last saw him alive on 2-9, 1928

and that death occurred, on the date stated above, at 12 00 m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ? Cancer of stomach

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. Holmes Boyd, M. D.

....., 19..., (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Trinity Cemetery	Feb 10 1928
20 UNDERTAKER	ADDRESS
George A. Weber	2205 Bank St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

30393

CERTIFICATE OF DEATH.

90 ✓

REGISTERED No. E 30393

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 622 S Rose St. 1-3 Ward)

2-FULL NAME Mary Prentka

(a) RESIDENCE NO. 622 S Rose St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? 36 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Prentki,

6 DATE OF BIRTH (month, day, and year) Unknown,

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	47	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife,

(b) General nature of industry, business, or establishment in which employed (or employer) 0?1

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Austria, Poland,

PARENTS

10 NAME OF FATHER Unknown,

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Austria, Poland,

12 MAIDEN NAME OF MOTHER Unknown,

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Austria, Poland,

14 Informant Frank Prentki, (Husband)

(Address) 622 S.Rosa Street

15 Filed 10 1928 19 HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 9- 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquisy (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Inquisy (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

6 (duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) yrs. mos. 1 ds.

Sept 9/28 (Signed) J C Hales M. D. (Coroner)

19 (Address) 143 W Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the state yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL ST. STANISLAUS CEMETERY, Date of Burial Feb, 11 19 28.

20 UNDERTAKER M F Sadowski ADDRESS 705 S.Ann St

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30394

CERTIFICATE OF DEATH

100-001

E 30394

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 718 S. Third St. 26-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eresentia Schenk

(a) RESIDENCE NO. 718 S. Third St. 26 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? 37 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced. HUSBAND of (or) WIFE of Martin Schenk.

6 DATE OF BIRTH (month, day, and year) May 16th 1868

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	59	9	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) Germany

(State or country)

PARENTS

10 NAME OF FATHER Michael Burger

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Kunigunda Schug

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Martin Schenk (husband)

(Address) 718 S. Third St.

15 Filed ... 19... C. ... Registrar

FEB 10 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 8th 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 3rd 1928 to Feb. 8 1928

that I last saw her alive on " 8 1928

and that death occurred, on the date stated above, at 2 15 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchial asthma

(duration) 2 yrs. ... mos. ... ds.

18 Where was disease contracted

If not at place of death? at Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) 408 E. Fast Fayette St. M. D.

19 (Address) Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Holy Redeemer Cemetery	Feb 11th 1928

20 UNDERTAKER Lilly & Zeiler Inc. ADDRESS 403 S. Wolfe St

Spec.–7-17-26–A Co.–200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30395

CERTIFICATE OF DEATH

REGISTERED NO. E 30395

1-PLACE OF DEATH

City of BALTIMORE: (No. Sydenham Hospital St., Ward) 2-20

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Virginia Williams

(a) RESIDENCE NO. St. Vincent's Infant Asylum Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day ____ hrs. or ____ min..
	1			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer None

9 BIRTHPLACE (city or town)

(State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Sydenham Hospt

(Address) Harford Rd

Filed FEB 10 1928 C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Feb. 8, 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb. 5, 19 28 to Feb. 8 19 28

that I last saw her alive on Feb. 8, 19 28

and that death occurred, on the date stated above, at 8 45 p m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) yrs. mos. 18 da.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 da.

18 Where was disease contracted

If not at place of death? St. Vincents Inf. Asylum

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) J. L. Levin, M. D.

Feb. 10 19 28 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Sacred Heart	2/10 1928
20 UNDERTAKER J. J. Daly Sons	ADDRESS 1111 Eighth

Spec.—1-12-23—M&T—500 Bks.

30396

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 43 E 30396

1-PLACE OF DEATH University Hospital 30

CITY OF BALTIMORE: (No. ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Chaney

(a) RESIDENCE NO. Queens Station ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Husband of Medora Lady

DATE OF BIRTH (month, day, and year) Oct 10-85 Y

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	4		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Calvert Co Md

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Lewis A Wood

(Address) Queens Calvert Co Md

Filed 4 2 19 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10 1928

17 I HEREBY CERTIFY, That I attended deceased from 1-29-28, 19, to 2-10-28, 19, that I last saw him alive on 2-10-28, 19, and that death occurred, on the date stated above, at 3:20 A m.

The CAUSE OF DEATH* was as follows:

Contusion of hip with Metastasis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 24 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 2-10-28

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) L. A. Tompkins, M. D.

2/10 1928 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Smithville-Calvert Co

DATE OF BURIAL X4 11 1928

20 UNDERTAKER B L Hopkins

ADDRESS Owensboro Md

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 30397

CERTIFICATE OF DEATH.

E 30397
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St. 7-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Jones

(a) RESIDENCE NO. 1102 N. Port St St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sep 1927

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Balto., Md

PARENTS

10 NAME OF FATHER Chas Jones

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va

12 MAIDEN NAME OF MOTHER Cordelia Jefferson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va

14 Informant Morher Va
(Address)

Filed 1/10/28 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acidosis (duration) yrs. mos. ds.

(Signed) J. S. Wilson M. D.
(Coroner)

1/10/28 (Address) 508 E. North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Cedar Cemetery Date of Burial Jan 10 28

20 UNDERTAKER ADDRESS

Registered by CHAS. JONES, M. D.

1725 Eastern Ave

Spec.—1-12-23—M&T—500 Bks.

30398

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30398

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 516½ Milton Ave St., 6-10 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John F. Tegges

(a) RESIDENCE NO. 516 N Milton Ave St.

(Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Meinkenecht

DATE OF BIRTH (month, day, and year) Oct 3-1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	4	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): meats 066

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER: Nicholas Tegges

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaret Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Mrs Catherine Tegges

(Address) 516 N Milton Ave

Filed 1928, H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 8 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 7, 1927 to February 8, 1928, that I last saw him alive on February 8, 1928, and that death occurred, on the date stated above, at 3.10 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Arterial Hypertension

Chronic Myocardial Insufficiency

(duration) 2 yrs. mos.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

Pulmonary Oedema yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. G. Teges M. D.

, 19 (Address) 156 N. Milton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cem

DATE OF BURIAL: Feby 11, 1928

20 UNDERTAKER: John Uelrich

ADDRESS: 2008 Arlington.

Spec.—1-12-23—M&T—500 Bks.

Dr Hamilton, Asbestos Mfg Co Hudson St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30399

101 E 30399

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1602 E Eager ST. 7-12 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas J Orem

(a) RESIDENCE No. 1602 E Eager ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie Orem

DATE OF BIRTH (month, day, and year) Jan 2-1876

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	52	1	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Driver 073

(b) General nature of industry, business, or establishment in which employed (or employer) Auto

(c) Name of employer Balto Transit Co

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Wm A Orem

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Lillie Crepp

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant Wm A Orem

(Address) 2704 Hunnick Ave

Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9 1928

17 I HEREBY CERTIFY, That I attended deceased from Feby 8, 1928, to Feby 8, 1928, that I last saw h[illegible] alive on Feby 8, 1928 and that death occurred, on the date stated above, at 3:00 P. m.

The CAUSE OF DEATH* was as follows:

acute lobar Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) A. L. Hamilton, M. D.

2/10, 1928 (Address) 703 Aisquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL 2/11 1928

20 UNDERTAKER Wm Cook — ADDRESS 502 E Eager

Spec.—1-12-23—M&T—500 Bks.

E 30400 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30400

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST. W. WARD) REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary Maigrop.

(a) RESIDENCE NO. 3209 Strickland St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Wm Maigrop

DATE OF BIRTH (month, day, and year) June 17-1851

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	76	7 8	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Boston

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

Informant Wm Maigrop

(Address) 2507 Edmondson

Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10 1928

17

I HEREBY CERTIFY, That I attended deceased from 2-1, 1928, to 2-10, 1928,

that I last saw h~~er~~ alive on Feb 10, 1928

and that death occurred, on the date stated above, at 12 30 a m

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X Ray & Phy. Exam.

(Signed) Frances L. Balachaisis M. D.

, 19 (Address) St Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL 2/13 1928

20 UNDERTAKER Wm Cook

ADDRESS 507 E Mulb

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

30401

101-001

E 30401

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) Mur Hospital St. 4-7 (Ward)

2-FULL NAME James Ballantyne

(a) RESIDENCE NO. Redmonds Turlock Bldg St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 7-7-1871

7 AGE: Years 57 Months Days IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED:

(a) Trade, profession or particular kind of work: Building

(b) General nature of industry, business, or establishment in which employed (or employer): Contractor

(c) Name of employer: Self

9 BIRTHPLACE (city or town): Scotland

(State or country)

PARENTS

10 NAME OF FATHER: Wm Ballantyne

11 BIRTHPLACE OF FATHER (city or town): Scotland

(State or country)

12 MAIDEN NAME OF MOTHER: Nancy Naismith

13 BIRTHPLACE OF MOTHER (city or town): Scotland

(State or country)

14 Informant (Address): Martha Ballantyne 647 S. Calvert St

15 Filed 1925 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 9- 1925

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry.)

Thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) 2 yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

Feb 10 1925 Signed G. C. Slater M. D.

(Address) 143 Hollins Ferry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Date of Burial 2/11 1925

20 UNDERTAKER: W M Cook ADDRESS Fort Ave

Spec.—1-12-23—M&T—500 Blks.

E 30402

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30402

CERTIFICATE OF DEATH

118-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto. (Street) 520 (Ward) Hosp.

2-FULL NAME Isabelle Wheatley

(a) RESIDENCE No. 410 Norman Ave (Street) WARD

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) 12/29/1858

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	69	1	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER N. D. Wheatley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kent Co.

12 MAIDEN NAME OF MOTHER Hannah Isaacwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

Informant James A Wheatley

(Address) 410 Norman Ave

Filed 1928

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/8/28

17 I HEREBY CERTIFY, That I attended deceased from Feb 4, 1928, to Feb 8, 1928, that I last saw h[illegible] alive on Feb. 8, 1928 and that death occurred, on the date stated above, at 4.45 P. M.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction due to Strangulated umbilical hernia

(duration) — mos. 5 days

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 2/7/28

Was there an autopsy? No What test confirmed diagnosis? Operation

(Signed) Louis F. Levy, M. D.

2/8 1928 (Address) W. Balto & Hop

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Feb 11 1928

20 UNDERTAKER George J Smith

ADDRESS 1532 Hollins

Spec.–7-17-26—A Co.—200 Bks.

E 30403

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30403

CERTIFICATE OF DEATH

164

1-PLACE OF DEATH Aged Mens Home

REGISTERED NO.

City of BALTIMORE: (No. 1400 W Lexington St. 19-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James L Berret

(a) RESIDENCE NO. 1400 W Lexington St. Ward

(Usual place of abode) Unknown

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): October 18 1842

7 AGE: Years 85 Months 3 Days 23 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Carroll County Md

PARENTS

10 NAME OF FATHER James B Berret

11 BIRTHPLACE OF FATHER (City or town):

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Ruth A Dorsey

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Maryland

14 Informant Mary Foreslal

(Address) 1400 W Lexington St

Registered 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 10, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1927, to Feb 10, 1928, that I last saw him alive on Feb 9, 1928, and that death occurred, on the date stated above, at 3:20 P.M.

The CAUSE OF DEATH* was as follows:

General Debility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edward B. Ferret, M. D.

2/10, 1928 (Address) 1015 St Paul St,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Springfield Cemetery Sykesville Md

Date of Burial: Feb 11 1928

20 UNDERTAKER: George L Smith

ADDRESS: 1532 Baltimore

Spec.—1-12-23—M&T—500 Bks.

E 30404 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30404

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital. ST. 3-4 WARD)

REGISTERED NO. 167-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Wright

(a) RESIDENCE NO. 311 S. Caroline ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced (write the word)

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Jan. 29, 1928

AGE: Years | Months | Days 4 | If LESS than 1 day, hrs. or min. Five

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Tom Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Wright

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Ethelbert Cockburn M. D.

(Address) Johns Hopkins Hospital

Filed 2-9, 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 5 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1928, to Feb. 5, 1928, that I last saw her alive on Feb. 5, 1928 and that death occurred, on the date stated above, at 10.25 P. m.

The CAUSE OF DEATH* was as follows:

Intracranial Hemorrhage

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Ethelbert Cockburn, M. D.

2-9, 1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL — DATE OF BURIAL: 19

20 UNDERTAKER: Commissioner Health — ADDRESS — FEB 10 1928

Spec.-7-17-26—A Co.—200 Blks.

E 30405

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74 od L

E 30405

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 117 Mount St. 19-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Rebecca Turner

(a) RESIDENCE NO. 117 N. Mount St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Turner

6 DATE OF BIRTH (month, day, and year): Dec 1863

7 AGE: Years 64 Months 2 Days IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va.

PARENTS

10 NAME OF FATHER Collis Poine

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Agnes Bailey

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant Fredrick Turner

(Address) 117 N. Mount St

15 Filed ..... 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10th 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 3rd, 1928, to Feb 10, 1928, that I last saw h[e] alive on Feb 10, 1928, and that death occurred, on the date stated above, at 10:20 A m.

The CAUSE OF DEATH* was as follows:

(a) Cerebral Hemorrhage

(duration) 1 yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Cirrhosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. E. Gill, M. D.

, 19 (Address) 1511 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — Date of Burial 2/12/1928

20 UNDERTAKER: Mrs. Geo. H. Holland — ADDRESS 1631 Druid Hill Ave

Cor.—12-9-25—A Co.—200 Bks.

E 30406

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

66 E 30406

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 430 Albemarle St., 3-5 (Ward)

2-FULL NAME James J. Quinn

(a) RESIDENCE NO. 3418 Elmsley St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Dec 29, 1880

7 AGE: Years 47 | Months 1 | Days 7 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

10 NAME OF FATHER Francis P. Quinn

11 BIRTHPLACE OF FATHER (city or town) Ireland

(State or country)

12 MAIDEN NAME OF MOTHER Eliz. Doyle

13 BIRTHPLACE OF MOTHER (city or town) Ireland

(State or country)

PARENTS

14 Informant Wm. Quinn

(Address) 3418 Elmsley av.

15 1926 19 R.H.H. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxiation

(duration) hrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 1 ds.

Filed 10/3 (Signed) G. C. Yates M. D.

(Coroner)

(Address) 1436 Ramy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross, Garfield Date of Burial: Feb 11, 1928

20 UNDERTAKER: John A. Tilden ADDRESS 3000 E. Baltimore St.

Spec.—1-10-21—M&T—1500 Blks.

30407

HEALTH DEPARTMENT—CITY OF BALTIMORE

30407

CERTIFICATE OF DEATH.

111-12

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Infirmary St. 7-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John J Marek

(a) RESIDENCE NO. 8 E 7 N Lanvale St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Widower

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Josephine Marek

6 DATE OF BIRTH (month, day, and year) May 19-1855

7 AGE Years 72 Months 8 Days 19 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 04

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Marek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dymtkum

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Margaret Scott

(Address) 827 N Luzerne

1928 C. HAMPSON JONES, M. D. Registrar

Filed

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/8/ 1928

17 I HEREBY CERTIFY, That I attended deceased from 1/20, 19 28, to 2/8/28, 19 —,

that I last saw him alive on 2/8/, 19 28,

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Gastric Ulcer

(duration) 2 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Pyloric Obstruction, Peritonitis and Sepsis (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? City Home

Did an operation precede death? Yes Date of 1/30/28

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Pathological

(Signed) A Bland Dorsey, M. D.

, 19 (Address) Church Home Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill Cem.

DATE OF BURIAL 2/11 1928

20 UNDERTAKER J. A. Magee

ADDRESS 300 E Baltimore

Spec.—1-10-21—M&T—1500 Bks.

30408

HEALTH DEPARTMENT—CITY OF BALTIMORE

30408

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 Washington ~~Ave~~ Blvd WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George William Reiser Jr

(a) RESIDENCE NO. 508 Washington Blvd WARD
(Usual place of abode)

Length of residence in city or town where death occurred 84 yrs. 2 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): Widower

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Johanna Reiser

6 DATE OF BIRTH (month, day, and year): Oct 22 1840

7 AGE — Years: 87 — Months: 3 — Days: 19 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Musician

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: Anton Reiser

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

PARENTS

Informant (Address): Joseph J. Reiser 3422 West Kenwood Ave

Filed 1928 Feb

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 10 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1928, to Feby 10, 1928, that I last saw him alive on Feby 10, 1928, that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

CONTRIBUTORY (Secondary) Acute Bronchitis (duration) yrs. mos. 15 ds.

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) M. L. Steinmetz M. D.

2/10 1928 (Address) 682 Hollins Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Feb 13 1928
UNDERTAKER	ADDRESS
Jos Joerdens Son	217 S Be...

Spec.—7-17-26—A Co.—200 Bks.

E 30409

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30409

CERTIFICATE OF DEATH

REGISTERED NO. 57

1-PLACE OF DEATH

City of BALTIMORE: (No. 102 Ridgewood Road St. R P Ward) 1-53

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Sarah Boehm

(a) RESIDENCE NO. 102 Ridgewood Road St. R.P. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 92 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 ~~Single~~ ~~Married~~ Widowed, or ~~Divorced~~ (write the word): Widow

5a If ~~married~~ widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of: late Charles T Boehm

6 DATE OF BIRTH (month, day, and year): January 21 1836

7 AGE: Years 92 Months Days 19 IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md.

PARENTS

10 NAME OF FATHER: Peter Sauerwein

11 BIRTHPLACE OF FATHER (City or town): Balto

(State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country): Md

14 Informant: Gertrude Boehm

(Address): 3033 St Paul St

15 Filed ..... 19 ..... C. HARRISON JONES, Registrar

FEB 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 10 19 28

17 I HEREBY CERTIFY, That I attended deceased from Nov 9, 1927, to Feb 10, 1928, that I last saw h[er] alive on Feb 9, 1928, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Left Cerebral Hemiplegia due to Cerebral Hemorrhage.

(duration) ..... yrs. mos. 9 ds.

CONTRIBUTORY (Secondary): Diabetes Mellitus

Several years.

(duration) ..... yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & Post Mortem.

(Signed) M. J. Hafer, M. D.

2/10/1928 (Address) 422 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

Date of Burial: Feb 11 1928

20 UNDERTAKER: Henry J. Jenkins & Son

ADDRESS: Edmondson Ave & Catholic

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30410

CERTIFICATE OF DEATH

74-801 V

74 E 30410

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1617 Bank St. St. 3-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes Stodalna

(a) RESIDENCE NO. 1617 bank St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 4½ yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 1857

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 37

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER George Tuchowski

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Agnes Jastrzabek

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Mary Liljwski

(Address) 1617 Bank St.

15 Filed C. HAMPSON JONES, M. D. Registrar

1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Feb. 9 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1928, to February 9, 1928, that I last saw her alive on February 9, 1928, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Cardiac Paralysis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) William F. Rogan M. D.

2/16/28 (Address) 801 N. Kenwood Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Feb. 13 1928

Date of Burial

20 UNDERTAKER John H. Weber 1803

ADDRESS Bank

Spec—12-23-21—E.B.R.S.—400 Bks.

E 30411

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF ~~DEATH~~

E 30411

1-PLACE OF DEATH Maryland Penitentiary Hospital Registered No.

City of BALTIMORE: (No. 954 Forrest St., 6th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Evans

(a) Residence No. 954 Forest St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-Single, ~~Married, Widowed, or Divorced~~, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of — Single

6-DATE OF BIRTH (month, day and year) March 27 1892

7-AGE. 35 yrs. 10 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Musician & Cook

(b) General nature of industry, business, or establishment in which employed (or employer) 0?1

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Durham North Carolina

10-NAME OF FATHER Andrew Evans

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Durham North Carolina

12-MAIDEN NAME OF MOTHER Mary C. Crate

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Chapel Hill N.C.

(Informant) Mary C. Evans

(Address) 614 N. Strieker St

Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) February 10, 1928

17- I HEREBY CERTIFY, That I attended deceased from January 23 1928 to February 10 1928 that I last saw him alive on February 10 1928 and that death occurred, on the date stated above at 3P m.

The CAUSE OF DEATH* was as follows:

Tuberculous Peritonitis

(Duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1/25/28

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Charles Edmonds M. D.

, 19 (Address) 954 Forrest St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Durham N.C. DATE OF BURIAL, Feby 11, 1928

20-UNDERTAKER Chas. G. Black ADDRESS 742 W. Northam

Spec.—1-12-23—M&T—500 Bks.

See Letter in file from Dr C Holmes Boyd Dated 3/5/28

HEALTH DEPARTMENT—CITY OF BALTIMORE

30412 E 30412

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (NO. ..... ST. ..... WARD .....)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Druzd ~ {Druz / Druzd}

(a) RESIDENCE NO. 439 So Conkle

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	wd

a If married, widowed, or divorced HUSBAND of or) WIFE of ?

DATE OF BIRTH (month, day, and year) March 12-1871

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	11	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) O&O

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Poland

10 NAME OF FATHER John

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

Informant Pts Record

(Address)

Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 9 1928

17

I HEREBY CERTIFY, That I attended deceased from 2 6 1928, to 2-9 1928,

that I last saw him alive on 2-9 1928,

and that death occurred, on the date stated above, at 8⁰⁰ a m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chr & acute

(duration) .. yrs. mos ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

Hypertension yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & Laboratory

(Signed) C Holmes Boyd, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rozary

DATE OF BURIAL 2/11/28 19

20 UNDERTAKER F W Ozazewski

ADDRESS 930 Eastern ave

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

30413 E 30413

CERTIFICATE OF DEATH

1-PLACE OF DEATH Jenkins Memorial Hospital REGISTERED NO. 129

City of BALTIMORE: (No. Caton Ave St. 90-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Conrad L. Rose

(a) RESIDENCE NO. 1917 Edmondson Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 19 1853

7 AGE: Years 74 Months 8 Days 21 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md.

PARENTS

10 NAME OF FATHER George Rose

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER Anna C Koll

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant (Address): Jenkins Memorial Hosp Caton Ave Balto Md

15 Date 1928 C. HAMPSON JONES, M. D. Registration

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 9, 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 9, 1928 to Feb 9, 1928

that I last saw h e alive on Feb 9, 1928

and that death occurred, on the date stated above, at 5:30 P. M.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) 1 yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Chr. Interstitial Nephritis (duration) ? yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phy. Exam & Urine

(Signed) Frances L. Badaglincco, M. D.

, 19 (Address) St. Agnes Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem. Date of Burial: Feb. 11 1928

20 UNDERTAKER: W. H. Tickner Sons ADDRESS: North Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30414

CERTIFICATE OF DEATH.

31 E 30414

1-PLACE OF DEATH

City of BALTIMORE: (No. 126 W West St. 23-31 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Myrtle Allen

(a) RESIDENCE NO. 126 W West St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. 26 ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 12/1910

7 AGE 18 Years | Months 26 Days | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Student

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Cleanie Allen

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto. md.

12 MAIDEN NAME OF MOTHER Annie Spriggs

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md.

14 Informant Cleanie Allen

(Address) 126 W. West Street

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 8 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1928, to Feb 8, 1928, that I last saw h.r alive on Feb 7, 1928, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. McCarl M. D.

2/9, 1928 (Address) 2005 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery Date of Burial 2/11 1928

20 UNDERTAKER Geo. T. A. Gibson ADDRESS 1735 Druid Hill Ave

Spec.—1-12-23—M&T—500 Bks.

E 30415 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 30415

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. W 7 WARD)

2-FULL NAME Bessie Farrell

(a) RESIDENCE NO. Mercy Hospital ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1879

8 AGE: Years 48; Months; Days; If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bandage Room

(b) General nature of industry, business, or establishment in which employed (or employer) Hospital

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) New York

11 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Hospital Record

(Address)

Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb - 8 - 1928 to Feb 9 1928, that I last saw h alive on Feb 9 1928 and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Arteriosclerotic Cardio Vascular disease with hypertension

(duration) 14 hrs

CONTRIBUTORY (Secondary) Respiratory Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. W. Elgin, M. D.

19 (Address) Mercy Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loraine Cem

DATE OF BURIAL: 2/11 1928

20 UNDERTAKER: Engel & Farley

ADDRESS: Fulton Fayette

Spec.—1-12-23—M&T—500 Bks.

E 30416

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30416

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Frederick Ave (~~Lombard~~ ~~Western~~)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Kennedy

(a) RESIDENCE NO. Mt St Jo. College, WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, and year) Aug. 5-1907

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	6	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio

10 NAME OF FATHER D. J. Kennedy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER D.K.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

Informant Rev Thomas

(Address) Mt St Jo College

Filed 1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb-10 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 7, 1928, to Feb-10, 1928, that I last saw h— alive on Feb-10, 1928, and that death occurred, on the date stated above, at 3:10 p. m.

The CAUSE OF DEATH* was as follows:

Embolism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency

(duration) 2 yrs mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Symptoms

(Signed) W. A. Fuller, M. D.

2/10, 1928 (Address) 4207 Frederick Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Youngstown Ohio

DATE OF BURIAL Feb 11 1928

20 UNDERTAKER H. A. Krause & Son

ADDRESS 703 Hanover St

Spec.—1-12-23—M&T—500 Bks.

Dr Cannon 1701 N Carlton

E 30417

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 JE 30417

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1608 Durham ST. 8-17 WARD)

2-FULL NAME Charles Charlton

(a) RESIDENCE NO. 1608 Durham ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W.	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Lizzie Charlton

DATE OF BIRTH (month, day, and year) Dec 15. 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	75			
	74	1	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer O+O

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER George Charlton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Robert M Lehn

(Address) 1608 Durham St

Filed 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10 1928

17

I HEREBY CERTIFY, That I attended deceased from Feb 8, 1928, to Feb 10, 1928, that I last saw him alive on Feb 9, 1928 and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia. Interstitial Nephritis & Infirmities of age

(duration) yrs mos 3 ds.

CONTRIBUTORY (Secondary) Infirmities of age

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C O Cannon, M. D.

2-10 1928 (Address) 1701 N Carlton St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	2/11 1928
20 UNDERTAKER W M Cook	ADDRESS 532 E Watkins

Spec.—1-12-23—M&T—500 Bks.

Dr Bowden - 1517 E North Ave

E 30418

HEALTH DEPARTMENT—CITY OF BALTIMORE

31 E 30418

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 105 E. Clinton St. 26-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George W. Stange

(a) RESIDENCE NO. 105 E. Clinton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W.	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Stange

DATE OF BIRTH (month, day, and year) Jan 26 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	9	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) 066

(c) Name of employer S.K. Roth

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER John Stange

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Seiber

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Mrs Elizabeth Stange

(Address) 105 E. Clinton St

Filed 1-1928, 19 — C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10 1928

17

I HEREBY CERTIFY, That I attended deceased from 7/16/, 19 27, to 2/10/ 19 28

that I last saw h[illegible] alive on 2/9/ 19 28

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows: Pulmonary Th -

(duration) yrs. 6 mos 24 ds.

CONTRIBUTORY (Secondary) Sarcoma

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? X-ray & Autopsy Exam

(Signed) George Chas Bowden, M. D.

2/10, 19 28 (Address) 1517 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL 2/13 1928

20 UNDERTAKER W.M. Cook

ADDRESS 502 E North Ave

Spec.—1-12-23—M&T—500 Blks.

30419

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

162 E 30419

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 S. Schroeder ST. 18-24 WARD)

2-FULL NAME Joseph Ruggeri

(a) RESIDENCE NO. 117 S. Schroeder ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	White	Single

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) Feb 9 1928

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			1	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Md

10 NAME OF FATHER Dominico Ruggeri

11 BIRTHPLACE OF FATHER (city or town) Italy
(State or country)

12 MAIDEN NAME OF MOTHER Annie Costino

13 BIRTHPLACE OF MOTHER (city or town) Italy
(State or country)

Informant Dominico Ruggeri
(Address) 117 S. Schroeder St.

Filed 1928 E. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 10 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 9, 1928, to Feb 10, 1928, that I last saw h— alive on Feb 10, 1928, and that death occurred, on the date stated above, at 9:15 A. m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(duration) ... yrs. mos 1 ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical findings

(Signed) Louis Bruno, M. D.

2/10, 1928 (Address) 1837 Fleet St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Vincent — DATE OF BURIAL 2/11 1928

20 UNDERTAKER J. M. Cook — ADDRESS 2022 E North Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

E 30420 HEALTH DEPARTMENT—CITY OF BALTIMORE 101 E 30420

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 604 W. Conway St. 22-30 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Coates

(a) Residence No. 604 W. Conway St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Feb 13, 1895

7-AGE, 32 yrs. 11 mos. 26 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Calvert County Md

10-NAME OF FATHER, James Coates

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER Sophia Johnson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14-(Informant) James Coates

(Address) 636 W Conway St

15-Filed 1927 Registrar.

1926 CRAIG-JONES CO.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2/9/27

17-I HEREBY CERTIFY, That I attended deceased from Feb 5 1927 to Feb 9 1927

that I last saw him alive on Feb 9 1927

and that death occurred, on the date stated above, at 10:40 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Endocarditis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jno A. Crook M. D.

, 19 (Address) 501 W Hamburg St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, St Johns Cem DATE OF BURIAL, Feb 12 1927

20-UNDERTAKER, Cal Co Md ADDRESS 1127 Eutaw St

John H Toadvine

Spec.—1-12-23—M&T—500 Blks.

E 30421 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

57 E 30421

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 E 34th ST., 9-47 WARD)

2-FULL NAME Philip F Muenstein

(a) RESIDENCE NO. 512 E 34th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of or) WIFE of: Elizabeth Muenstein

7 DATE OF BIRTH (month, day, and year): Nov 9th 1848

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	3	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Shoe Merchant

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Mrs Elizabeth Muenstein

(Address): 512 E 34th St

Filed , 19 1928 Registrar: ELLISON JONES M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 4, 1928

17 I HEREBY CERTIFY, That I attended deceased from May 24, 1928, to July 4th, 1928, that I last saw him alive on July 4th, 1928 and that death occurred, on the date stated above, at 7.15 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Cerebral Hemorrhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary): Coma

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W Tolson, M. D.

July 10, 1928 (Address) 1 St. & Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery

DATE OF BURIAL: July 18 1928

20 UNDERTAKER: George Schilling & Sons

ADDRESS: 13-21 N Howard St

Spec.—1-12-23—M&T—500 Bks.

30422

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 30422

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1354 W. 41 St. 1357 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edith May Quarles

(a) RESIDENCE NO. 1354 W 141 ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. 2 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank J. Quarles

DATE OF BIRTH (month, day, and year) May 7-1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	9	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER William T. Easton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah E. Lusby

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Mr. Frank J. Quarles

(Address)

Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 10 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1927 to Feb. 10, 1928

that I last saw him alive on Feb 10, 1928

and that death occurred, on the date stated above, at 12 10 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) C. H. Jones M. D.

2/10, 1928 (Address) 320 N. Carey St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loraine Cemetary	Feb 13 1928
20 UNDERTAKER	ADDRESS
A S Marshall	3539 Fall Road

Spec.—1-10-21—M&T—1500 Bks.

30423

HEALTH DEPARTMENT—CITY OF BALTIMORE

30423

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Sq Hospital (16-22 WARD)

REGISTERED NO. 111-E

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Edith Holmes.

(a) RESIDENCE NO. 902 Wordsley St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White.

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Walter L Holmes

6 DATE OF BIRTH (month, day, and year): Feb 1-1888

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
40	—	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: Wm L Bold

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Pud Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

PARENTS

Informant: Walter L Holmes.

(Address): 902 Wordsley St.

1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-10-28 19

17

I HEREBY CERTIFY, That I attended deceased from 2-1-28, 19 . to 2-10-28, 19 .

that I last saw her alive on 2-10-28. 19

and that death occurred, on the date stated above, at 7 35 P. m.

The CAUSE OF DEATH* was as follows:

Generalized Peritonitis (Pelvic Origin).

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary): Myocardial Insufficiency

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? J

Did an operation precede death? yes. Date of 2-2-28.

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Cecil M. Hall, M. D.

, 19 (Address) Franklin Sq Hospt.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loraine Park Cemetery

DATE OF BURIAL: Feb 13 1928

20 UNDERTAKER: Bertram Gore

ADDRESS: 1723 N Fulton Ave

Cor.—12-9-25—A Co.—200 Bks.

E 30424

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30424

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

City of BALTIMORE: (No. 1017 S. Fremont Ave. St. 21-31 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Tyler. (C)

(a) RESIDENCE NO. 1017 S. Fremont Ave. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. 11 mos. 13 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	Colored	Married.

5a If married, widowed or divorced HUSBAND of (WIFE of) Catherine Tyler. (C)

6 DATE OF BIRTH (month, day, and year) February 13, 1892

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	35	11	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labofer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.

(State or country)

PARENTS

10 NAME OF FATHER Charles Tyler. (C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia.

12 MAIDEN NAME OF MOTHER Mary Jennings. (C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) A. A. Co. Md.

14 Informant Mary Tyler. (C) mother.

(Address) 1017 S. Fremont Ave.

15 Filed ..... 19 ..... Registrar

1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 8, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

Acute dilatation of the Heart.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. M. Reinhardt M. D.

(Coroner)

2/10 19 28 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial Feb 12 1928

20 UNDERTAKER James L. Wright ADDRESS 864 Mary

Cor.—12-9-25—A Co.—200 Bks.

E 30425

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-01 E 30425

1-PLACE OF DEATH

City of BALTIMORE: (No.) Hopkins Hospital (St.) P 2 S 1 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlotte Callery

(a) RESIDENCE NO. 130 W. 25th St (St.) (Ward)

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 12/28

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
			29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto., Md.

(State or country)

PARENTS

10 NAME OF FATHER Charles Callery

11 BIRTHPLACE OF FATHER (city or town) Balto., Md.

(State or country)

12 MAIDEN NAME OF MOTHER Pearl Moore

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md.

(State or country)

14 Informant Father Charles Callery

(Address) 130 W. 25th St.

15 1928 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10/28 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prematurity (Atelectasis)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. S. Cullen, M. D.
(Coroner)

2/10/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

New Cathedral Cemetery Oct. 11 1928

20 UNDERTAKER ADDRESS

George L. Schwab 1101 Buck. Ave.

Spec.—1-12-23—M&T—500 Blks.

E 30426 HEALTH DEPARTMENT—CITY OF BALTIMORE 001 E 30426

CERTIFICATE OF DEATH. 101

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1810 Orleans St. 6-4 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Reynolds

(a) RESIDENCE No 1810 Orleans ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of Tena Reynolds

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE: Years 46 Months Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teamster

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Moon Transfer Co.

9 BIRTHPLACE (city or town) (State or country) Balto, Md

10 NAME OF FATHER Geo. A. Reynolds

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Rebecca Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Tena Reynolds
(Address) 1810 Orleans St

Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 — 4 — 1928

17 I HEREBY CERTIFY, That I attended deceased from Feby 2 , 1928 , to Feby 8 , 1928 , that I last saw him alive on Feby 8 , 1928 , and that death occurred, on the date stated above, at 6 4. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. A. Hamalem, M. D.

2/10, 1928 (Address) 733 Aisquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Crm — DATE OF BURIAL: 2/11 1928

20 UNDERTAKER: Byron Wright — ADDRESS 1218 McCaldrin Av

Spec.—1-12-23—M&T—500 Blks.

E 30427

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 30427

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1603 Walker ST., 7-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Sisel

(a) RESIDENCE No. 1603 Walker ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1864

7 AGE: Years 64; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 0 10

9 BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: Frank Sisel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant: Rena Anderson

(Address) 1603 Walker St

Filed 1928, 19

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 8 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 19 27, to Feb 8, 19 28, that I last saw h alive on Feb 8, 19 28, and that death occurred, on the date stated above, at 8 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 1 yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

2-10 1928 Address 608 Lemmert

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Crem

DATE OF BURIAL: 2/11 1928

20 UNDERTAKER: Byron Wright

ADDRESS 1218 McElderry St

Spec. -7-17-26—A Co.—200 Bks.

E 30428

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124 E 30428

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1106 W. Saratoga St. 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John S. Kelly

(a) RESIDENCE NO. 1106 W. Saratoga St. 18 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 67 Months Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particolar kind of work: Retired

(b) General nature of indostry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Md

(State or country)

PARENTS

10 NAME OF FATHER John S. Kelly

11 BIRTHPLACE OF FATHER (City or town): "

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town): "

(State or country)

14 Informant: Albert Johnson

(Address) 1106 W. Saratoga

15 Filed C. HAMILTON JONES, M. D., Registrar

1526

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 9. 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1927 to Feby 9, 1928.

that I last saw him alive on Feb 9, 1928.

and that death occurred, on the date stated above, at 7.50 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac failure

Broncho Pneumonia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

Cholecystitis (duration) yrs. 4 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

2/10, 1928 (Address) 375 Fremont

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — Date of Burial: Feb 11 1928

20 UNDERTAKER: Chas C. Mitchell Sons — ADDRESS: 900 Eutaw

Spec.—1-12-23—M&T—500 Blks.

Attaway Turner Garner

E 30429

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 90

E 30429

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem. Hosp ST. 12-50 WARD)

2-FULL NAME Mrs ~~Richard H.~~ Garner

(a) RESIDENCE No. Calvert & 33rd ST. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married~~ Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: wife of Richard H. Garner

6 DATE OF BIRTH (month, day, and year): April 24, 1859

7 AGE: Years 68 | Months 9 | Days 17 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

10 NAME OF FATHER: John Turner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Dorothy Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: Roderick McThomas

(Address) 2743 Lt Gay [illegible]

Filed ..... 19 ..... HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 10 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 19, 19 28, to Feb 10, 19 28,

that I last saw h[illegible] alive on Feb 10, 19 28

and that death occurred, on the date stated above, at 10 30 A.M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Myocarditis (Duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Examination.

(Signed) Frank T. Morse, M. D.

, 19 (Address) Union Mem Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
All Saints Cem	Feb 13, 19
20 UNDERTAKER	ADDRESS
John O. Mitchell & Sons	1900 Eutaw Place

Spec.—1-12-23—M&T—500 Bks.

E 30430

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30430

CERTIFICATE OF DEATH.

162

REGISTERED NO. 15-23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 315 Woodyear ST. (WARD)

2-FULL NAME Baby (girl) Brown

(a) RESIDENCE NO. 315 Woodyear ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: black

5 Single, Married, Widowed, or Divorced, (write the word): ✓

If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

DATE OF BIRTH (month, day, and year) 2-9-'28.

AGE	Years	Months	Days	If LESS than 1 day 5 hrs. or — min.
	—	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ✓

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer: ✓

BIRTHPLACE (city or town) (State or country) Baltimore, Md. Md.

10 NAME OF FATHER William Henry Brown

11 BIRTHPLACE OF FATHER (city or town) Queen Anne's Co. (State or country) Md.

12 MAIDEN NAME OF MOTHER Jones

13 BIRTHPLACE OF MOTHER (city or town) Calvert Co. (State or country) Md.

Informant Eliza Jane Brown

(Address) 315 Woodyear St.

Filed 2-11 1928 C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-9-1928

17

I HEREBY CERTIFY, That I attended deceased from 2-7-, 1928, to 2-9, 1928

that I last saw h[illegible] alive on 2-7-, 1928.

and that death occurred, on the date stated above, at 10:00 P m.

The CAUSE OF DEATH* was as follows:

atelectasis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? NO Date of —

Was there an autopsy? NO

What test confirmed diagnosis? —

(Signed) M. Alexander Hooley M. D.

, 19 (Address) 1516 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cemetery

DATE OF BURIAL: 2/11 1928

20 UNDERTAKER: Thomas E Nelson

ADDRESS: 1303 Presstman St

Cor.—12-9-25—A Co.—200 Bks.

E 30431

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 E 30431

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St. 3-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Sampson

(a) RESIDENCE NO. 14 S.Bethel St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	sing

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 1/27

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		6	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Walter Kiser

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Rose Sampson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Harriet Good

(Address) 14 S. Bethel St

15 Filed 1928 C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8/28 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Acute Lober Pneumonia

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

(Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the state.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Asbury cemetery Feb 11 1928

20 UNDERTAKER Edward Bryan ADDRESS 631 orleans st

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30432

CERTIFICATE OF DEATH

11' 0361 ✓ E 30432

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 51 N. Caroline St. St. 6-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Jennings

(a) RESIDENCE NO. 51 N. Caroline St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Margaret Jennings

6 DATE OF BIRTH (month, day, and year) Feb 6 / 1871

7 AGE	Years	Months	Days	IF LESS than 1 day ___ hrs. or ___ min..
	37	—	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer in factory

(b) General nature of industry, business, or establishment in which employed (or employer) Nail factory

(c) Name of employer Eastern Steel & Barb Co.

9 BIRTHPLACE (city or town) Virginia

(State or country)

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Not known

14 Informant Margaret Jennings

(Address) 51 N Caroline St

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10 / 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 21, 1928, to Feb 10, 1928, that I last saw him alive on Feb 9, 1928, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) La Grippe

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) R. H. Eastwick, M. D.

, 19 (Address) 1514 E Balto St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Jennings ordinary — Date of Burial Feb 13 1928

20 UNDERTAKER Edward Bryan — ADDRESS 1631 Orleans St

Spec.—1-12-23—M&T—500 Blks.

E 30433

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 30433

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3009 St Paul ST. 12-50 (WARD)

2-FULL NAME Rose Dorsey Nicholson

(a) RESIDENCE NO. 3009 St. Paul ST. 12 WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 63 yrs. 8 mos. 23 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles A. Nicholson

6 DATE OF BIRTH (month, day, and year) May-17-1864

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
63	8	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Howard Co. Maryland.

10 NAME OF FATHER John R. Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard Co. Maryland.

12 MAIDEN NAME OF MOTHER Eveline Whalen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard Co. Maryland.

Informant Wm. T. Nicholson-(son)

(Address) 3009 St. Paul St. City

Filed 1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 9 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 9 1927 to Feb 9 1928.

that I last saw h[illegible] alive on Feb 9 1928

and that death occurred, on the date stated above, at 12 p. m.

The CAUSE OF DEATH* was as follows:

Cancer of liver

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cachexia + cardiac weakness (duration) yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Julius Friedenwald, M. D.

19 (Address) 1213 St Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery DATE OF BURIAL Feb 11 1928

20 UNDERTAKER Stewart Memorial ADDRESS Balto.

Spec.—1-12-23—M&T—500 Blks.

30434

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30434

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 420-E-North Ave. St.) 12-19 (WARD) 18

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Beach McCarriar

(a) RESIDENCE NO. 420-E-North Ave ST. WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 7 mos. 22 ds. How long in U. S., if of foreign birth? 65 yrs. 7 mos. 22 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Helen E. L. McCarriar

6 DATE OF BIRTH (month, day, and year): June 18 1862

7 AGE — Years: 65 Months: 7 Days: 22 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sign Painter

(b) General nature of industry, business, or establishment in which employed (or employer): Sign Painting

(c) Name of employer: Self.

BIRTHPLACE (city or town) (State or country): Baltimore, Maryland.

10 NAME OF FATHER: James McCarriar

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Maryland.

12 MAIDEN NAME OF MOTHER: Martha Beach

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Maryland.

Informant (Address): Mrs Helen E L McCarriar wife 420-E-North Ave. City

Filed 1928 G. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 9, 1928

17

I HEREBY CERTIFY, That I attended deceased from June, 1926, to July 8, 1928, that I last saw h[illegible] alive on July 8, 1928 and that death occurred, on the date stated above, at 5.30 a. m.

The CAUSE OF DEATH* was as follows:

Softening of the brain (?) Cause unknown,

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary): Epilepsy.

(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? No

(Signed) Hugh Forsythe, M. D.

7-9, 1928 (Address) 424 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: July 11 1928

20 UNDERTAKER: Stewart Mortuary Co. — ADDRESS: Balto.

Cor.—12-9-25—A Co.—200 Bks.

E 30435

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30435

CERTIFICATE OF DEATH.

1-PLACE OF DEATH B. & O. R. R. tracks

City of BALTIMORE: (No.) Ostend & Scott Sts (Ward) 21-29

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eva Wiegand.

(a) RESIDENCE NO. 745 Alpaca Court. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. ---- How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female.	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	41	----------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Catherine Wiegand.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany.

14 Informant Lottie Frizzell. (aunt)

(Address) 770 McHenry St

15 Filed 1928 C. HAMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 9, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of the skull and internal injuries, struck by a B. & O. R. R. train. Occidental death.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) Chas. L. Leonhardt M. D.
(Coroner)

2/11 1928 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — Date of Burial 2/11/1928

20 UNDERTAKER John J. Connelly — ADDRESS Essex

Spec.—12-9-25—A Co.—200 Bks.

E 30436

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30436

CERTIFICATE OF DEATH.

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. 2010 Jefferson St. 6-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Joseph Schmidt

(a) RESIDENCE NO. 2010 Jefferson St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Clara Schmidt

6 DATE OF BIRTH (month, day, and year) April 22-1869

7 AGE: Years 58 | Months 8 | Days 18 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stockman

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer 0

9 BIRTHPLACE (city or town) Davis Md

(State or country)

PARENTS

10 NAME OF FATHER Jos. F. Schmidt

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Endres

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Germany

14 Informant Clara Schmidt

(Address) 2010 Jefferson

15 Filed _____ 19 _____ C. HAMPSON JONES M. D. Registrar

1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 8 1928, to Feb 9 1928,

that I last saw h[illegible] alive on Feb 9 1928,

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows: Angina Pectoris

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) Syncope

(duration) _____ yrs. _____ mos. 1 ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Edward Abbott M. D.

2/10 1928 (Address) 463 Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial 2/13 1928

20 UNDERTAKER Philip Herwig — ADDRESS 206 Orleans

Cor.—12-9-25—A Co.—200 Bks.

E 30437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-005

E 30437

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital 12-50 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Tucker

(a) RESIDENCE NO. 408 Worsley St

(Usual place of abode)

St._____ Ward_____

(If non-resident give city or town and State)

Length of residence in city or town where death occurred / yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Tucker

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	38			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer: Fuller Co Va

9 BIRTHPLACE (city or town)_____

(State or country): Vernon Hill, Va.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country): Va

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country): Va

14 Informant: Wife

(Address) 408 Worsley St

15 Filed 1928 C. HAMPSON LEWIS, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7/28 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Autopsy)

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary)_____

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) H. H. Bell (Coroner) M. D.

2/11/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?_____

Former or usual residence_____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Lebanon Date of Burial: Feb. 11, 1928

20 UNDERTAKER: Mrs R. A. Elliott ADDRESS 1725 Eastern Ave

Co.—11-[illegible] & Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30438

CERTIFICATE OF DEATH.

100-601

E 30438

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 203 S-Dallas St. 3-4 (Ward)

2-FULL NAME Maud Johnson

(a) RESIDENCE NO. 203-S-Dallas St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 Color or Race: C.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 38; Months; Days; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Md.

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Unknown

PARENTS

14 Informant: Mary Johnson

(Address) 203 S. Dallas St.

Jan 1928 C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchs Pneumonia

(Duration) 4 yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 1 ds.

Jan 10 1928 (Signed) G. H. Jones M. D.

(Address) 1437 W. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary Date of Burial: Jan. 12, 1928

20 UNDERTAKER: Mrs. R. G. Elliott ADDRESS 1125 Ashland Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30439 E 30439

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital St. 14-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Mary W. Halladay

(a) RESIDENCE NO. Acton, Annapolis Md. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 16, 1864

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
63	10	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work... Registered Nurse.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Spotsylvania County
(State or country) Va.

10 NAME OF FATHER Mr. William Halladay

11 BIRTHPLACE OF FATHER (city or town) Spotsylvania Co.
(State or country) Va.

12 MAIDEN NAME OF MOTHER Mary E. Lawrence

13 BIRTHPLACE OF MOTHER (city or town) Caroline
(State or country) County Va.

Informant William Meade Halladay
(Address) Acton Annapolis Md.

Filed [illegible] 19 C. HAMPSON JONES, M. D.
1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 11 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1 1928 to Feb. 11 1928, that I last saw her alive on Feb. 11 1928, and that death occurred, on the date stated above, at 8:15 a.m.

The CAUSE OF DEATH* was as follows:

Angina pectoris

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) Unknown

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Francis H. Langley, M. D.

19 (Address) Woman's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Annapolis Md.

DATE OF BURIAL Feb. 11 1928

20 UNDERTAKER Jas. D. Taylor & Sons.

ADDRESS Annapolis Md.

Spec.—1-12-23—M&T—500 Blks.

E 30440

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30440

CERTIFICATE OF DEATH.

21

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 210 Wyman Ave WARD) 17-51

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph H Ross

(a) RESIDENCE NO. 210 Wyman Ave ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred 66 yrs. 7 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Ross

6 DATE OF BIRTH (month, day, and year): June 17, 1861

7 AGE — Years: 66 — Months: 7 — Days: 24 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tobacco Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer: Morgan & Millard

9 BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: Charles Ross

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Georgania Peary

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

PARENTS

14 Informant: Wife Annie Ross
(Address) 210 Wyman Ave

15 1928 — HAMILTON JONES, M. D. — 19 Feb 13 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 10th 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 31st, 1928, to Feb 10th, 1928, that I last saw h[illegible] alive on Feb 10th, 1928, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH was as follows:
Empyelitis (Facial)

CONTRIBUTORY (Secondary) Exhaustion (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Hamilton Jones M. D.

(Address) 1611 N. 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem. — DATE OF BURIAL: Feb 15 1928

20 UNDERTAKER: Howard Evans — ADDRESS: 20 E Fort

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30441

CERTIFICATE OF DEATH.

E 30441

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital St. 11-24 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Matilda Hussey

(a) RESIDENCE NO. 1212 Howard St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Watson Hussey

6 DATE OF BIRTH (month, day, and year): July 4 1890

7 AGE: Years 37 Months 7 Days 4 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (City or town): Laurel St.

(State or country): Del.

PARENTS

10 NAME OF FATHER: Kirkham Perkins

11 BIRTHPLACE OF FATHER (City or town):

(State or country): S. C.

12 MAIDEN NAME OF MOTHER: Minnie Hall

13 BIRTHPLACE OF MOTHER (City or town):

(State or country): S. C.

14 Informant: Watson Hussey

(Address): 1212 Howard St

15 Filed: C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 8 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Coroner, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Laceration Abscess

(duration) yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary) Obstruction

(duration) yrs. mos. 1 ds.

(Signed) J. C. Bates M. D.

(Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem Date of Burial 2/11/28

20 UNDERTAKER: Samuel Hursey ADDRESS: 2[illegible] Bills

Spec.—1-12-23—M&T—500 Bks.

E 30442

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30442

CERTIFICATE OF DEATH.

84

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1032 Argyle Ave ST. 17-24 WARD)

2-FULL NAME Alice Brown

(a) RESIDENCE No. 1032 Argyle Ave ST. - WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 7. 1870

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
57	9	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer 0

BIRTHPLACE (city or town) (State or country) Essex Va

10 NAME OF FATHER Peter Richards

11 BIRTHPLACE OF FATHER (city or town) (State or country) Essex Va

12 MAIDEN NAME OF MOTHER Fannie Byrd

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Essex Va

Informant Eva Saunders

(Address) 617 N. Hoffman St.

Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5. 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 22. 1928 to Feb 5 1928,

that I last saw her alive on Feb 8th 1928,

and that death occurred, on the date stated above, at 9:30 P m.

The CAUSE OF DEATH* was as follows: Angina Pectoris

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Don't know of any

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) X- Lee Ellis, M. D.

2/10, 1928 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Mt. Auburn Cem 2/11 1928

20 UNDERTAKER — ADDRESS

Samuel Herndon Jr Baltimore

Spec.—1-12-23—M&T—500 Blks.

E 30443

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 30443

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Home for Incurables ST. 13-52 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Lucy C. Barret

(a) RESIDENCE NO. Home for Incurables ST. 40th St. WARD (If non-resident give city or town and State) Ceda- Cue Balto

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July ? 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76-	6 ?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va-

PARENTS

10 NAME OF FATHER Wm. T. Barret

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Home for Incurables (Name) (Address) 40th & Cedar Ave

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 11th 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan - 1920, to Feb 11th 1928, that I last saw her alive on Feb 10 - 1928 and that death occurred, on the date stated above, at 2-20 A m.

The CAUSE OF DEATH* was as follows:

Acute Parenchymatous Nephritis

(duration) - yrs. - mos. 10 ds.

CONTRIBUTORY (Secondary) Arebral Hemorrhage with Contractures (duration) 8 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) Wm B Mayo - M. D.

2/11, 1928 (Address) Medical Arts Building

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Richmond. Va

DATE OF BURIAL Feb 11 1928

20 UNDERTAKER Wm J Jackson Son

ADDRESS 1st Calvert

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30444

CERTIFICATE OF DEATH.

31 E 30444

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1025 Madison Ave St. 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Henry

(a) RESIDENCE NO. 1025 Madison Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ellen Henry

6 DATE OF BIRTH (month, day and year): March, 28— 1901

7 AGE: Years 27 Months 10 Days 9 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town): Lynchburg Va

(State or country)

PARENTS

10 NAME OF FATHER: Wm Henry

11 BIRTHPLACE OF FATHER (city or town): Va

(State or country)

12 MAIDEN NAME OF MOTHER: Horace Sallie

13 BIRTHPLACE OF MOTHER (city or town): Va

(State or country)

14 Informant: Ellen Henry

(Address) 1025 Madison Ave

Filed DEC 12 1925 HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 9- 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pul TB

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 1 ds.

(Signed) W. C. Harris M. D.

(Coroner)

19 (Address) 143 W Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Lynchburg Va Date of Burial 2/11/25

UNDERTAKER: Edward Wesley Biddle ADDRESS 17 E

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

62

E 30445

CERTIFICATE OF DEATH

E 30445

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 116 S Chester St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie D Chamberlain

(a) RESIDENCE NO. 715 S Bolington Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
F	W	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 9 1928

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min..
		1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto

(State or country)

PARENTS

10 NAME OF FATHER George H

11 BIRTHPLACE OF FATHER (City or town) Balto

(State or country)

12 MAIDEN NAME OF MOTHER Matilda Sutzard

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country)

14 Informant George Chamberlain

(Address) 116 S Chester

15 Filed FEB 12 1928 19 C. Harrison Jones M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 10 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1928, to Feb 10, 1928, that I last saw h[illegible] alive on Feb. 10, 1928, and that death occurred, on the date stated above, at 8 15 P. m.

The CAUSE OF DEATH* was as follows:

Enlarged Thymus

(Causing asphyxiation)

(duration) — yrs. 1 mos. — ds.

CONTRIBUTORY —

(Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Israel Douglas M. D.

Feb. 1928. (Address) 700 E. Pratt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Holy Redeemer Cem Feb 12 1928

20 UNDERTAKER — ADDRESS

Windell Diffpel & Son 37 S Amer St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30446

CERTIFICATE OF DEATH.

100-001 E 30446

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 Rutland Ave ST 8-17 WARD)

2-FULL NAME Thomas J. Bishop

(a) RESIDENCE NO. 1705 Rutland Ave ST, WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widow

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Annie L Bishop

6 DATE OF BIRTH (month, day, and year) apr 16-1840

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	87	9	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Telegrapher

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

BIRTHPLACE (city or town) Baltimore (State or country) Md

10 NAME OF FATHER Nicholas Bishop

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Levi

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

Informant Walter Bishop

(Address) 3513 Eden Place, Md.

Filed 12 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1928, to Feb 11 1928, that I last saw him alive on Feb 10th 1928

and that death occurred, on the date stated above, at no

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. W. Mayson, M. D.

, 19 (Address) 827 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Feb 13 1928

20 UNDERTAKER Robt J Turner — ADDRESS 1442 Broadway

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30447

CERTIFICATE OF DEATH.

1929 E 30447

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St. 6-10 WARD)

2-FULL NAME Theresa Earle

(a) RESIDENCE NO. 206 N. Milton Ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 31 1867

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
60	5	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER George Steinberger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germ.

12 MAIDEN NAME OF MOTHER Theresa Weitzelberger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germ.

Informant Margaret Lochner

(Address) 206 N. Milton ave,

Filed 12 1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-10 1928.

17

I HEREBY CERTIFY, That I attended deceased from 2-8-28, 19 , to 2-10-28,

that I last saw h alive on 2-10-28, 19

and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

embrane (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Carbuncle

Myocarditis failure (duration) yrs. 13 mos. 4 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys. findings

(Signed) Fred Schubert, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem.	Feb. 13 1928
20 UNDERTAKER	ADDRESS
Jos. J. Kerr & Son	156 W. Lanvale

Cor.—12-9-25—A Co.—200 Bks.

E 30448

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

188-009 E 30448

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital S. 6-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Elmer Vavrina

(a) RESIDENCE NO. 10 N. Milton Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 1/1915

7 AGE	Years	Months 7	Days	IF LESS than 1 day ...hrs. or ...min.
	12	6	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pupil

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Frank Vavrina

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Florenc E. Healy

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Father

(Address)

15 Date 8 12 1928 Signature H. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Meningitis- Orbital Abcess (Accidently struck in rt eye by sled while coastingin patterson Park Feb 4/28 (duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) (duration) ...yrs. ...mos. ...ds.

(Signed) J. S. K. Watts M. D. (Coroner)

2/11/28 (Address) 508 E. Borth Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. Date of Burial Feb. 13 1928

20 UNDERTAKER J. J. Berrabon ADDRESS 150 N. Luzerne

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

30449

CERTIFICATE OF DEATH.

202 E 30449

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2034 Cecil Ave St., 9-18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred Woodcock

(a) RESIDENCE NO. 2034 Cecil Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 14/1927

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		5	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Wbrtha Woodvevk

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Bertha D. Martin

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant Father

(Address)

FEB 17 1928 Filed

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10-28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Strangulation- Accidently caught in bed frame.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. J. Price, M. D.

(Coroner)

2/11/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. Date of Burial Feb 13 1928

20 UNDERTAKER Harry W. Ehlen ADDRESS 1944 W. Northam

Spec.—1-12-23—M&T—500 Blks.

E 30450 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 30450

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. monument ST. 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Simon Bark

(a) RESIDENCE NO. 291 N Exeter st ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida Bark

6 DATE OF BIRTH (month, day, and year): 12-24-1885

7 AGE: Years 42 Months 1 Days 17 If LESS than 1 day, hrs. or min. 16

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer): O&O

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Russia

10 NAME OF FATHER: Morris Bark

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Lena Mack

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

Informant: Ida Bark

(Address): 291 N Exeter St

Filed 12 1928 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-10 1928.

17

I HEREBY CERTIFY, That I attended deceased from 1-28, 19 28, to 2-10, 19 28.

that I last saw h alive on 2-10, 19 28

and that death occurred, on the date stated above, at 11 20 A.M.

The CAUSE OF DEATH* was as follows:

Subacute Endocarditis

Mitral Insufficiency

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Dr. J. Cohen M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Nehrun Int Carmel

DATE OF BURIAL: 2/12 1928

20 UNDERTAKER: Jack Lewis 1439 E Balt St

ADDRESS

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30451 ✓ E 30451

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. 15-21 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Kligman

(a) RESIDENCE No. 1620 N. Monroe ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Morris Kligman

6 DATE OF BIRTH (month, day, and year):

7 AGE — Years: 67 — Months: — Days: — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

37

9 BIRTHPLACE (city or town) (State or country): Russia

10 NAME OF FATHER: Morris Kligman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Minkin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

Informant (Address): Jack Louis 1439 Eutaw St

Filed DEC 12 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 11 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1927, to Feb. 11, 1928, that I last saw h alive on Feb 11, 1928 and that death occurred, on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Esophagus

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary): Chronic Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1/11/28

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Sol J. Fauburg, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rogedale

DATE OF BURIAL: 2/13 1928

20 UNDERTAKER: Jack Louis 1439 Eutaw St

ADDRESS

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30452

CERTIFICATE OF DEATH.

E 30452

101

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815 Linden ave ST. 14-20 WARD)

2-FULL NAME David Sagel

(a) RESIDENCE NO. 1815 Linden ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lillian Sagel

6 DATE OF BIRTH (month, day, and year):

7 AGE: Years 63 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cement Worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Russia

10 NAME OF FATHER: Abraham Sagel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Cohen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

Informant: Jack Lewis

(Address): 1439 Eutaw St

Filed: 2 1928 H. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/11 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan - 28 - 1928, to Feb - 11 - 1928, that I last saw him alive on Feb - 11 - 1928, and that death occurred, on the date stated above, at 9.15 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary): Myocardial insufficiency

(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Herman Seidel, M. D.

Feb 11 1928 (Address) 2404 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale — DATE OF BURIAL: 2/13 1928

20 UNDERTAKER: Jack Lewis 1439 Eutaw St — ADDRESS

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 30453

22-001

E 30453

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 917 E. Central Ave. Ward 10-14)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Gross

(a) RESIDENCE NO. 917 E. Central Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emil Gross.

6 DATE OF BIRTH (month, day, and year): Aug 21 st 1871

7 AGE: 56 Years 5 Months 19 Days. If LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Ireland.

PARENTS

10 NAME OF FATHER: Harry King

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Mary Durkin

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Ireland.

14 Informant: Emil Gross.

(Address): 917 E. Central Ave

Filed 12 1928 19 H. HANSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 10 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 15 1927 to Sept 10 1928, that I last saw h[illegible] alive on Sept 10 1928, and that death occurred, on the date stated above, at 10:30 A m.

The CAUSE OF DEATH* was as follows:

Cirrhosis Liver Disease

Coronary Thrombosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Dropsy

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [signature] M. D.

Sept 10 1928 (Address) 1801 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. Date of Burial: Sept 14 1928

20 UNDERTAKER: Frank A Fink ADDRESS: 916 Eutaw

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30454

CERTIFICATE OF DEATH. No. 129

E 30454

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 664 Lanvale ST. 4-25 WARD

2-FULL NAME Lonia Green

(a) RESIDENCE NO. 664 Lanvale ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
44			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 037

BIRTHPLACE (city or town) (State or country) ~~Balt~~ Va.

10 NAME OF FATHER ~~Bill~~ known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER ~~Bell~~ Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Ella Green

(Address) 664 Saratoga St

Filed 19 HARRISON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 1 1921 to Feb 10 1928

that I last saw her alive on Feb 10 1928

and that death occurred, on the date stated above, at 3.00 m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) R. Arnold Magruder M. D.

(Address) 1176 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL Feb 13 1928

20 UNDERTAKER Daniel Easton — ADDRESS 916 Pa ave

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30455

E 30455

CERTIFICATE OF DEATH.

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) 1427 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Ridout

(a) RESIDENCE No. 521 N. Vincent st. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1903

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
25			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown O.H.O

(c) Name of employer Unknown

BIRTHPLACE (city or town) (State or country) Washington D.C.

10 NAME OF FATHER William Ridout

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Hospital Records

(Address)

Filed FEB 12 1928 H. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 6, 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1927, to Feb. 6, 1928, that I last saw h im alive on Feb. 6, 1928 and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) since Nov 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes Physical & Lab.

What test confirmed diagnosis?

(Signed) L. F. Mueller, M. D.

2-6-1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem | DATE OF BURIAL Feb 13 1928

20 UNDERTAKER Daniel Easton's | ADDRESS 916 Ga ave

Spec.—1-12-23—M&T—500 Blks.

E 30456

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

E 30456

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1513 Riverside Ave ST. 24-34 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Laugerman

(a) RESIDENCE NO. 1513 Riverside Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John C. Laugerman

6 DATE OF BIRTH (month, day, and year) Feb. 26 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	60	11	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick Md.

PARENTS

10 NAME OF FATHER John Bennett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Nannie Krause

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant John C. Laugerman (Address) 1513 Riverside Ave

15 Filed 3 12 1928 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 2 1928 to Feb 10 1928 that I last saw h[illegible] alive on Feb 10 1928 and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis with Hypertension (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs.

(Signed) Sidney H. Streett M. D.

2/11 1928 (Address) 440 E Fort ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem. Frederick Md.

DATE OF BURIAL 2/13 1928

20 UNDERTAKER J. Fred McCully

ADDRESS 1306 E. Fort

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30457

CERTIFICATE OF DEATH.

49 E 30457

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) 21-29 (Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Edward Duvall, Jr

(a) RESIDENCE No. 1241 Carroll st. St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred ~~Unknown~~ 41 3 mos. 13 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) ~~1855~~ Oct. 28-1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
40 ~~41~~	41	3	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

0 40

9 BIRTHPLACE (city or town) Balto. (State or country) Maryland

10 NAME OF FATHER Chas. E. Duvall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Sewell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

Informant Hospital Records

(Address)

Filed FEB 12 1929 C. H. Reed Jones M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 11, 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1928, to Feb. 11, 1928,

that I last saw him alive on Feb. 11, 1928

and that death occurred, on the date stated above, at 5.30 A. m.

The CAUSE OF DEATH* was as follows:

Malignancy of Pleura (Probable Endothelioma)

duration yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency (duration) Chronic

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) L. G. Madden, M. D.

2-11-28 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem

DATE OF BURIAL Feb 13 1928

UNDERTAKER Wm. J. Tickner & Sons

ADDRESS N. & Pa

Spec.—12-9-25—A Co.—200 Blks.

E 30458 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30458

CERTIFICATE OF DEATH.

89

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 7930 Baker St 16-67 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Woolf

(a) RESIDENCE NO. 7930 Baker St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. 11 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura P. Woolf

6 DATE OF BIRTH (month, day, and year) February 16-1863

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	64	11	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) RR 030

(c) Name of employer B-O RR Co

9 BIRTHPLACE (city or town)

(State or country) Baltimore. Md

PARENTS

10 NAME OF FATHER Jos M Woolf

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore. Md

12 MAIDEN NAME OF MOTHER Mary A. ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore. Md

14 Informant Mrs Laura P. Woolf

(Address) 7930 Baker St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) ~~Feb 11th 1928~~

February 11th 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 4th 1928, to Feb 11th 1928, that I last saw ~~him~~ alive on Feb 11th 1928, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Angina

(Signed) J. H. K. Tucker, M. D.

2/11, 1928 (Address) 3421 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Emory Chapel. Cemetery Co, Md Feb 13, 1928

20 UNDERTAKER J. M. J. Tucker & Sons ADDRESS 2 Fa Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30459

CERTIFICATE OF DEATH.

E 30459

REGISTERED NO. 29

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2706 W. Fairmount Ave. (St.) 70-69 (WARD)

2-FULL NAME Mary Catherine Strickler

(a) RESIDENCE NO. 2706 W. Fairmount Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. 3 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of John E. Strickler

6 DATE OF BIRTH (month, day, and year) Nov. 2 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	69	3	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore City Md.
(State or country)

PARENTS

10 NAME OF FATHER John Poulton

11 BIRTHPLACE OF FATHER (city or town) City
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) City
(State or country)

14 Informant Mrs. George Clarke
(Address) 2706 W. Fairmount Ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 10 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov 11, 1927, to Feb 10, 1928, that I last saw h alive on Feb 10, 1928 and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) [illegible], M. D.

2/12, 19 28 (Address) 524 Fallsway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park — DATE OF BURIAL Feb 13 1928

20 UNDERTAKER [illegible] — ADDRESS North Ave

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30460

CERTIFICATE OF DEATH.

90 E 30460

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Dam Hospital to 103 W. 39th St. (or) WARD 49

2-FULL NAME Ella J. Wynn

(a) RESIDENCE NO. 103 W. 39th St. WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 4 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Theodore N. Wynn

6 DATE OF BIRTH (month, day, and year): June 25 1850

7 AGE — Years: 77 — Months: 7 — Days: 17 — If LESS than 1 day, hrs. or min.: 16

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Phila Pa

PARENTS

10 NAME OF FATHER: Fredk. Spalding
11 BIRTHPLACE OF FATHER (city or town) (State or country): Phila Pa
12 MAIDEN NAME OF MOTHER: Catherine Purdine
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Phila

14 Informant: Mr. Horace S. Wynn
(Address) 103 W. 39th St.

15 Filed FEB 17 1928 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 11 1928

17 I HEREBY CERTIFY, That I attended deceased from October 1923, to Feb 11th 1928, that I last saw h.. alive on Feb 11th 1928, and that death occurred, on the date stated above, at 4:10 P m.

The CAUSE OF DEATH* was as follows:
Acute cardiac dilatation
Pulmonary Oedema

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Myocardial Pumping and other chronic (duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) Jas Dalton M. D.

Feb 17 1928 (Address) 300 N Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Hill Cem. Phila — DATE OF BURIAL: Feb 13 1928

20 UNDERTAKER: Wm. J. Fickus & Sons — ADDRESS: North & Pa

Spec.—1-12-23—M&T—500 Bks.

E 30461 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30461

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Home for Incurables ST. 1352 (WARD) 23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Myrtle Babel Robinson and

(a) RESIDENCE NO. Home for Incurables ST., Cedar Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not married

6 DATE OF BIRTH (month, day, and year) Nov. 9, 1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER George Robinson

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Maryland

12 MAIDEN NAME OF MOTHER Susie Kerchner

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Maryland

14 Informant Mrs Robinson (Address) Owings Mills, Md.

15 Filed FEB 12 1928 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 11 1928

17 I HEREBY CERTIFY, That I attended deceased from December 1927 to February 11 1928, that I last saw her alive on Feby 11 1928, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Progressive Muscular-Neural Involvement of undetermined origin (Diagnosis made at Phipps Psychiatric Clinic) 2 yrs. — mos — ds.

(Duration)

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Exams.

(Signed) [illegible] Mayo, M. D.

2/11, 1928 (Address) Medical Arts Building

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Stone Chapel Cem	Feb 14 1928
20 UNDERTAKER	ADDRESS
Wm Fleckner Sons	North St

Spec.–7-17-26—A Co.—200 Bks.

E 30462

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-002 E 30462

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1025 N. Calvert St St. 11-15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hannah Catherine Maslin

(a) RESIDENCE NO. 1025 N. Calvert St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 0 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John C.H. Maslin

6 DATE OF BIRTH (month, day, and year) Nov. 21- 1848

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min..
	79	2	20 10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) ? ? ?

(State or country) Delaware Pa.

PARENTS

10 NAME OF FATHER George Ball

11 BIRTHPLACE OF FATHER (City or town) ? ?

(State or country) Delaware Pa.

12 MAIDEN NAME OF MOTHER Rachel Farris

13 BIRTHPLACE OF MOTHER (city or town) ? ?

(State or country) Delaware Pa.

14 Informant Mrs W.S Gardner (Daughter)

(Address) 1025 N. Calvert St

Filed FEB 12 1928 James M. Lewis M.D. Registrar

By Paul

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11- 1928 19

17 I HEREBY CERTIFY, That I attended deceased from Jan 20 28, to Feb 11 28,

that I last saw h[er] alive on Feb 9 28,

and that death occurred, on the date stated above, at 4.45 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Sclerosis +

General arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. mos 1 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys Exam

(Signed) H. W. Logan, M. D.

Feb 11, 1928 (Address) 1203 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chestertown Md. Date of Burial Feb 19 28

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM E. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE.

Very important. See instructions on back of certificates. Duplicate of OCCUPATION 18

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30463

CERTIFICATE OF DEATH.

E 30463

REGISTERED NO. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3409 Cedar ave ST. 43-52 WARD)

2-FULL NAME Elwood H Stiffler

(a) RESIDENCE NO. 3409 Cedar ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Child

6 DATE OF BIRTH (month, day, and year): June 15 1927

7 AGE: Years — Months 7 — Days 26 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Harry E Stiffler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Monte Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Harry E Stiffler (Address) 3409 Cedar ave

Filed 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 11 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1 1928 to Feb 11 1928

that I last saw h alive on Feb 11 1928

and that death occurred, on the date stated above, at 12-50 p.m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(Duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Thymus Gland Disease

(Duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Chest x-ray

(Signed) C. T. Chamberlain M. D.

2/11 1928 (Address) 3701 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys-Hampden — DATE OF BURIAL: Feb 13 1928

20 UNDERTAKER: Chenoweth & Son — ADDRESS: 3615 Chestnut ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

30464

CERTIFICATE OF DEATH.

11-002

E 30464

1-PLACE OF DEATH Sisters of Good Shepherd. REGISTERED NO.

CITY OF BALTIMORE: (No. Mount & Hollins ST. 19-28 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sister Mary of St Kenefick

(a) RESIDENCE NO. Maunt & Holling ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nun -

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER Francis Kleyle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa. Not Known.

12 MAIDEN NAME OF MOTHER Genevieve Borchel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Sisters of Good Shepherd (Address) Mount & Holling St.

15 Filed Feb 15 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10th 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 13th, 1928, to Feb 9th, 1928, that I last saw h-r alive on Feb 1st, 1928, and that death occurred, on the date stated above, at 12 45 a m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

Myocardial Insufficiency.

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Post influenzal condition

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Hyst & symptoms

(Signed) L. A. Shotland, M. D.

Feb 10th 1928 (Address) 130 W Cath st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL 2/13/1928

20 UNDERTAKER John J Poheop & Sons.

ADDRESS 318 Light

Spec.—1-12-23—M&T—500 Blks.

Foos ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30465

CERTIFICATE OF DEATH.

90 E 30465

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5223 York Road ST. 47-48 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward A. Foos

(a) RESIDENCE NO. 5223 York Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. 0 mos. 7 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara G. Hintenach

6 DATE OF BIRTH (month, day, and year) Feb. 4, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	53	0	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Fuel Agent

(b) General nature of industry, business, or establishment in which employed (or employer) 0/2

(c) Name of employer B. & O. Railroad

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Thomas Foos

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Jane Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Barbara G. Foos

(Address) 5223 York Road

15 Filed 3 12 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 11 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 5, 1927, to Feb. 11, 1928, that I last saw h[illegible] alive on Feb. 11, 1928 and that death occurred, on the date stated above, at 11 30 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) — yrs. 10 mos — ds.

CONTRIBUTORY (Secondary) ? Embolism, cardiac } sudden death
? Cardiac dilatation, acute }

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Autopsy for confirmation

(Signed) John Tillen Howard M. D.

, 19 (Address) 120 E. Eager St. (Office) 1311 N. Calvert St. (Home)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: 2/14 19 28

20 UNDERTAKER: Henry U. Mears — ADDRESS: Sons N. Calvert

Spec. 7-17-26 A Co.—200 Bks.

E 30466

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8 7 E 30466

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3110 North Calvert Street, St. 12-50 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Matilde de Carbo

(a) RESIDENCE NO. 3110 North Calvert Street St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? 10 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Luis Felipe Carbo

6 DATE OF BIRTH (month, day, and year) June 29th. 1861

7 AGE	Years	Months	Days
	66	7	13

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Ecuador S.A.

(State or country)

PARENTS

10 NAME OF FATHER Ignacio Noboa

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Ecuador S.A.

12 MAIDEN NAME OF MOTHER Mariana Carbo

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ecuador S.A.

14 Informant Mrs. Willis R. Jones

(Address) 853 W. University Parkway

15 Filed FEB 12 1928 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 11th 1928

17 I HEREBY CERTIFY, That I attended deceased from ..... 19 24 to 2/11 19 28

that I last saw her alive on 2/11 19 28

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Paraplegia Agitans

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) [illegible] M. D.

2/11 19 28 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Mt. Olivet Cemetery Wash. D.C. 2/13/28 19

20 UNDERTAKER — ADDRESS

Chas. R. Braun & Son 1118 W. Fayette Ave.

Instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30467

100-001

CERTIFICATE OF DEATH.

REGISTERED NO. E 30467

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. 16-23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robt. Gordon Ayers

(a) RESIDENCE NO. 1113 Winchester St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 2/1926

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	1	2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Thos. Ayers

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Matilda Jones

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Penna

14 Informant Father

(Address)

15 Filed FEB 13 1928 HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

(Autopsy at Hopkins)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Ritter M. D.
(Coroner)

2/11/28 (Address) 508 E. NOrth Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery Date of Burial 2/12 1928

20 UNDERTAKER Thomas E. Kelson ADDRESS 1303 Pressman St

Special 1-10-2h 1500 Bks.

E 30468

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30468

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 733 N. Fulton Ave. St. 16-22 WARD)

2-FULL NAME Robert H. Gray

(a) RESIDENCE NO. 733 N. Fulton Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harriet B. Gray

6 DATE OF BIRTH (month, day, and year) Dec. 18, 1865

7 AGE	Years	Months	Days 21	If LESS than 1 day, hrs. or min.
	62	1	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Coffee Roaster

(b) General nature of industry, business, or establishment in which employed (or employer) 816

(c) Name of employer C. D. Kenny Co.

9 BIRTHPLACE (city or town) Port Royal

(State or country) Virginia

PARENTS

10 NAME OF FATHER William H. Gray

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER E. Long

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia

14 Informant Mrs. Harriet B. Gray

(Address) 733 N. Fulton Avenue

15 Filed 1 2 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 9 19 28

17 I HEREBY CERTIFY, That I attended deceased from Feb 8 1928 to Feb 9 1928.

that I last saw him alive on Feb 9 1928.

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of Heart.

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Acute indigestion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Maurice Block M. D.

2/10/28 (Address) 806 N. Fulton Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Feb 13 19 28

20 UNDERTAKER Joseph B Cook

ADDRESS 1003 West Baltimore St

Spec.—12-6-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30469

CERTIFICATE OF DEATH.

89 V

REGISTERED NO. E 30469

1-PLACE OF DEATH

City of BALTIMORE: (No. 4006 Belle ave St. 15-63 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward E. Mackenzie M.D.

(a) RESIDENCE NO. 4006 Belle ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. V mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Cora L. Mackenzie

6 DATE OF BIRTH (month, day, and year): Aug. 19 18V8

7 AGE

Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
69	V	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Physicians

(b) General nature of industry, business, or establishment in which employed (or employer): Dr

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Thomas Mackenzie

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Eleanora Isabella Brevitt

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Baltimore Md

14 Informant: Mrs Katharine M. Brevitt

(Address) 306 W. Franklin St.

15 FILED ..... 1928 ..... Registrar

Rec'r [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/11/ 1928

17 I HEREBY CERTIFY, That I attended deceased from 2/8 1928 to 2/11/ 1928, that I last saw him alive on 2/10 1928, and that death occurred, on the date stated above, at 6 5m A m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Leonard Eyrich M. D.

(Address) 2229 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Friends Burial ground Harbord ave

Date of Burial: Feby 16 1928

20 UNDERTAKER: Chas. G. Black

ADDRESS: 742 W North ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30470

CERTIFICATE OF DEATH.

145 E 30470

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) So. Balt. Gen. Hosp. (ST.) 25-73 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Ethel Barnett

(a) RESIDENCE No. Lakewood ave. & Hollins Ferry Rd. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	W	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Alonza Barnett

6 DATE OF BIRTH (month, day, and year) Sept 29, 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	4	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Wesley Cole.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Nancy Ellen Cole

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. E. Barnett

(Address) Lakewood ave & Hollins Ferry Rd

15 Filed FEB 2 1928 C. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 10 1928

17

I HEREBY CERTIFY, That I attended deceased from Feb. 4 1928, to Feb. 10 1928,

that I last saw her alive on Feb. 10 1928,

and that death occurred, on the date stated above, at 3.15 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Eclampsia

(duration) yrs. mos.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes — NO Date of Feb. 4 1928

Was there an autopsy?

What test confirmed diagnosis? Clinical symptoms

(Signed) William H. Cahoon M. D.

19 (Address) South Balto Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmill, Balto Co. Md	Feb 13, 1928

20 UNDERTAKER	ADDRESS
E. LeRoy Stifflen	256 North

Spec.—1-12-23—M&T—500 Bks.

Flavilla A Kreis

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30471

CERTIFICATE OF DEATH.

E 30471

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. 25-29 ST. WARD)

2-FULL NAME Mrs Flavila Kreis

(a) RESIDENCE NO. Halethorpe Md Poplar & arbutus Ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph W. Kreis

6 DATE OF BIRTH (month, day, and year) Nov 30, 1840

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	87	2	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balt (State or country) Md.

PARENTS

10 NAME OF FATHER Mr. Shaw.

11 BIRTHPLACE OF FATHER (city or town) Baltimore Md (State or country) America

12 MAIDEN NAME OF MOTHER Ann Vilbi Shaw

13 BIRTHPLACE OF MOTHER (city or town) Balt (State or country) Md

14 Informant Mrs Flavila Kreis (Address) Halethorpe Md

15 Filed 3 13 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-12 1928

17 I HEREBY CERTIFY, That I attended deceased from 2-11, 1928, to 2-12, 1928, that I last saw her alive on 2-12, 1928 and that death occurred, on the date stated above, at 4 50 p m

The CAUSE OF DEATH* was as follows:

Bronchial pneumonia

Myocarditis (interstitial)

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Oedema of lungs

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Halethorpe

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Fernando R. Burton M. D.

, 19 (Address) 904 St. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral DATE OF BURIAL 2/15 1928

20 UNDERTAKER J. M. Cook ADDRESS 503 E Madison

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30472

CERTIFICATE OF DEATH.

185 E 30472

1-PLACE OF DEATH

City of BALTIMORE: (No.) City Hospital St. 24-33 Ward

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm H B Earle

(a) RESIDENCE NO. 402 E. Pittsburg St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Earle

6 DATE OF BIRTH (month, day, and year): Sept 27- 1857

7 AGE: Years 70 Months 4 Days 13 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Ship Smith

(b) General nature of industry, business, or establishment in which employed (or employer): 056

(c) Name of employer: Bethlehem Shipb Co.

9 BIRTHPLACE (city or town)

(State or country): Rent Island

10 NAME OF FATHER: William Earle

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Kent Island

12 MAIDEN NAME OF MOTHER: Rebecca Merchant

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Kent Island

PARENTS

14 Informant: Sarah Earle

(Address) 402 East Pittsburg

15 Filed FEB 13 1928 HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10 1928

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Acc Fall

Fracture of Patella

(Duration) yrs. mos. 2 1/2 ds.

Broncho Pneumonia

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 2 ds.

(Signed) H C. Bates M. D.

(Coroner)

2/12, 19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Home

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery Date of Burial 2/13 1928

20 UNDERTAKER: William Cook ADDRESS 50 E Hoff

402

Spec.—1-10-21—M&T—1500 Bks.

E30473

HEALTH DEPARTMENT—CITY OF BALTIMORE

001

74 E 30473

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3720 E. Maple Ave., ST. 27th WARD) 2742

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maude L. Small

(a) RESIDENCE NO. 3720 E. Maple Ave., Overlea, ST., 27th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank R. Small, Sr.

6 DATE OF BIRTH (month, day, and year) July 28, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	6	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER James McNeely

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Mollie L. (Unknown)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Frank R. Small, Sr.

(Address) 3720 E. Maple Ave.

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 10, 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1927 to Feb. 10, 1928,

that I last saw her alive on Feb. 9th, 1928,

and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis with hyper-tension.

(duration) (?) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 5 hrs. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. L. Wilkinson, M. D.

2-10 1928 (Address) 5713 Belair Rd., Raspeburg, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

16 PLACE OF BURIAL, CREMATION OR REMOVAL Park Wood Cemetery

DATE OF BURIAL 2/14 1928

UNDERTAKER William Cook

ADDRESS 502 E. Hoff

Spec.—1-10-21—M&T—1500 Bks.

E 30474 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Marys Orans Conn.

CITY OF BALTIMORE: (No.) Homeland ave ST. 27-48 WARD)

2-FULL NAME Dorothea Elizabeth Bryant

(a) RESIDENCE No. St Marys Orans Conn ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO. 59 E 30474

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 16-1928

7 AGE Years Months Days 26 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER James A. Bryant.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ky.

12 MAIDEN NAME OF MOTHER R Krauser

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Jas A. Bryant Homeland ave

15 Filed 2-13 1928 Registrar R P K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 16 1928, to Feb 11 1928, that I last saw h alive on Feb 10 1928, and that death occurred, on the date stated above, at 7 15 A m.

The CAUSE OF DEATH* was as follows:

Congenital Heart.

(duration) yrs. mos 26 ds.

CONTRIBUTORY (Secondary) Premature Birth Between 7-8 mo.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H C Hess M. D.

2-11. 1928 (Address) 5600 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Presbyterian Govans DATE OF BURIAL Feb 13 1928

20 UNDERTAKER Wm Wood ADDRESS 502 E York

FEB 13 1928 BALTIMORE, MD.

Spec.—1-12-23—M&T—500 Bks.

Kuehnling

211806

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30475

E 30475

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL (Street) 12-50 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Peter Kuehling

(a) RESIDENCE No. 2227 St. Paul ST., WARD City

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2 3 7

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) (State or country) —

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant Records — (Address) JOHNS HOPKINS HOSPITAL

15 Filed FEB 13 1928 JOHNS HOPKINS H... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 11 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb. 7 1928 to Feb. 11 1928

that I last saw him alive on Feb. 11 1928

and that death occurred, on the date stated above, at 9 25 a. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency
Coronary sclerosis

?12 yrs. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Lyman Meiling M. D.

Feb 11 1928 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL 2/14 1928

20 UNDERTAKER Wm Cook — ADDRESS Sout Nork

Spec.—1-12-23—M&T—500 Bks.

E 30476 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30476

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Mem Hosp

CITY OF BALTIMORE: (No. 33rd & Calv. ST., 9-46 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr John Natthan Mattare

(a) RESIDENCE NO. 1615 Caswell St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 64 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W	Married

5a If married, widowed, or divorced. HUSBAND of (or) WIFE of Agnes Mattare

6 DATE OF BIRTH (month, day, and year) Dec 24 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61 yrs	1	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman C Water dept

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer City, Md.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Mr John Mattare

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Agnes Doyle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11 1928

17 I HEREBY CERTIFY, That I attended deceased from Febr 1928 to Feb 11 1928, that I last saw h alive on Feb 11 1928, and that death occurred, on the date stated above, at 1.20 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Uremic Coma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 2/5/28

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) Palmer F. C. Williams M. D.

2/11, 1928 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant Records (Address)

15 Filed FEB 13 1928 H. HANSON JONES, M. D. Registrar

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 2/14 1928

20 UNDERTAKER W. H. Cook

ADDRESS 502 E North Ave

Spec.—1-12-23—M&T—500 Bks.

E 30477

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30477

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 226 Dr Belvidere St. 11-69 WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Hess

(a) RESIDENCE NO. 226 Dr Belvidere ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Hess.

6 DATE OF BIRTH (month, day, and year) June 27, 1838

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	7	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baker 003

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Retired

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER [illegible]

11 BIRTHPLACE OF FATHER (city or town) (State or country) [illegible]

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) [illegible]

14 Informant [illegible] (Address) 226 Dr Belvidere

15 Filed 1925, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1927, to Feb 12, 1928,

that I last saw him alive on Feb 8, 1928,

and that death occurred, on the date stated above, at 7 A M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) Gradual yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic myocarditis

(duration) Gradual yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace R. Tilton, M. D.

2/12, 1925 (Address) 3N. S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ner. Cemetery

DATE OF BURIAL 2/13 1925

20 UNDERTAKER [illegible]

ADDRESS [illegible]

Spec.—1-12-23—M&T—500 Blks.

Rosenblatt 3018 O'Donnell St.

E 30478

HEALTH DEPARTMENT—CITY OF BALTIMORE

001

101 E 30478

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2315 E Fayette ST., 6-10 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida Johanna Rupke

(a) RESIDENCE NO. 2409 E. Fayette ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rudolph Rupke

6 DATE OF BIRTH (month, day, and year) Apr 3. 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	10	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work..... Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Wm. Rupke

(Address) 2409 E Fayette

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11 1928

17 I HEREBY CERTIFY, That I attended deceased from February 1, 1928 to Febr. 11, 1928.

that I last saw h alive on Febr. 11, 1928

and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

Left Lobar Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Arthritis Deformans

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Jos. A. Rosenblatt, M. D.

2/12, 1928 (Address) 3018 O'Donnell St, Balto, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn

DATE OF BURIAL 2/14 1928

20 UNDERTAKER H. Cook

ADDRESS 502 E Baltimore

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30479 E 30479

CERTIFICATE OF DEATH

1-PLACE OF DEATH Baltimore Maryland + 43

CITY OF BALTIMORE: (No. Harwood Hospital 4-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary B. Strausser

(a) RESIDENCE NO. Martinsburg Pa. St.. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of W. R. Strausser

6 DATE OF BIRTH (month, day, and year) May 23 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	40	8	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Altoona Penna

PARENTS

10 NAME OF FATHER David Burket

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna

12 MAIDEN NAME OF MOTHER Mary Spidle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna

14 Informant W. R. Strausser (Address) Martinsburg Pa

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 12 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 11 1928 to Feb 12 1928.

that I last saw h alive on Feb 12 1928,

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Cancer rectum

dont know.

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Dont

(duration) yrs mos ds.

18 Where was disease contracted if not at place of death? dont know.

Did an operation precede death? yes Date of Jan 7 1928

Was there an autopsy? No.

What test confirmed diagnosis? operation

(Signed) Thelma Weil M. D.

2-12 1928 (Address) 1410 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Martinsburg Pa DATE OF BURIAL Feby 13 1928

20 UNDERTAKER Chas. S. Black ADDRESS 142 W. Northern

FEB 13 1928

Registrar

Spec.–7-17-26—A Co.—200 Bks.

E 30480

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001

CERTIFICATE OF DEATH

E 30480

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Md Gen Hosp St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Flora May Collignon

(a) RESIDENCE NO. 733 N. Lombard St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 31 - 1928

7 AGE Years Months Days 13

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER Otto Collignon

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Marie Byrd

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Hospital Records

(Address)

15 Filed FEB 13 1928, 19 ... JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

2-12-28

17 I HEREBY CERTIFY, That I attended deceased from 2-9-, 19 28, to 2-12-, 19 28,

that I last saw h[illegible] alive on 2-12-, 19 28,

and that death occurred, on the date stated above, at 2:15 a. m.

The CAUSE OF DEATH* was as follows:

Premature Baby

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Thos Thompson M. D.

19 (Address) Md Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem

Date of Burial: 2/13/ 1928

20 UNDERTAKER: John J Cowan

ADDRESS: Lombard & Wolfe Sts

Very important. See instructions on back of certificates. Exact statement of OCCUPATION is

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30481

CERTIFICATE OF DEATH

129 E 30481

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Old Fen Stop St. 27-56 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel G. Pittman

(a) RESIDENCE NO. 711 Spalding Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. (If non-resident give city or town and State)

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year): May 26, 1880

7 AGE: Years 47 Months 8 Days 16 IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman 66

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (rity or town): N. C.

(State or country)

PARENTS

10 NAME OF FATHER J. Pittman

11 BIRTHPLACE OF FATHER (City or town): N. C.

(State or country)

12 MAIDEN NAME OF MOTHER Susan Wynne

13 BIRTHPLACE OF MOTHER (city or town): N. C.

(State or country)

14 Informant: Hospital Records

(Address)

15 Filed FEB 13 1928, 19 Clinton Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-12-28 19

17 I HEREBY CERTIFY, That I attended deceased from Dec 14, 19 27, to Feb 12, 19 28, that I last saw him alive on 2-12, 19 28, and that death occurred, on the date stated above, at 3:50 P. m.

The CAUSE OF DEATH* was as follows:

Chronic diffuse Nephritis

Arteriosclerosis, Hypertension

Uraemia.

2 (duration) yrs mas ds.

CONTRIBUTORY (Secondary) Empyema

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — Date of Burial: Feb 15 1928

20 UNDERTAKER: E. LeRoy Stiffler — ADDRESS: 1252 North ave

Very important. See instructions on back of certificates. Exact statement of OCCUPATION is

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30482 E 30482

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 4715 Belvieu Av (No.) City (St.) 27-56 (Ward) 90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John D Albers

(a) RESIDENCE (Usual place of abode) No 4215 Belvieu Av St., Ward

Length of residence in city or town where death occurred 50 yrs. 5 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 13 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	50 Years	5	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Buyer of Carpets
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer Dennis Miller Co

9 BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Charles F Albers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Katherine Albers Dunkle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

PARENTS

Informant Andrew J Albers

(Address) Crestonia Apts

Filed FEB 13 1928 BALTIMORE, MD.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) Chronic yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) H C Yates, M. D.

(Corrected)

11/28, 192 (Address) 14 E Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Feb 13 1928

20 UNDERTAKER Henry H Jenkins Sons Co

ADDRESS McCulloh & Orchard Sts

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE 47

E 30483

CERTIFICATE OF DEATH.

E 30483

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 504 Rock Glen Road ST., 24 WARD

2-FULL NAME Louise Volkert

(a) RESIDENCE NO. 504 Rock Glen Road ST., ... WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 65 mos. 9 ds. 25 How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 16th 1862

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	9	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Sales Lady

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Hoschild, Kohn Co

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Nicholas H Volkert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Schultheis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Thomas B. Cross
(Address) 2813 E. Oliver's av

15 Filed FEB 13 1928 H. HAMPTON JONES, M. D. Registrar

Per RWL

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 10 1928

17 I HEREBY CERTIFY, That I attended deceased from November 19 11 to Feb 10 19 28,

that I last saw her alive on Feb 10. 19 28,

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Mammary Carcinoma

(duration) 16 yrs. 4 mos — ds.

CONTRIBUTORY (Secondary) none,

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Nov. 1911

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) R. W. Hemmeter M. D.

Feb 14 19 28 (Address) 3002 Gaston Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL Feb 13 1928

20 UNDERTAKER Frank V. Papitone

ADDRESS 2818 E Baltimore st

No 5600

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30484

E 30484

CERTIFICATE OF DEATH.

128

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1409 W. Pacey St. 15-23 (WARD)

2-FULL NAME Taylor Jenkins

(a) RESIDENCE NO. 1409 W. Pacey ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Jenkins

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE: Years 54 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Janitor 070

(b) General nature of industry, business, or establishment in which employed (or employer): Furnaces.

(c) Name of employer Mowry

9 BIRTHPLACE (city or town) (State or country): N. C.

PARENTS

10 NAME OF FATHER unk

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. C.

12 MAIDEN NAME OF MOTHER unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. C.

14 Informant: Beatrice Washington (Address) 1702 Woodyear Ln

15 Filed FEB 13 1928 H. P. Hughes M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/10 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 9th, 1927, to Feb 10th, 1928 that I last saw h[illegible] alive on Feb 10th, 1928 and that death occurred, on the date stated above, at 6 p.m.

The CAUSE OF DEATH* was as follows:

Cancer Nephritis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Nature & worn letting [illegible]tion) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Ellis, M. D.

2/11, 1928 (Address) 524 Madison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem.

DATE OF BURIAL: 2/13 1928

20 UNDERTAKER: Byrom & Wright

ADDRESS 1218 McCulloh

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30485

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

Transcript - 17

44 E 30485

REGISTERED NO.

City of BALTIMORE: (No. Little Sisters of the Poor St. 10-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Stenberg

(a) RESIDENCE NO. Preston & Valley St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 2. 1861

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	66	1	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Washington D C

(State or country)

PARENTS

10 NAME OF FATHER Ford Grayson

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Little Sisters of the Poor

(Address) Preston & Valley St

Filed FEB 13 1928 G. Lindsay Jones M. D. Registrar

Fee KMG

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1928

Feb 12

17

I HEREBY CERTIFY, That I attended deceased from

Jan 10 , 19 , 19 ,

that I last saw her alive on Feb 5 , 1928,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A. Warren, M. D.

Feb 13, 1928 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Cathedral Feb 13 1928

20 UNDERTAKER — ADDRESS

Rita Wiedefeld 914 Fremont Ave

very important. See instructions on back of certificates. Exact statement of OCCUPATION is

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30486

CERTIFICATE OF DEATH.

38 E 30486

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St., 15-71 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elijah Warfield

(a) RESIDENCE NO. 1407 Bruce St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	dongle

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan, 1928

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

10 NAME OF FATHER Elijah Warfield, Sr.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Mary Hawkins

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

PARENTS

14 Informant Mother

(Address) 1407 Bruce St

15 Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10/28 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

Intestinal Obst.- Bilateral Hernia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cong. Syphillis

(duration) yrs. mos. ds.

(Signed) [signature] M. D.

(Coroner)

19 2/12/28 (Address) 508 E.North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Feb 1/ 19

20 UNDERTAKER Virginia A Brooks ADDRESS 1403 Penna Ave

FEB 13 19

very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Spec.—1-12-23—M&T—500 Bks.

E 30487

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-001

E 30487.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 N Patterson Park Ave. WARD) 610

2-FULL NAME Howard Bruns Jr.

(a) RESIDENCE No. 118 N Patterson Park Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. 2 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 11-28

7 AGE — Years — Months 1/2 Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Howard Bruns

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Louisa Levie

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Howard Bruns (Address) 118 N Patterson Park Ave

15 Filed AUG 13 1928 H. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 11, 1928, to Feb-13, 1928, that I last saw him alive on Feb. 13, 1928, and that death occurred, on the date stated above, at 7.15 A. m.

The CAUSE OF DEATH* was as follows:

Prematura birth.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Isaac Feinglas, M. D.

Feb. 13, 1928 (Address) 1002 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: Feb 15 28

UNDERTAKER: Chas C. Miller & Son — ADDRESS: 2387 Jefferson

Spec.—1-10-21—M&T—1500 Bks.

Feig

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30488

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90

E 30488

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 146 W. Fort ave. St. 23-31 WARD)

2-FULL NAME Andrew. Feig

(a) RESIDENCE NO. 146 W. Fort ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma V. Feig

6 DATE OF BIRTH (month, day, and year) August 15. 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or .... min.
	52	5	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter 50

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Gas & Electric Co

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER George. Feig

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Emma Feig

(Address) 142 W. Fort ave

Filed FEB 13 1928 C. Edwin Jones M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 8 1928

17

I HEREBY CERTIFY, That I attended deceased from January 29, 1928, to February 8, 1928, that I last saw h[illegible] alive on February 7, 1928, and that death occurred, on the date stated above, at 11:20 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Bronchial asthma

Bronchitis

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary) Senile Debility 2 Years

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Thos. J. A. Stevens M. D.

2/8, 1928 (Address) 2827 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL Feb 13 1928

20 UNDERTAKER E. Lange - J. Rust — ADDRESS 1735 Harford ave

Side 1 of 2 — Items must be filled in by typewriter or ink. Print plainly. See instructions on back of certificates. Exact statement of OCCUPA-

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30489

CERTIFICATE OF DEATH.

E 30489

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. University Hospital St., 25-7b Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Lucile Westbrook Stanley

(a) Residence No. 9th St Fairfield Md. St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced, (Write the word) Married

3a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Edgar Stanley

6-DATE OF BIRTH (month, day and year) Feb 15 1901

7-AGE 26 yrs. 11 mos. 26 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (City or Town) Augusta (State or Country) Ga.

PARENTS

10-NAME OF FATHER Julius Westbrook

11-BIRTHPLACE OF FATHER (City or Town) (State or Country) Ga.

12-MAIDEN NAME OF MOTHER Hattie Roland

13-BIRTHPLACE OF MOTHER (City or Town) (State or Country) Ga.

14- (Informant) Julius Westbrook
(Address) Fairfield Md.

15- Filed FEB 13 1928 H. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 10, 1928

17- I HEREBY CERTIFY, That I attended deceased from Feb 9 1928 to Feb 10 1928

that I last saw her alive on Feb 10 1928

and that death occurred, on the date stated above, at 12 10 p m

The CAUSE OF DEATH* was as follows:

Pregnancy, Full term
complicated by Eclampsia.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy Post Mortem Caesarean Section

What test confirmed diagnosis? Phy exam

(Signed) Dwight Reynolds M. D

19 (Address) University Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: Ft Calvary Cem

DATE OF BURIAL: 2/13 1928

20-UNDERTAKER: Samuel Wesley Wheatley

ADDRESS: Belle

Spec.–7-17-26—A Co.—200 Bks.

E 30490

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30490

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO. 101

City of BALTIMORE: (No. 541 W. Barre St. 22-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vernon McDaniel.

(a) RESIDENCE NO. 541 W. Barre St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. — mos. — ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary McDaniel

6 DATE OF BIRTH (month, day, and year) ——— 1902.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min..
	26	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Bethlehem

(c) Name of employer Steel Co.

9 BIRTHPLACE (city or town) (State or country) N.C.

PARENTS

10 NAME OF FATHER William McDaniel

11 BIRTHPLACE OF FATHER (City or town) (State or country) NC

12 MAIDEN NAME OF MOTHER Malcom

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Chalcoon

14 Informant Mary McDaniel (Address) 541 W Barre St

15 Filed ——— 19 ——— C. WILSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/9 1928

17 I HEREBY CERTIFY, That I attended deceased from 2/11 1928, to 2/9 1928, that I last saw h.. alive on 2/9 1928, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

2/13, 1928 (Address) [illegible]

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem Date of Burial 2/13 1928

20 UNDERTAKER Samuel Hensley ADDRESS [illegible]

FEB 13 1928

very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30491

CERTIFICATE OF DEATH.

170 ✓ E 30491

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Franklin Ave-Gardenvill 20-69 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward B. Thomas

(a) RESIDENCE NO. 2559 Boyd Ave St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M. Thomas

6 DATE OF BIRTH (month, day, and year) Apr 6/1887

7 AGE	Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
	40	10	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter 015

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Lewis Thomas

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Ida Dittmar

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Wife

(Address)

15 Filed FEB 13 1928 G. [illegible], M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Feb 12/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage- Pistol Shot wound rttemple. Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. Walker M. D.

(Coroner)

2/13/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial Feb 14th 19

20 UNDERTAKER F. S. Westphal ADDRESS 1600 N. Eutaw St.

Very important. See instructions on back of certificate. Exact statement of OCCUPATION is properly classified. Exact statement of CAUSE

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30492

CERTIFICATE OF DEATH.

E 30492

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2005 Hollins St. ST. 70-28 (WARD) 29

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Randle

(a) RESIDENCE NO. 2005 Hollins St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Randle

6 DATE OF BIRTH (month, day, and year) May 11, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	8	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Police Dept.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER William H. Randle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER L.M. Rimbly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimor , Md.

14 Informant Josephine Randle

(Address) 2005 Holins St.

15 Filed 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 9th. 1928

17 I HEREBY CERTIFY, That I attended deceased from May 23, 1927, to February 9, 1928,

that I last saw him alive on February 9, 1928

and that death occurred, on the date stated above, at 10:30 A m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis 1 Yr. +

Chronic Nephritis 1 Yr. +

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) , M. D.

2/10/28 (Address) 24 E. Fredk St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Feb 13 1928

UNDERTAKER

ADDRESS

Spec.—1-12-23—M&T—500 Bks.

Charles Lee Black

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30493 CERTIFICATE OF DEATH.

74-001 1928 75

E 30493

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 70-69 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lewis Russell

(a) RESIDENCE NO. 2523 Ashton ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? 69 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male. 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jeanette E. Russell

6 DATE OF BIRTH (month, day, and year) Jan 1st 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	1	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher 013

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Proprietor

9 BIRTHPLACE (City or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Germany

14 Informant Mrs Wm H Lawrence

(Address) 2523 Ashton St.

Filed FEB 13 1928

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 11, 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1928. to Feb. 11, 1928.

that I last saw him alive on Feb. 11, 1928.

and that death occurred, on the date stated above, at 2:30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Charles E. Hill, M. D.

2/11, 1928 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lakewood Cemetery DATE OF BURIAL Feb 14th 1928

UNDERTAKER F. A. Wigfield ADDRESS 1550 W. Baltimore St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30494

CERTIFICATE OF DEATH.

90 E 30494

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital. St. [illegible] Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Malinda Henderson.(C)

(#) RESIDENCE NO. 1027 Bennett Place. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Widow.

5a If [illegible] widowed, or [illegible] (or) WIFE of George H. Henderson.(C)

6 DATE OF BIRTH (month, day, and year) March 2, 1886.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	41	11	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Maid.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Richmond Va.

PARENTS

10 NAME OF FATHER Walter S. Clark.(C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia.

12 MAIDEN NAME OF MOTHER Elizabeth Dickerson.(C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia.

14 Informant Mabel Johnson.(C) daughter.

(Address) 1027 Bennett Place.

15 Filed [illegible] 1928 C. [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) February 10, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Not death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

Acute dilatation of the Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner)

2/18 19 23 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the state yrs., mos., ds.

(Where was disease contracted, if not at place of death?

S.E. Cor Park Ave & Preston St.

Former or usual residence Feb. 10, 1928.

19 PLACE OF BURIAL, CREMATION OR REMOVAL Richmond Va Date of Burial Feb. 13, 1928

20 UNDERTAKER Mrs. R. G. Elliott ADDRESS 1727 Ashland Ave

Fees [illegible]

Registrar

Very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30495

CERTIFICATE OF DEATH.

90 E 30495

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Baker St. & Fulton Ave. 15-21 (Ward)

2-FULL NAME Rebecca Seigel

(a) RESIDENCE NO. 622 Cumberland St., St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hyman Seigel

6 DATE OF BIRTH (month, day, and year) unk

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Israel Ketzell

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Mary ------

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Jack Lewis

(Address) 1432 E Baltimore

Filed FEB 13 1928 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest and

(Inquest, autopsy or inquiry.)

find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. 1 ds.

Signed G E Yates, M. D.

(Coroner)

(Address) 43 E Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bethesda Memorial Date of Burial 2/14 1928

20 UNDERTAKER ADDRESS

Jack Lewis 1439 E Baltimore

If the space in each item is not sufficient, use the reverse side, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 30496

CERTIFICATE OF DEATH.

E 30496

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2109 Baker ST. 15-60 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosa Siegle

(a) RESIDENCE NO. 2109 Baker St ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 1/2 mos. 15 ds. How long in U. S., if of foreign birth? yrs. 1 mos. 6 ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Jan 4 1928

7 AGE — Years: — Months: 1 Days: 6 If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of Industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto md

PARENTS

10 NAME OF FATHER: Louis Siegle

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Annie Feit

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Austria

14 Informant: A. Siegle
(Address): 2109 Baker st

15 Filed 3 1928 CHARLES JOHNS, M. D. Registrar
By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/12 1928

17 I HEREBY CERTIFY, That I attended deceased from 2/6/28, 1928, to 2/12, 1928, that I last saw him alive on 2/10/28, 1928, and that death occurred, on the date stated above, at 7 0 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Et Lues trio

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Phys Exam

(Signed) Harry Goldberg M.D.

2/13, 1928 (Address) 2210 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holmes Rosedale — DATE OF BURIAL: 2/13, 1928

20 UNDERTAKER: Jos Levinson & Bro — ADDRESS 1127 E Balto St

IMPORTANT. See instructions on back of certificates. Exact statement of OCCUPATION is very important.

Spec.—1-12-23—M&T—500 Bks.

E 30497 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30497

88

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1509 Braddish ave ST., 16-68 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Erma Mildred Schilling

(a) RESIDENCE No. 1509 Braddish ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 3 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 15 1920

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	7	3	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer) School #63

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Christian C. Schilling

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Christina Rehling

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Christian C Schilling (Address) 1509 Braddish ave

15 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 9 1928 to Feb 10 1928

that I last saw h[illegible] alive on Feb 10 1928

and that death occurred, on the date stated above, at 12.20 P. m.

The CAUSE OF DEATH* was as follows:

Acute Endo Carditis

(duration) yrs. mos 30 ds.

CONTRIBUTORY (Secondary) Anemia

(duration) yrs. mos. 30 ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Those of Endocarditis

(Signed) Walter Bacon M. D.

2/11/28 (Address) 1002 20 Bal Co

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery DATE OF BURIAL 2/13/28

20 UNDERTAKER Geo. Weber & Son 2503 ADDRESS Edmondson ave

Filed [illegible]

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30498

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

129 E 30498

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 505 South Ann Street ST. 2-4 WARD)

2-FULL NAME JOHN F. WANKMILLER

(a) RESIDENCE No. 505 South Ann Street ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Wankmiller

6 DATE OF BIRTH (month, day, and year) August 18, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	5	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Police Sergeant 061

(b) General nature of industry, business, or establishment in which employed (or employer) Baltimore Police Dept.

(c) Name of employer City of Baltimore

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER William A. Wankmiller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Margaret Pfeifer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Frederick J. Wankmiller (Son)

(Address) 505 S. Ann Streets

15 Filed... 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 11 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1928, to Feb 11, 1928, that I last saw her alive on Feb 11, 1928, and that death occurred, on the date stated above, at 1.20 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage. hypertension (arterial) chronic diffuse nephritis & aortic regurgitation

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Heart failure & asthenia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sym & Symptoms

(Signed) Thos A Burbage, M. D.

, 19 (Address) 1623 E Fort Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL Feb. 14 1928

20 UNDERTAKER Henry Sander & Sons Inc

ADDRESS 1710 Fleet St.

E 30498

Please read instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 30499

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

E 30499

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 2-4 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eleanor Wojciechowska

(a) RESIDENCE No 2025 East Bank ST ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed, or Divorced~~ (write the word): Baby

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 3-6-27

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	11	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Julius Wojciechowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Mary Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed FEB 13 1928, H. [illegible] JONES, M. D. Registrar

Per K.H.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 11 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb-7 1928 to Feb 11 1928, that I last saw her alive on Feb-11 1928 and that death occurred, on the date stated above, at 6:15 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia, diffuse.

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Otitis media, Pleurisy

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? —

(Signed) J. L. Bremer, M. D.

Feb. 11 1928 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cemetery	Feb. 13 1928
20 UNDERTAKER	ADDRESS
Henry Sander & Sons Inc	1110 Fleet St.

Special attention is invited to the instructions on back of certificates.

Special statement of OCCUPA-

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 11-001

E 30500

CERTIFICATE OF DEATH.

E 30500

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2720 Wilkins Ave 20-69 Ward)

2-FULL NAME Margaret ~~Ruth~~ Bernadetta Tracey

(a) RESIDENCE NO. 2720 Wilkins ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	widowed.

3a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Charles Bernard Tracey

6 DATE OF BIRTH (month, day, and year) Oct. 17-1857.

7 AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
70	3	26.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work home-wife-M

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER John B. Freyman

11 BIRTHPLACE OF FATHER (city or town) ?

(State or country) Germany

12 MAIDEN NAME OF MOTHER Wilhelmina Pottgeisen

13 BIRTHPLACE OF MOTHER (city or town) ?

(State or country) Germany

14 Informant Bernard Charles Tracey

(Address) 69 Savoy St, Bridgeport, Conn.

15 Filed 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12- 1928.

17

I HEREBY CERTIFY, That I attended deceased from February 4 1928, to February 12- 1928,

that I last saw h.2.. alive on February 12- 1928,

and that death occurred, on the date stated above, at 1:10 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ___ yrs. ___ mos. 8 ds.

CONTRIBUTORY (Secondary) Influenza.

(duration) ___ yrs. ___ mos. 15 ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? physical signs & symptoms

(Signed) Chester Ruland, M. D.

2-12-1928 (Address) 2532 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

New Cathedral Cemetery Feb 19 1928

20 UNDERTAKER Patrick A. Nance ADDRESS 3707 Fremont Ave

IF DEATH IN PLAIN terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—MAT—1500 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30501

CERTIFICATE OF DEATH.

17 E 30501

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Balto Gen'l Hospital (St.) (Ward)

2-FULL NAME Leora Brandt

(a) RESIDENCE No. 246 E Washington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Divorced

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 1st 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	1	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER John H. Brandt

11 BIRTHPLACE OF FATHER (city or town) (State or country) City

12 MAIDEN NAME OF MOTHER Josephine Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) City

14 Informant Mrs. Brandt

(Address) 1822 Eastern Ave.

15 Filed FEB 13 1928, C. HAMPSON JONES, M. D. Registrar

Rec'd

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/10 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 25th, 1928. to Feb 10th, 1928.

that I last saw h[illegible] alive on Feb 9th, 1928.

and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) yrs. mos 16 ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at 246 E Washington St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings & urinal examination

(Signed) Henry Leibel, M. D.

2/10, 1928 (Address) 1224-26 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	2/13 1928

20 UNDERTAKER H. D. Fanning & Son - 1101 Battery Ave.

ADDRESS

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30502

CERTIFICATE OF DEATH.

185

E 30502

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. 27-48 Ward)

2-FULL NAME Owen McGreevy

(a) RESIDENCE NO. 511 Glenwood Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Sarah McGreevy

6 DATE OF BIRTH (month, day, and year) Mar 10/58

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	69	11	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Gardener

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Patrick McGreevy

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret McIntyre

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Thos. McGreevy

(Address) 513 Glenwood Ave.

15 Filed ..... 19 .....

Fee .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia -11 days

Frac. Patella-Accidentally fell on ice nr home (duration) ..... yrs. ..... mos. 14 ds.

CONTRIBITORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Patton, M. D. (Coroner)

2/11/28 (Address) 508 E. NOrth Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
St. Mary's Savans	Feb. 15 1928

20 UNDERTAKER	ADDRESS
Martin Daley & Sons	1827 W. North

FEB 13 1928 HARRISON JONES, M. D.

Spec.—1-12-23—M&T—500 Bks.

2 10646

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30503

CERTIFICATE OF DEATH.

E 30503

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST.) (8-13 WARD)

2-FULL NAME Edward McQuown

(a) RESIDENCE NO. 1226 N Broadway ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 13 ds. / How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Aug 16 1906

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	21	5	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Medical Student

(b) General nature of industry, business, or establishment in which employed (or employer) Ø

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER W McQuown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Ethel Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Nevada

14 Informant Records

(Address)

15 Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, year) Feb 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 30 1928 to 13 Feb 1928

that I last saw h alive on 13 Feb 28 1928

and that death occurred, on the date stated above, at 7 30 a.m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

Peritonitis - Appendicitis

Adhesions Intra-abdominal

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? Yes Date of 2 20 28

Was there an autopsy? Yes

What test confirmed diagnosis? Yes

(Signed) J D Heard M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Martins Ferry Ohio — DATE OF BURIAL Feb 13 1928

20 UNDERTAKER Pearlson — ADDRESS Steubenville

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 30504

CERTIFICATE OF DEATH

REGISTERED NO. E 30504

1-PLACE OF DEATH Colonial Hospital

City of BALTIMORE: (No. 112 N. Mount St. 6-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Edith Radcliff

(a) RESIDENCE NO. 16 N. Potomac St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 2 1868

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
57	yrs.	10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Deceased

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mrs. Jos. Moore

(Address) 6 N. Potomac

15 Filed FEB 13 1928 (19) J. WM. S. M. D.

Registrar

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7 1928

17 I HEREBY CERTIFY, That I attended deceased from 2-6-, 1928, to 2-12, 1928

that I last saw h[illegible] alive on 2-12, 1928

and that death occurred, on the data stated above, at 9 05 A.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Julius Halpern M. D.

. 19 (Address) Colonial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Stevenson Md	Feb 19 28
20 UNDERTAKER	ADDRESS
H B Hopkins	1838 Eutaw

Spec.—8-24-14—St. & P.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30505

CERTIFICATE OF DEATH.

119

E 30505

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 147 W. Hamburg ST. 23-31 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. (8.)

2-FULL NAME Charles Berry

(Residence in Baltimore: No. 147 w Hamburg St.; yrs. mos. ds. 3

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, color

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, Feb (Month) Sunday (Day) 1918 (Year)

7-AGE, yrs. mos. 2 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore md.

PARENTS.

10-NAME OF FATHER, John Berry

11-BIRTHPLACE OF FATHER (State or Country), 126, W. Lee st

12-MAIDEN NAME OF MOTHER Harriett Boger

13-BIRTHPLACE OF MOTHER (State or Country), 147 W. Hamburg st Baltimore md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Berry

(Address) 147 W. Hamburg St.

15-

Filed....., 191..... (Registrar.)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) Sunday 12 (Day), 1918 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 10 1918, to Feb 12 1918, that I saw h[illegible] alive on Sunday 12 1918, and that death occurred, on the date stated above, at 2 p m.

The CAUSE OF DEATH* was as follows:

Constipation

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Thomas H. Brown M. D.

Feb 12, 1918 (Address) 118 W. Hamburg St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. no

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn

DATE OF BURIAL, 2 14, 1918

20-UNDERTAKER John H. Trader

ADDRESS 1021 Hanover

No. 15. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30506

E 30506

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) Jerry Thornton St. 425 (Ward) 12

2-FULL NAME 740 Redwood

(a) RESIDENCE NO. 740 Redwood St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE: Years 58; Months; Days; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Day Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va

PARENTS

10 NAME OF FATHER Wm Hunter

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Eliza Jennings

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Christianna Ward

(Address) 740 Redwood St

15 Filed 19 FEB 13 1928 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Febr 12 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Injury (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. ds.

(Signed) H. E. Blake M. D.

(Coroner)

2/13, 19 (Address) 1430 Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Burdick's Wks. Va. Date of Burial 2 14 1928

20 UNDERTAKER Northumberland ADDRESS 1927

John H. Toadvine 10 and Nill

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 30507

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30507

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balt City Hospitals (St.) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Heberer

(a) RESIDENCE NO. 1101 McCullough ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 6 1864

7 AGE: Years 64; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Levin Heberer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Louise

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Henry Heberer

(Address): Baltimore Md.

15 Filed FEB 13 1928 CLAYTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 10, 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1928, to Feb 10, 1928, that I last saw (him) alive on Feb. 10, 1928, and that death occurred, on the date stated above, at 4-20 P. m.

The CAUSE OF DEATH* was as follows: Senile Gangrene of Both Feet.

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Course

(Signed) [illegible], M. D.

, 19 (Address) Balt City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Annapolis Md

UNDERTAKER: John H Woodrow

DATE OF BURIAL: 2-14 1928

ADDRESS: 924 Druid Hill Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30508 ✓ 16 p 007 E 30508

E 30508

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 137 Colvin ST. 5-8 (WARD)

2-FULL NAME Charles Henry Dukes.

(a) RESIDENCE NO. 137 Colvin ST. _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. 1 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years — Months — Days — If LESS than 1 day 30 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto city Md

PARENTS

10 NAME OF FATHER Ridgley Dukes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Raleigh N.C

12 MAIDEN NAME OF MOTHER Ada Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Raleigh N C

14 Informant Ridgley Dukes (Address) 137 Colvin St

15 Filed _____, 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/12 1928

17 I HEREBY CERTIFY, That I attended deceased from 2/11, 1928, to 2/12 1928

that I last saw him alive on 2/11, 1928

and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Fractured skull.

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Fell on floor during Birth

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? Coroner

(Signed) C. M. Pigott M. D.

, 19 (Address) 1536 W. Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury cem

DATE OF BURIAL 2/13 1928

20 UNDERTAKER Byron Wright

ADDRESS 1218 McElderry St

IMPORTANT—Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 30509

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 30509

1-PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) ST., 7-4 WARD)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Brodsky

(a) RESIDENCE NO. 561 N-1701 St ST. WARD N-Y-City

(Usual place of abode)

Length of residence in city or town where death occurred yrs 1 mos ds How long in U. S., if of foreign birth? yrs mos ds

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Joseph Birdsky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Bella Sagel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Records — JOHNS HOPKINS HOSPITAL

(Address)

15 Filed FEB 13 1928, 19 C. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1928, to Feb 13, 1928.

That I last saw her alive on Feb 13, 1928

and that death occurred, on the date stated above, at 7-7a m.

The CAUSE OF DEATH* was as follows:

Brain Tumor - Cyst of Left Frontal Lobe.

(duration) 3 yrs. mos ds

CONTRIBUTORY (Secondary) Broncho pneumonia.

(duration) yrs mos 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Friday Jan 13th

Was there an autopsy? Partial Head Only.

What test confirmed diagnosis? Operation & Autopsy

(Signed) F. B. Conan, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New York NY Lang

DATE OF BURIAL Feb 14 1928

20 UNDERTAKER John D. Mitchell Sons

ADDRESS [illegible]

IMPORTANT—Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30510

CERTIFICATE OF DEATH.

E 30510
REGISTERED NO. C

1-PLACE OF DEATH Edgewood Sanitarium

CITY OF BALTIMORE: (No. Bellona Ave ST.; 7-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catharine Eichholtz

(Residence in Baltimore: No. 717 N Streeper St.; 65 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED,~~ (Write the word.) Widow

6-DATE OF BIRTH, March 15, 1847
(Month) (Day) (Year)

7-AGE, 80 yrs. 10 mos. 26 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Peter

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank L. Medicus

(Address) 717 N. Streeper St.

15-

Filed FEB 13 1928 C. Harrison Jones M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 11, 1928
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1/10 1928, to 2/4 1928, that I saw h[er] alive on Feb 4 1928, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Hemiplegia,

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. da.

(Signed) Geo H Hoelzer M. D.

Feb 11, 1928 (Address) 5535 Fifth Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Schwartz — DATE OF BURIAL, Feb 14 1928

20-UNDERTAKER John Ulrich — ADDRESS 200 Orleans

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30511

CERTIFICATE OF DEATH.

90 E 30511

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3210 O Donnell St. 76-1 Ward)

2-FULL NAME Ford J. Poetzl

(a) RESIDENCE NO. 3210 O Donnell St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb. 27-1881

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	46	11	15 14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Standard Oil Co.

9 BIRTHPLACE (city or town)

(State or country) Balto. Md.

10 NAME OF FATHER Charles J. Poetzl

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Antonia Fischer

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

PARENTS

14 Informant Antonia Petzel

(Address) 3210 O Donnell St

15 Filed ..... C. H. [illegible] Registrar.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, aforesaid find that said deceased came to death (autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 1 ds.

Signed G C Slade M. D.

2/13/28 (Coroner) (Address) 1436 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. .. mos. .. ds. In the state ..... yrs. .. mos. .. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cemetery — Date of Burial: Feb 15 1928

20 UNDERTAKER: George W. Sikler — ADDRESS: 1737 E Eager St

8 13 1928

— Dec —

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30512

CERTIFICATE OF DEATH.

31 E 30512

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Baltimore City Hospitals ST. (10-14 WARD)

2-FULL NAME Walter Swann

(a) RESIDENCE NO. 916 Sterling st. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Separated

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	44			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Rag man

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 6

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER William Swann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Amelia Dart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records (Address)

15 Filed 2-13 19 28 C. HAMPSON JAMES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 11, 19 28

17

I HEREBY CERTIFY, That I attended deceased from Feb. 6, 19 28, to Feb. 11, 19 28, that I last saw him alive on Feb. 11, 19 28, and that death occurred, on the date stated above, at 7.30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Tuberculosis

Unknown (duration) yrs mos ds.

CONTRIBUTORY (Secondary) Acute myocarditis

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical & Lab

(Signed) L. Gladden, M. D.

2-11-28 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery DATE OF BURIAL Feb 15 1928

20 UNDERTAKER Jos Rochesto ADDRESS 1413 Eutaw pl

B 13 1928

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30513

30513

CERTIFICATE OF DEATH

REGISTERED NO. 161-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 867 Linden St. 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Augustus Wilkins

(a) RESIDENCE NO. 867 Linden St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 7/4/28

7 AGE: Years — Months — Days 7

IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: boy

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town): Md.

(State or country)

PARENTS

10 NAME OF FATHER John Wilkins

11 BIRTHPLACE OF FATHER (City or town): N. C.

(State or country)

12 MAIDEN NAME OF MOTHER Lenora Duke

13 BIRTHPLACE OF MOTHER (city or town): Md.

(State or country)

14 Informant: Everald Wilkins

(Address) 867 Linden

15 Filed 2-13 1928 C. HAMPSON JONES, M. D. Registrar

Fee 2154

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/11/28

17 I HEREBY CERTIFY, That I attended deceased from 2/4/28, to 2/11/28, that I last saw h alive on 2/10/28, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Pneumothorax

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Controlled Pelvis Abst

(duration) yrs. 9 mos ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? no Date of —

Was there an autopsy? yes

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

(Address) 908 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL Date of Burial: FEB 11 1928

20 UNDERTAKER: Commissioner Health ADDRESS

Per. Wm. F. [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 30514

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 30514

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1323 N. Dallas St. Ward 8-17)

REGISTERED No. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jane Jackson

(Residence in Baltimore: No. 1323 N Dallas St. St.; yrs. 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 ~~SINGLE~~ ~~MARRIED~~ WIDOWED ~~DIVORCED~~ (Write the word): Widow

6 DATE OF BIRTH: ~~Unknown~~ (Month) (Day), 1881 (Year)

7 AGE: 47 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework.
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Prince Edward Co. Va

PARENTS

10 NAME OF FATHER: Archer Jackson

11 BIRTHPLACE OF FATHER (State or country): Va.

12 MAIDEN NAME OF MOTHER: Jane Jackson

13 BIRTHPLACE OF MOTHER (State or country): Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elizabeth Jones

(Address) 1323 N. Dallas St

15 FEB 13 1928 C. HARPER JONES, M. D. 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: February (Month) 11 (Day), 1928 (Year)

17 I HEREBY CERTIFY, That I attended deceased from February 6, 1928, to February 11 1928, that I saw h[er] alive on February 9, 1928, and that death occurred, on the date stated above, at 3.10 A m.

The CAUSE OF DEATH* was as follows:

Toxemia and Cardiac failure

(Duration) yrs. mos. 3 ds

Contributory (SECONDARY) Lobar pneumonia

(Duration) yrs. mos. 6 ds

(Signed) William F. Edwards M. D.

Feb-13, 1928 (Address) 1200 N. Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Farmville Va | DATE OF BURIAL: Feb. 13, 1928

20 UNDERTAKER: Mrs. R. A. Elliott | ADDRESS: 1225 Ashland Ave

N.B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

424 E North Forsythe

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

30515 — 90 E 30515

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1927 Guilford Ave. ST., 14 WARD)

2-FULL NAME Martin Oscar Benjamin

(a) RESIDENCE NO. 1927 Guilford ST. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Francis L. Benjamin

6 DATE OF BIRTH (month, day, and year): Sept 23 1853

7 AGE — Years: 74 — Months: 4 — Days: 19 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Chief Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: B & O R.R.

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: George W. Benjamin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Frankie Kreider

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Francis L. Benjamin
(Address) 1927 Guilford Ave

15 Filed FEB 13 1928 C. HAMPSON JONES, M. D. Registrar
per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 12 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1927, to Feby 11, 1928,
that I last saw h/m alive on Feby 11, 1928
and that death occurred, on the date stated above, at 11A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary): Apoplectic attack a few minutes,
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? No.

(Signed) Hugh Forsythe, M. D.

2/13, 1928 (Address) 424 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loraine Cemetery — DATE OF BURIAL: Feb 15th 1928

20 UNDERTAKER: William Cook — ADDRESS: 502 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 30516

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30516

CERTIFICATE OF DEATH.

137

1-PLACE OF DEATH Hebrew Aged Home

CITY OF BALTIMORE: (No.) Belvedere ave (ST.) 27-54 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ferie Klawansky

(a) RESIDENCE NO. Belvedere ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 2 yrs. 6 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Jacob

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years 86 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Nachama —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Abraham Schlossberg 3506 Belvedere ave

15 Filed 2/14 1928 .19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/13 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb-1- .1928. to Feb-13- .1928.

that I last saw her alive on Feb-13- .1928.

and that death occurred, on the date stated above, at 7.30 a. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary): Ovarian cyst

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Herman Seidel, M. D.

2/13, 1928 (Address) 2404 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Mt Carmel Rd — DATE OF BURIAL: 2/13, 1928

20 UNDERTAKER: Hof Levinson & Bro — ADDRESS 1127 E Butto st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30517

CERTIFICATE OF DEATH

13 E 30517

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 606 N Hilton St. 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alfred R. Lewis

(a) RESIDENCE NO. 606 N. Hilton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Laura M. Hobbs.

6 DATE OF BIRTH (month, day, and year): Aug 21 1854

7 AGE: Years 73. Months 5 Days 21 IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): 066

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Alfred M. Lewis

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Emily Clifton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: R. Holmes Lewis

(Address): 418 Dorman ave

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 12 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 10th 1927 to Feb 14th 1928, that I last saw h[illegible] alive on Feb 14th 1928, and that death occurred, on the date stated above, at 7.50 a m.

The CAUSE OF DEATH* was as follows:

Acute Cysto-Cystitis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary): Cardiac Decompensation

(duration) yrs. 4 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? yes Date of Jan 5th 1928

Was there an autopsy? no

What test confirmed diagnosis? Urine Examination

(Signed) William J Fresnick M. D.

, 19 (Address) 1700 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Vienna Dorc Co Md — Date of Burial: Feb 14 1928

20 UNDERTAKER: John O Mitchell and Sons — ADDRESS: 1900 Eutaw

NOTICE PLEASE, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 30518

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30518

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3015 Iona Terrace ST. 44 WARD)

2-FULL NAME Milton T. Goedeke

(a) RESIDENCE NO. 3015 Iona Terrace ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Eva M. M. Goedeke

6 DATE OF BIRTH (month, day, and year) Apl. 7th 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	10	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grain Inspector

(b) General nature of industry, business, or establishment in which employed (or employer) U. S. Government

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Frank Goedeke

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Henrietta Hartung

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant Eva M. M. Goedeke

(Address) 3015 Iona Terrace

15 Filed 1 3 1928, 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 11 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 26 1927 to Feb 11 1928, that I last saw h/ alive on Feb 11 1928, and that death occurred, on the date stated above, at 2.45 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac paralysis

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Multiple Sclerosis

(duration) 2 yrs. 6 mos. 16 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John W Sanderson, M. D.

19 (Address) 714 N Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pinewood Cemetery — DATE OF BURIAL Feb. 14 1928

20 UNDERTAKER Frederick Sasse Inc — ADDRESS Pikesville

NATIONAL STANDARD CERTIFICATE. AGE should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—I-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30519 E 30519

CERTIFICATE OF DEATH.

12

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4900 Belair Road ST. 40-41 WARD)

2-FULL NAME Lena Kloes

(a) RESIDENCE No. 4900 Belair Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., If of foreign birth? Unknown mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Henry Kloes

6 DATE OF BIRTH (month, day, and year): Feb. 16th 1866

7 AGE: Years 62 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Langd Germany

PARENTS

10 NAME OF FATHER: George Hübner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Henry Kloes

(Address): 4900 Belair Road

15 Filed: 3 1928 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9th Feb. 10th 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 6, 1928, to Feb 10, 1928, that I last saw h[illegible] alive on Feb 9, 1928, and that death occurred, on the date stated above, at 945 P. m.

The CAUSE OF DEATH* was as follows: Acute Infections Cholecystitis

(duration) yrs. mos. 0 ds.

CONTRIBUTORY (Secondary) Syncope following an acute Intoxication

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward [illegible] M. D.

Feb. 11, 1928 (Address) 1132 Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: Feb. 14 1928

20 UNDERTAKER: Frederick Lasschuit Sons — ADDRESS: Fredericks

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 30520 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30520

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1661 Abbotson 4846 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Howard J. Fohs

(a) RESIDENCE No. 2838 Kennedy Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Mary E. Fohs

6 DATE OF BIRTH (month, day, and year): Sept 23, 1888

7 AGE: Years 39 Months 4 Days 19 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Engineer

(b) General nature of industry, business, or establishment in which employed (or employer): U.S. Navy.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: George Fohs

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. J.

12 MAIDEN NAME OF MOTHER: Sophia Henheiser

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mary E. Fohs 2838 Kennedy Ave.

15 Filed FEB 3 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-11-1928

17 I HEREBY CERTIFY, That I attended deceased from September 22 1927 to February 11 1928 that I last saw him alive on February 11, 1928 and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexia

15 min

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis with hypertension (duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas Wm Edwards M. D.

, 19 (Address) 2738 Alameda Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cem — DATE OF BURIAL: Feb 1st 1928

20 UNDERTAKER: Mrs. Mrs. John N. Templeton — ADDRESS: 801 N Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30521

CERTIFICATE OF DEATH.

101 E 30521

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2800 Hamilton St., G-46 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha A. Stange

(a) RESIDENCE NO. 2800 Hamilton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 28, 1887

7 AGE: Years 40 Months 1 Days 15 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home Duties

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Henry G. Stange

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Elizabeth Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Arthur Stange

(Address) 2800 Hamilton Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 12 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 7, 1928, to Feb 12, 1928, that I last saw h alive on Feb 12, 1928 and that death occurred, on the date stated above, at 5-15 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(dutation) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin.

(Signed) J. Kluegel, M. D.

Feb 12, 1928 (Address) 2700 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery — DATE OF BURIAL: Feb. 15 1928

20 UNDERTAKER: Mrs. Mrs. John F. Siegel & Son — ADDRESS: 50 W. Fayette St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30522

CERTIFICATE OF DEATH.

E 30522

REGISTERED NO. 90

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Cathedral & Fayette ST. 21-29 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Joseph - Schlag

(a) RESIDENCE No. 1146 Scott ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Kramer Schlag

6 DATE OF BIRTH (month, day, and year): Feb 14, 1867

7 AGE: Years 60 Months 11 Days 28 29 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Paramount Fireman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: Adam Schlag

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md

12 MAIDEN NAME OF MOTHER: Caroline Bullock

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Samuel H. Schlag

(Address) 1146 Scott St.

15 FEB 13 1928 C. HAMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 12 1928

17

I HEREBY CERTIFY, That I attended deceased from Feb. 4 1928, to Feb 12 1928,

that I last saw he alive on Feb 12 1928

and that death occurred, on the date stated above, at 11:25 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease with myocardial failure

(duration) About yrs. mos ds.

CONTRIBUTORY (Secondary): Hypostatic pneumonia

(duration) yrs. mos. 0 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Elizabeth B Jones M. D.

, 19 (Address) Franklin Square Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem. DATE OF BURIAL: Feb. 16 1928

20 UNDERTAKER: Mrs. Mrs. John W. Teufel & Son ADDRESS: 501 W. Fayette

IMPORTANT: Should be Carefully Supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30523

CERTIFICATE OF DEATH.

90 E 30523

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Lady Hospital St. 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theo Broda

(a) RESIDENCE NO. 2498 Castle St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 Color or Race W

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years 43? Months Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Own

PARENTS

9 BIRTHPLACE (City or Town) (State or country) Va

10 NAME OF FATHER Theo Broda

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Theo Broda

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Theo Broda (Address)

15 Filed 8 13 1926 C. HANSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 6 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

CONTRIBUTORY (Secondary) Exhaustion (duration) Hrs. 1 mos. ds.

Filed 2/6/26 Signed G. C. Hanson (Duration) yrs. mos. ds.

2/6 19 26 (Address) 143 W. Biddle (Coroner) M. D.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Date of Burial 2/14 1926

20 UNDERTAKER H. Tabby Haus ADDRESS 1911 Eighty

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 30524

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30524

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 4-30 ST., WARD)

REGISTERED NO. 148

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leona Saunders

(a) RESIDENCE NO. Springfield State Hospital, Sykesville Md WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 2 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1908

7 AGE: Years 20 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Springfield Hosp. (Address) Sykesville, Md

15 Filed 2-16 19 28 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/13/1928

17

I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1928, to Feb. 13, 1928, that I last saw her alive on Feb 13, 1928, and that death occurred, on the date stated above, at 8 20 A m.

The CAUSE OF DEATH* was as follows:

Pyonephrosis, pernicious vomiting (Toxemia of pregnancy)

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy.

(Signed) C. W. Drake M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sykesville Md. DATE OF BURIAL Feb 16 19 28

20 UNDERTAKER Mees & Sons Inc. ADDRESS Sykesville Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CONDITION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30525

CERTIFICATE OF DEATH

129

E 30525

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 3402 Parkside Drive (St.) (Ward) 37-45

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Brimline

(a) RESIDENCE NO. 3402 Parkside Drive St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE William Brimline

6 DATE OF BIRTH (month, day, and year) April 14 1853

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	74	9	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER John Hassigal.

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Ireland.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland.

14 Informant Mrs W. Christopher

(Address) 3402 Parkside Drive

15 Filed 1928 C. EMERSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/11 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 12th, 1926, to Feb. 11th, 1928, that I last saw her alive on Feb. 10th, 1928, and that death occurred, on the date stated above, at 9:35 a. m.

The CAUSE OF DEATH* was as follows:

Chronic parenchymatous nephritis

(duration) 1 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) General anasarca

(duration) — yrs. 1 mos. — ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Typical findings

(Signed) Antony Weibel M. D.

2/13, 1928 (Address) 1424 E Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. Date of Burial Feb 14 1928

20 UNDERTAKER Margaret L. Flynn ADDRESS 1422 Light

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30526

CERTIFICATE OF DEATH.

179 E 30526

24-32

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. South Baltimore General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vernon E. Edwards.

(a) RESIDENCE NO. 1502 Byrd St. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) December 28, 1925

7 AGE	Years	Months	Days	IF LESS than 1 day .....hrs. or.....min.
	2	1	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John T. Edwards.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Amelia Floyd.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Amelia Edwards. (mother)

(Address) 1502 Byrd St.

15 Filed 192 C. Harrison Jones, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 12, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental burns about the legs and body, Salt of stove pipe setting fire to his clothing.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Chas. Reinhardt M. D.

(Coroner)

2/13 1928 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs.,..... mos.,..... ds. In the State..... yrs.,..... mos.,..... ds.

Where was disease contracted, if not at place of death?

1502 Byrd St. Feb. 11, 1928.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem. Date of Burial Feb. 14 1928

20 UNDERTAKER Margaret A. Floyd ADDRESS 1422 Light

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 30527

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B 30527

100-00

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 13-52 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Burse

(a) RESIDENCE NO. 1516 Mill Race ST. WARD Woodberry - Md.
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1-19-27

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	1		24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER James Burse

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va —

12 MAIDEN NAME OF MOTHER Ilma Crawford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va —

14 Informant Friends —
(Address) JOHNS HOPKINS HOSPITAL

15 Filed FEB 14 1928, 19 CLARENCE JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13 1928

17

I HEREBY CERTIFY, That I attended deceased from June 24, 1928, to Feb - 13, 1928, that I last saw h live on Feb - 13, 1928 and that death occurred, on the date stated above, at 10.45 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia, diffuse left lung, primary,

(duration) mos 21 ds.

CONTRIBUTORY (Secondary) Otitis media Streptococcus Contagiosa

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) J. L. Bonnett, M. D.

Feb 13, 1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Marys Hampden

DATE OF BURIAL Feb 14 1928

20 UNDERTAKER Thomas Dolan

ADDRESS 3615 Clifton Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30528

CERTIFICATE OF DEATH.

90

E 30528

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 813 Stirling ST. 10-14 WARD)

2-FULL NAME Nannie Rigdon

(a) RESIDENCE NO. 813 Stirling ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
69	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Annie Rigdon (Address) 1211 Jefferson St

15 Filed FEB 14 1928 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12 1928

17 I HEREBY CERTIFY, that I attended deceased from Feb 10, 19 28, to Feb 12, 19 28, that I last saw her alive on Feb 12, 19 28, and that death occurred, on the date stated above, at 10 P. m. The CAUSE OF DEATH* was as follows:

Cardiac Hypertrophy

(duration) 2 yrs. 0 mos 0 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) [illegible] M. D.

2-15 1928 (Address) 508 Somerset St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Auburn Cemetery DATE OF BURIAL Feb 15 1928

20 UNDERTAKER Chas. H. Johnson ADDRESS 1100 N. Carolina St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30529

CERTIFICATE OF DEATH.

E 30529

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPI ST., 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Max Russer

(a) RESIDENCE NO. 59 Appleton St. Rochester N. Y. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Eleanor

6 DATE OF BIRTH (month, day, and year) 12-8-83

7 AGE: Years 45 | Months | Days 6 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Butcher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Max Russer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Frances Puhler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records

(Address) JOHNS HOPKINS HOSPI

15 Filed FEB 14 1928 H. J. Pfeiffer M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 14, 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 6, 1928, to Feb 14, 1928, that I last saw him alive on Feb 14, 1928 and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Brain Tumor, Glioma, Right Cerebral (Removed)

(duration) yrs. 1 mos 15 ds.

CONTRIBUTORY (Secondary) Post Operative Meningitis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Rochester N Y.

Did an operation precede death? Yes Date of Feb 6, 1928

Was there an autopsy? No

What test confirmed diagnosis? Operation.

(Signed) Robt. L. Faulkner, M. D.

2/14, 1928 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rochester - N - Y. DATE OF BURIAL: Feb 14 1928

20 UNDERTAKER: J. O. Mitchell & Sons ADDRESS: 1900 Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 30530

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30530

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

City of BALTIMORE: (No. 1002 N. Mount St. 10-22 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grace Davies

(a) RESIDENCE NO. 1002 N. Mount St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	40	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va

PARENTS

10 NAME OF FATHER Don't know

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Don't know

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Ellen Curry

(Address) 1002 N Mount St

15 Filed 19

FEB 14 1928 [illegible]

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 1 ds.

2/13/28 (Signed) G. B. Finks M. D.

(Coroner)

, 19 (Address) 45 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs.. mos., ds. In the State yrs.. mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Winsor Md — Date of Burial 2/14 1928

20 UNDERTAKER: Daniel Easton — ADDRESS 916 Pa ave

Don should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 30531

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30531

CERTIFICATE OF DEATH.

100-002

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 706 Cider Ave St. 4-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard Carpenter

(a) RESIDENCE NO. 706 Cider Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 19/927

7 AGE: Years — Months 4 — Days 23 — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work no

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto City

(State or country)

10 NAME OF FATHER R. N. Hicks

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Rachel Carpenter

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

PARENTS

14 Informant Rachel Carpenter

(Address) 706 Cider ave.

Filed FEB 14 1928 H. [illegible] JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12, 1928

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cap Bronchitis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Constitutional

(duration) yrs. mos. ds.

(Signed) G. C. Prados M. D.

(Coroner)

2/13/28, 19 (Address) 1431 Bush

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial Feb 14 1928

20 UNDERTAKER Daniel Easton ADDRESS 916 Park

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30532

11-001

E 30532

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1309 N. Eden ST., 4-17 WARD)

2-FULL NAME Lillian Lee May Solomon

(a) RESIDENCE NO. 1309 N. Eden ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept. 11 1870.

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
57	5	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Ray S. Solomon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Ruth Hamilton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant (Address): Ruth M. Wood 1920 Kennedy Ave

15 Filed FEB 14 1928 CLAYTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2. 12. 1928.

17 I HEREBY CERTIFY, That I attended deceased from Febr. 7th 1928, to Febr. 12th 1928, that I last saw h Ev alive on Febr. 12th 1928 and that death occurred, on the date stated above, at 8 15 A m.

The CAUSE OF DEATH was as follows:

Influenza

(duration) mos 4 ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Harbo H. A. Meyer, M. D.

2/12 1928 (Address) 1031 N. Caroline

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	Feb 15 1928
20 UNDERTAKER	ADDRESS
George Lilling Sons	N. E. Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 30533

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-001 E 30533

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital St. 14-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Moore

(a) RESIDENCE NO. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 10, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, 5 hrs. or 40 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ovo

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Woman's Hospital Baltimore, Md.

PARENTS

10 NAME OF FATHER Ambrose Larkin Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country) New Orleans La.

12 MAIDEN NAME OF MOTHER Helen Penne

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New Orleans La.

14 Informant Ambrose Larkin Moore (Father)
(Address) 201 York Ave Roslyn Pk. city

15 Filed FEB 14 1920, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10 19 28

17 I HEREBY CERTIFY, That I attended deceased from Feb 10th, 19 28, to Feb 10, 19 28,
that I last saw him alive on Feb 10th, 19 28,
and that death occurred, on the date stated above, at 10.30 P m.
The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Hugh Hunt, M. D.

19 (Address) 16 E. Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL (Morgue Lab. Johns Hopkins)

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

TION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 30534

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100 E 30534

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 906 Belvedere St. 27-55 (WARD)

2-FULL NAME Edith P. Krauss

(a) RESIDENCE NO. 906 Belvedere ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred — yrs — mos 19 ds How long in U. S., if of foreign birth? yrs mos ds

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Jan 24, 1928

7 AGE: Years — Months — Days 19 If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Samuel F. Krauss

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Edith P. Hiser

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Samuel F. Krauss

(Address) 906 Belvedere

Filed FEB 1 4 1928, 19

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) FEB 13 1928 19

17 I HEREBY CERTIFY, That I attended deceased from Feb 11, 1928, to Feb 13, 1928,

that I last saw h alive on Feb 13, 1928,

and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Cancer

(duration) yrs mos 2 ds

CONTRIBUTORY (Secondary) Cancer for —

(duration) yrs mos 3

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of —

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Charles J. Peter M. D.

19 (Address) 1 E Read St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL FEB 16 1928 19

20 UNDERTAKER Geo W Little — ADDRESS —

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

B

C. H. SENIOR NOTARY PUBLIC

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE E 30535

E 30535
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

129
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Joseph's Hospital 8-17 WARD)

2-FULL NAME Wm Addison

(a) RESIDENCE NO. 1735 N. Dallas ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
m	Col.	M.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Addison

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44 4/3			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS
10 NAME OF FATHER
11 BIRTHPLACE OF FATHER (city or town) (State or country)
12 MAIDEN NAME OF MOTHER
13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Alice Addison
(Address) 1735 N. Dallas St.

15 Filed FEB 14 1928 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/12/28 19

17 I HEREBY CERTIFY, That I attended deceased from 2/2/28, 19 . to 2/12/28, 19 , that I last saw h[illegible] alive on 2/12/28, 19 , and that death occurred, on the date stated above, at 3:45 P. m.

The CAUSE OF DEATH* was as follows:

cardio vascular-
renal disease

(duration) 9 yrs. mos ds.

CONTRIBUTORY (Secondary) cardiac decompensation
(duration) yrs. mos. 24 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H Lawrence Fahrney, M. D.

, 19 (Address) St. Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible] Auburn — DATE OF BURIAL 2/15 19 28

20 UNDERTAKER Franklin Keefe — ADDRESS [illegible]

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30536

CERTIFICATE OF DEATH.

3 E 30536

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) Baltimore City Hospitals ST. 22-33 WARD)

2-FULL NAME John Frederick

(a) RESIDENCE NO. 14 E. Henrietta st. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Oda Frederick

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55 54				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Christian Frederick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Oda Ire

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records

(Address)

15 FEB 14 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 13, 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1928, to Feb. 13, 1928, that I last saw him alive on Feb. 13, 1928, and that death occurred, on the date stated above, at 6.30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy and clinical

(Signed) Henry C. Smith, M. D.

2-13-28 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL Feb 15 1928

UNDERTAKER Henry Hoen & Son

ADDRESS 1301 E Eager St

TION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 30537

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

4/3 ✓ E 30537.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1048 Brentwood Ave St.) 10-15 (WARD)

2-FULL NAME Patrick O'Neill

(a) RESIDENCE NO. 1048 Brentwood Ave St.

(Usual place of abode) WARD

Length of residence in city or town where death occurred 40 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 41 yrs. ? mos. ? ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
White	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen O'Neill

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About 63	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) P. R. R. Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Corroughkeenoo Ireland.

PARENTS

10 NAME OF FATHER James O'Neill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Riley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Ellen O'Neill (Address) 1048 Brentwood Ave

15 Filed FEB 14 1928, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 12, 1928

17 I HEREBY CERTIFY, That I attended deceased from August, 1927, to Feb. 12, 1928, that I last saw h[illegible] alive on Feb. 12, 1928 and that death occurred, on the date stated above, at 2 12 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Carcinoma lip ? San-

Jerne Lage (duration) yrs. 1 mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Evidence

(Signed) Fro. B. Gilbert, M. D.

, 19 (Address) 2802 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL Feb 15 1928

20 UNDERTAKER Rita Micciolo — ADDRESS 914 Brentwood Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 14 1928

Spec.—1-12-23—M&T—500 Bks.

E 30538 HEALTH DEPARTMENT—CITY OF BALTIMORE

74-00 E 30538

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 8-17 WARD)

2-FULL NAME George Berger

(a) RESIDENCE NO. 802 N. Broadway ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 0 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma H. Klopfel

6 DATE OF BIRTH (month, day, and year) Feb 5th 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	0	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fancy Cake Baker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Martin Berger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Christine Stamm

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Engerbach Germany

14 Informant Emma H. Berger (Address) 1800 North Broadway

15 Filed FEB 14 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13th 1928

17 I HEREBY CERTIFY, That I attended deceased from 2-8-'28, 19, to 2-13-'28, 19, that I last saw him alive on 2-13-'28, 19, and that death occurred, on the date stated above, at 5:30 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral thrombosis

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phy. findings

(Signed) Em Johnston M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL 2/16/1928

20 UNDERTAKER Geo. Rebert & Son 2503 — ADDRESS Edmondson Ave

TION is very important. See instructions on back of certificates.

E 30539

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 170 E 30539

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hosp St. 16-22 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Otto F. Deuchgraber

(a) RESIDENCE (No. Quarter Field R- Severn Md St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? 31 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 Color or Race White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Veltz

6 DATE OF BIRTH (month, day, and year) Sept 7 1888

7 AGE	Years	Months	Days 26	IF LESS than 1 day ..... hrs. or ..... min.
	34	4	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer Odd Employment

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Frederick Deuchgraber

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Bertha Trefka

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Bertha Deuchgraber

(Address) Severn Md

FEB 14 1928

15 Filed ..... Registered ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide

Gun Shot wound Head

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Shock

(Duration) ..... yrs. ..... mos. ..... ds.

2/14 1928 (Signed) G. C. Yates M. D.

(Corrected)

(Address) 1436 Guilford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Quarter Field Rd Cem Date of Burial 2/14 1928

20 UNDERTAKER C. J. Barton ADDRESS Edmondson Md

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

33 E 30540

E 30540

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 6204 Eastern Av St. 26-3 Ward)

2-FULL NAME Edward E. Bartholow

(a) RESIDENCE NO. 6204 Eastern Av St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Mary M. Bartholow

6 DATE OF BIRTH (month, day and year): Nov 5/82

7 AGE — Years: 45 Months: 3 Days: 6 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Transfer

(b) General nature of industry, business, or establishment in which employed (or employer): Business

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Harry Bartholow

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Francis Borden

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Mary M. Bartholow 6204 Eastern Av

15 Filed ..... 19 .....

FEB 14 1928 — ELTON JONES — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/11/28

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1- 28 to Feb. 11- 28 that I last saw him alive on Feb. 11- 28 and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

1. B. Osteomyelitis of L. Femur.

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) 1. B. Enteritis

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. H Herrmann M. D.

(Address) Feb. 14 28 7913 E Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — Date of Burial 2/14 1928

20 UNDERTAKER: Philip Hennig — ADDRESS 2016 Orleans

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-25—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30541

CERTIFICATE OF DEATH.

E 30541

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5713 Bellona Ave ST., 21 WARD)

2-FULL NAME Clara Isabelle Walls

(a) RESIDENCE NO. 5713 Bellona Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Richard F Walls

6 DATE OF BIRTH (month, day, and year) Jan 19, 1868

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Samuel Mackenzie

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Clara Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Richard Walls

(Address) 5713 Bellona Ave

FEB 14 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan, 1923, to Feb 12, 1928, that I last saw her alive on Feb 11, 1928 and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Coma

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. E. Voss. M. D.

2-13-1928 (Address) 5600 York Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet	2/15 1928
20 UNDERTAKER H. C. Cook	ADDRESS 522 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

Dr Coppage 2503 W Calvert St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30542

CERTIFICATE OF DEATH.

90 E 30542

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 41 S. Poppleton ST. 18-29 WARD)

2-FULL NAME Annie Cecelia Walters

(a) RESIDENCE NO. 41 S. Poppleton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	W.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Walters

6 DATE OF BIRTH (month, day, and year) Nov 22, 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	81	2	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Fred Bempel

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Scotland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Eugene Walters
(Address) 41 S. Poppleton St

15 Filed FEB 1, 1929 JOHN S. [illegible]
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 23, 1929, to Feb 12, 1929, that I last saw h alive on Feb 12, 1929 and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Senile Hypostasis.

(duration) yrs 3 mos ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs 3 mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address) 2503 W Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 2/5 1929

UNDERTAKER [illegible] Wm Cook

ADDRESS 502 E North Ave

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 30543

CERTIFICATE OF DEATH.

E 30543

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 928 Boyd St., St. 18-29 WARD)

2-FULL NAME Beatrice Rosetta Satchel,

(a) RESIDENCE NO. 928 Boyd St., ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced. (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single.

6 DATE OF BIRTH (month, day, and year): May. 18, 1927.

7 AGE — Years: — Months: 8 Days: 26 If LESS than 1 day, \ hrs or \ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Geo. F. Satchel,

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Thesa Hammond,

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Anundel Co. Md.

14 Informant: Thesa Satchel.

(Address): 928 Boyd St.

15 Filed FEB 14 1928, 19 — WILSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 13. 1928.

17 I HEREBY CERTIFY, That I attended deceased from Feb. 10. 1928. to Feb. 13. 1928.

that I last saw her alive on Feb. 13. 1928.

and that death occurred, on the date stated above, at 4 45 P. m.

The CAUSE OF DEATH* was as follows:

Acute Broncho-Pneumonia.

(Primary.)

(duration) \ yrs. \ mos 4 ds.

CONTRIBUTORY (Secondary): none.

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no. Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Clinical Exam Etc.

(Signed) Chas. Stanton, M. D.

2/14/1928 (Address) 888 W. Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: Feb 16 1928

20 UNDERTAKER: David A Easton

ADDRESS 916

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

Hamill

E 30544 HEALTH DEPARTMENT—CITY OF BALTIMORE

74-002

E 30544

REGISTERED NO.

CERTIFICATE OF DEATH.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital (St.) 4-46 (WARD)

2-FULL NAME John H Hamill

(a) RESIDENCE NO. 1116 E. 30th (St.) (WARD)

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer Fremont Car. Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Hamill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Sarah Ewing

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14

Informant Sallie R. Denny

(Address) 123 Warren Ave.

15

Filed FEB 14 1928, 19 Robert Register.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/12/28 19

17

I HEREBY CERTIFY, That I attended deceased from 2/10/28, 19 , to 2/12/28, 19 , that I last saw him alive on 2/12/28, 19 , and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral thrombosis

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Diabetes-pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. Laurence Fahrney, M. D.

, 19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet Cemetery

DATE OF BURIAL Feb 16 1928

20 UNDERTAKER John H. Denny

ADDRESS 715 Light St

TION is very important See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30545

E 30545

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Balto Genl Hospital ST. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George M. May

(a) RESIDENCE NO. 507 N Luzerne Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 9 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary H May

6 DATE OF BIRTH (month, day, and year) April 25 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	49	9	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sergt Police

(b) General nature of industry, business, or establishment in which employed (or employer) City of Southern Dist

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John May

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF Sophia Millenbaugh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Mary H May

(Address) 507 N Luzerne Ave

15 FEB 14 1928 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 5 , 1928 , to Feb 12 , 1928 , that I last saw him alive on Feb 11 , 1928 , and that death occurred, on the date stated above, at 6.15 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Myocarditis & Endocarditis

Hemiplegia 3 mos (duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory Exam

(Signed) O. P. Rice M. D.

Feb 13 1928 (Address) 24 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park DATE OF BURIAL Feb 15 1928

20 UNDERTAKER John F Denny ADDRESS 715 Lombard St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 30546 HEALTH DEPARTMENT—CITY OF BALTIMORE 001

CERTIFICATE OF DEATH. 100 E 30546

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 610 Claymont St. (Ward) 16-69

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Lascola

(a) RESIDENCE NO. 610 Claymont ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lif yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed, or Divorced~~, (write the word): Singe

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): March 9 1925

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	11	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Jamo Lascola

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy.

12 MAIDEN NAME OF MOTHER: Rosa Rasio

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy.

14 Informant (Address): Jamo Lascola. 610 Claymont Ave

15 Filed 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-13 1928

17 I HEREBY CERTIFY, That I attended deceased from 2-5, 1928, to 2-13, 1928, that I last saw h[illegible] alive on 2-13, 1928 and that death occurred, on the date stated above, at 1.30 a m

The CAUSE OF DEATH* was as follows:

Cardiac Hypertrophy & Dilatation

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Pneumonia Broncho

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? NO Date of —

Was there an autopsy? NO

What test confirmed diagnosis? Symptoms & Clinical Sign

(Signed) [illegible], M. D.

, 19 (Address) 924 North Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery. | DATE OF BURIAL: Feb 15 1928

20 UNDERTAKER: Geo. J. Pruett | ADDRESS: 1735 Harford Ave.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30547

CERTIFICATE OF DEATH.

101-001

E 30547

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 E Eager. ST. 10-14 WARD)

2-FULL NAME George C. Powell

(a) RESIDENCE NO. 616 E Eager st ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, Widowed, ~~or Divorced~~, (write the word): Widowed

5a If married, widowed, or divorced (a) HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): July 4 1843

7 AGE: 85 Years 6 Months 7 Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: George C Powell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs. C. Weil

(Address) 616 E. Eagar st

15 Filed FEB 14 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 11 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 8, 1928, to Feb 10, 1928, that I last saw him alive on Feb 10, 1928, and that death occurred, on the date stated above, at 4 PM.

The CAUSE OF DEATH* was as follows:

a Carbo Labor Pneumonia

CONTRIBUTORY (Secondary) (duration) yrs. mos 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? Physical

(Signed) A. L. Hornstein M. D.

2/14, 1928 (Address) 733 Aisquith st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Country DATE OF BURIAL: Feb 14 1928

20 UNDERTAKER: George F. Ruth ADDRESS: 1735 Harford Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

Samuel Rachlin

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30548 CERTIFICATE OF DEATH. E 30548

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL REGISTERED NO.

CITY OF BALTIMORE: (No. , ST., 7-9 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Rachlin

(a) RESIDENCE NO. 361 Nelson St ST. WARD Ottawa - Canada
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. mos. ds. How long in U. S., if of foreign birth? yrs. mos. 14 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept —

7 AGE: Years 26 | Months | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Real Estate

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Canada

PARENTS

10 NAME OF FATHER Joseph Rachlin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Anna Seiken

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Friends —
(Address)

15 Filed FEB 14 1928 Friends

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 12, 1928, to Feb 13, 1928, that I last saw h alive on Feb 13, 1928 and that death occurred, on the date stated above, at 2 P M

The CAUSE OF DEATH* was as follows:

Cellulitis, Staphylococcal Septicaemia, Diabetes mellitus, Pneumonia, Meningitis (?)

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) —
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Blood Culture -

(Signed) Raymond Wood M. D.

2/13, 1928 (Address) Johns Hopkins Hospital Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ottawa Canada — DATE OF BURIAL 2/14 1928

20 UNDERTAKER: Purnell & Bro — ADDRESS 127 E Balto St

THIS is very important See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30549

CERTIFICATE OF DEATH.

E 30549

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2805 Southern Ave St. 27-44 Ward) 90

2-FULL NAME Andrew Real

(a) RESIDENCE NO. 2805 Southern Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Real

6 DATE OF BIRTH (month, day, and year) Dec 21/1856

7 AGE	Years	Months	Days 21	IF LESS than 1 day.....hrs. or.....min.
	71	1	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Commission Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Joseph Real

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Wm. J. Real (Son)

(Address) 2805 Southern Ave

15 Filed ..... 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Cardiac Embolism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr Myocarditis

(duration) yrs. mos. ds.

(Signed) Jos. Kraus M. D.

(Coroner)

2/13/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cemetery Date of Burial Feb 15 1928

20 UNDERTAKER J. Kraus & Son ADDRESS 703 Hanover St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30550

CERTIFICATE OF DEATH

90~E 30550

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 716 Edgewood St. 16-67 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Koons

(a) RESIDENCE NO. 716 Edgewood St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 12, 1853

7 AGE: Years 74 Months 8 Days 1 IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Shoe Operator
(b) General nature of industry, business, or establishment in which employed (or employer): 086
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country): Md.

PARENTS

10 NAME OF FATHER: John Koons

11 BIRTHPLACE OF FATHER (city or town)
(State or country): Md.

12 MAIDEN NAME OF MOTHER: May King

13 BIRTHPLACE OF MOTHER (city or town)
(State or country): Md.

14 Informant: Elva Koons Sutin
(Address): 716 Edgewood ave.

15 Filed ... 19 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 12 1928

17 I HEREBY CERTIFY that I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) yrs. mos. — ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. — ds.

Sept. 1, 19 (Signed) C. C. Yates M. D.

(Address) 143 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fannettown Md Date of Burial Feb 15 19

20 UNDERTAKER: L. A. Krause & Son ADDRESS 703 Fannette St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 30551

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30751

CERTIFICATE OF DEATH.

31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) (Ward) 20

2-FULL NAME Bernice Johnson

(a) RESIDENCE NO. 1919 Etting st. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1909

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	19			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School-girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Celia Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records (Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 11, 19 28

17

I HEREBY CERTIFY, That I attended deceased from July 13, 19 25, to Feb. 11, 19 28,

that I last saw her alive on Feb. 11, 19 28,

and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & lab.

(Signed) L. Eldridge, M. D.

2-11-19 28 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 2/15/1928

20 UNDERTAKER Mrs. Geo. H. Holland — ADDRESS 1631 Druid Hill ave

THIS is very important See instructions on back of certificates.

E. C. HAMPSON JONES, M. D.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30552

CERTIFICATE OF DEATH.

3/ E 30552

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) (Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur Jenkins

(a) RESIDENCE NO. 1409 Brunt st. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1907

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	21 20			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Candy boy

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) Philadelphia
(State or country) Pennsylvania

PARENTS

10 NAME OF FATHER James Jenkins

11 BIRTHPLACE OF FATHER (city or town)
(State or country) North Carolina

12 MAIDEN NAME OF MOTHER Frances Griffin

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Hospital Records
(Address)

15 Filed ..... 19 ..... Registrar

FEB 14 1928 CHAMPSON JONES, M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1928, to Feb. 13, 1928, that I last saw him alive on Feb. 13, 1928, and that death occurred, on the date stated above, at 4.45 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous meningitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical and autopsy

(Signed) [signature] M. D.

2-13-28 (Address) Baltimore City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 2/15/1928

20 UNDERTAKER Wm. Geo. H. Holland

ADDRESS 1601 Druid Hill Ave

THIS is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

209373 E 30553

HEALTH DEPARTMENT—CITY OF BALTIMORE E 30563

CERTIFICATE OF DEATH.

109-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. 16-22 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elorsi Pinder

(a) RESIDENCE NO. 1513 Winchester ST. ..... WARD City
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Pinder

6 DATE OF BIRTH (month, day, and year): 2-29-83

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
44	11	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Hair dresser

(b) General nature of industry, business, or establishment in which employed (or employer): Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md -

PARENTS

10 NAME OF FATHER: Simon Chase

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md -

12 MAIDEN NAME OF MOTHER: Emma Reed

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md -

14 Informant: Records - JOHNS HOPKINS HOSPITAL
(Address)

15 FEB 14 1928 C. HARRISON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb-13 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1928, to Feb-13, 1928, that I last saw her alive on Feb-13, 1928 and that death occurred, on the date stated above, at 3 40 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis - Arteriosclerotic heart disease - Hypertension - Cerebral Hemorrhage following Cerebrectomy

(duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary): Septicemia Hemolytic Strep.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Arteriosclerosis not in Hosp

Did an operation precede death? Yes Date of 2-11-28

Was there an autopsy? Yes

What test confirmed diagnosis? Renal function Autopsy

(Signed) Christopher Johnston, M. D.

2/13, 1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion

UNDERTAKER: Mrs. Geo. H. Holland

DATE OF BURIAL: 2/16/1928

ADDRESS: 1618 Druid Hill Ave

TION IS very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.–200 Blks.

E 30554

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 30554

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Md Gen Hospt. St., 13-59 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Aaron Kholzman

(a) RESIDENCE NO. 2201 Callow Ave. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1/9 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jennie Kholzman

6 DATE OF BIRTH (month, day, and year): May 3 1862

7 AGE — Years: 65 Months: 8 Days: 13 IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Russia

(State or country): Poland

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Poland

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Poland

14 Informant: Hospt records.

(Address)

15 Filed ... 19 ... CHARLES JONES, Registrar

For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

17 I HEREBY CERTIFY, That I attended deceased from 2/11/28 19 to 2/13/28 19, that I last saw him alive on 2/13/28 19, and that death occurred, on the date stated above, at 11:10 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach.

Contributory Arteriosclerosis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted Home

If not at place of death?

Did an operation precede death? Yes Date of 2/12/28

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jno A Kemp, M. D.

19 (Address) Md Gen Hospt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship Bur. — Date of Burial: 2-14-1928

20 UNDERTAKER: Jack Levine, — ADDRESS: 1439 E Balto St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—MAT—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30555 ✓ E 30555

CERTIFICATE OF DEATH.

100-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hosiptal (ST.) 16-23 (WARD)

2-FULL NAME James Edward Weems

(a) RESIDENCE NO. 1121 N. Carrollton av (ST.) (WARD)

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Mal

4 COLOR OR RACE: Colrd

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Lucy weems

6 DATE OF BIRTH (month, day, and year): unk.

7 AGE: 64 — Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Moryland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): —

12 MAIDEN NAME OF MOTHER: —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): —

14 Informant: Lucy Weems (Address) 1121 Carrollton ave.

15 Filed, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 11 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 6, 1928, to Feb. 11, 1928, that I last saw h[illegible] alive on Feb. 11, 1928, and that death occurred, on the date stated above, at 2,05 p. m.

The CAUSE OF DEATH* was as follows:

Acute Mania

CONTRIBUTORY (Secondary): Terminal Bronchopneumonia (duration) yrs. mos. ds.

Cardiac failure (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Philip Pearlman M. D.

2d/f. 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Ameteries — DATE OF BURIAL: 2/15 1928

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 1303 Freastman St

ANSWER EVERY important See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 30556

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30556

CERTIFICATE OF DEATH.

15-22187-007

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Maryland Penitentiary. St. 15 in Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W. Roles. (C)

(a) RESIDENCE NO. 1865 N. Stricker St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. 8 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	Colored	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) May 20, 1904

7 AGE	Years	Months	Days 21	IF LESS than 1 day.....hrs. or.....min.
	23	8	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook. 21

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Spencer Roles. (C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Martha Talbott. (C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland.

14 Informant Martha Roles. (C) mother.

(Address) 1865 N. Stricker St.

15 Filed FEB 14 1928 C. Hilton Jones Jr. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 11, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull and internal injuries. Caught in a revolving mill. Occidental Death.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Hall Kinnard M. D.

(Coroner)

2/13 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the state.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery Date of Burial 2/16 1928

20 UNDERTAKER Thomas E. Kelson ADDRESS 1303 Eastern Ave

If DEATH in plain cells, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

2/05/9 E 30557 ✓ 9 E 30557

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. 1676 (WARD)

2-FULL NAME Oliver Kendall Smith

(a) RESIDENCE NO. 605 N. Carey ST. _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ~

6 DATE OF BIRTH (month, day, and year) 9-10-26

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	~1	10 5	~ 2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ~ 0&0

(b) General nature of industry, business, or establishment in which employed (or employer) --

(c) Name of employer ~

9 BIRTHPLACE (city or town) _____
(State or country) Maryland

PARENTS

10 NAME OF FATHER Daniel Smith

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) Tennessee

12 MAIDEN NAME OF MOTHER Lena Jackson

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) Washington, D.C.

14 Informant Records JOHNS HOPKINS HOSPITAL
(Address)

15 Filed B 14 1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 12 1928

17 I HEREBY CERTIFY, That I attended deceased from January 26, 1928, to Feb. 12 1928, that I last saw him alive on Feb. 12, 1928 and that death occurred, on the date stated above, at 2 45 A.M.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) _____ yrs. _____ mos 20 ds.

CONTRIBUTORY (Secondary) Pertussis - Tetany

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of _____

Was there an autopsy? Yes

What test confirmed diagnosis? _____

(Signed) Allan Blatrom, M. D.

, 19 (Address) The Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL 2/14 1928

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Prestman St

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 30558
1-PLACE OF DEATH

74-081

E 30558
REGISTERED NO.

City of BALTIMORE: (No. 100 E Cross St. 2433 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin H. Gray

(a) RESIDENCE NO. 100 E Cross St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian M. Gray

6 DATE OF BIRTH (month, day, and year) Mar 22 1853

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	74	11 10	11 19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Calvert Co. Md

PARENTS

10 NAME OF FATHER John Gray

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Jane Dickson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Lillian M. Gray

(Address) 100 E Cross St

15 Filed Feb 14 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1928 to Feb 11 1928

that I last saw h alive on Feb 11 1928

and that death occurred, on the date stated above, at 11 10 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. E. Campbell M. D.

Feb 14 1928 (Address) 644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Solomon's Md	Feb 15 1928
20 UNDERTAKER John F Denny	ADDRESS 715 Light St

IMPORTANT—Fill out CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Exact statement of OCCUPA... is very important. See instructions on back of certificates.

E 30559

CERTIFICATE OF DEATH.

E 30559

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 3413 Elmley Ave St., 8-40 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Neal A Hudson

(a) RESIDENCE NO. 3413 Elmley Ave St._____ Ward_____ Princess Anne Md

(Usual place of abode)

Length of residence in city or town where death occurred ___ yrs. 1 mos. ___ ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Carrie G. Hudson

6 DATE OF BIRTH (month, day, and year): 8/2, 1854

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	73	6	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Sweeden

PARENTS

10 NAME OF FATHER Hans Hudson

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Sweeden

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Sweeden

14 Informant Charlie E Hudson

(Address) 3413 Elmley Avenue

14 1926 C. HAMPSON JONES M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 10 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 30, 1928 to Feb 10, 1928

that I last saw h na alive on Feb 9, 1928

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Thrombo Phlebitis

External Saphenous Vein

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism

(duration) ___ yrs. ___ mos. 1 hr

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of_____

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) E. H. Loucella, M. D.

, 19 (Address) 817 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery — Date of Burial: 2/14 1928

20 UNDERTAKER: Albert I Hilty Jr — ADDRESS: 1606 Chester St

Spec.—1-12-23—M&T—500 Bks.

E 30560

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 30560

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph's Hospital ST. 9-17 (WARD)

2-FULL NAME Michael Myron Corbett

(a) RESIDENCE NO. Pikesville, Md ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 31 - 19[illegible]

7 AGE: Years 1 Months 8 Days 24 If LESS than 1 day hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Pikesville Md

PARENTS

10 NAME OF FATHER: John W. Corbett

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pikesville Md

12 MAIDEN NAME OF MOTHER: Marie Glunk

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa.

14 Informant: John W. Corbett

(Address) Pikesville Md

15 Filed 4 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-13 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 13, 1928, to Feb 13, 1928, that I last saw him alive on Feb 13, 1928, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Ruptured appendix

Peritonitis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary): Toxemia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lawrence Fahrney, M. D.

, 19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery

DATE OF BURIAL: 2/15 1928

20 UNDERTAKER: Charles H. Newell

ADDRESS: Pikesville Md

NOW is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30561

E 30561

CERTIFICATE OF DEATH.

161-081

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 839 Harlem Ave. WARD 16-16)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Chappell

(a) RESIDENCE NO. 839 Harlem Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 17 hrs 15 mins (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6 DATE OF BIRTH (month, day, and year): Feb 11, 1928

7 AGE: Years 0 Months 0 Days 0 If LESS than 1 day, hrs. or min. 17 hrs

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: George Chappell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Ida May Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md

14 Informant: Ida May Chappell

(Address)

15 Filed: 1928 Feb 14 Registrar: C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 14 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 11, 1928, to Feb 14, 1928

that I last saw him alive on Feb 11, 1928,

and that death occurred, on the date stated above, at 2:30 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity (duration) 17 hrs 15 Mins yrs. mos. ds.

CONTRIBUTORY (Secondary) Prematurity (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Alexander Mowry M. D.

, 19 (Address) 1016 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: Feb 14 1928

20 UNDERTAKER

ADDRESS

Use undertaker's name.

How to fill important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 30562

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30562

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) ST. 9-46 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Fortson

(a) RESIDENCE NO. 2647 Boone ST. (or) WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 9, 1928

7 AGE: Years | Months | Days | If LESS than 1 day, 9 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) U.S.

PARENTS

10 NAME OF FATHER Robert Fortson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ga.

12 MAIDEN NAME OF MOTHER Carl Blackwell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) U.S.

14 Informant

(Address)

15 4 1928 2 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 9 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1928, to Feb. 9, 1928, that I last saw h alive on Feb. 9, 1928 and that death occurred, on the date stated above, at 10, 50 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) [illegible], M. D.

2-13, 1928 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL FEB 14 1928

20 UNDERTAKER

ADDRESS

Spec.—1-12-23—M&T—500 Bks.

E 30563

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30563

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 14-20 ST., WARD) 16

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Mason.

(a) RESIDENCE NO. 713 Creastman ST. St. WARD
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced. (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 7, 1928

7 AGE — Years: — Months: — Days: Two — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Howard Mason

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Ruth Scott

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Md.

14 Informant ..... (Address) ..... M. D.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 9 1928

17 I HEREBY CERTIFY, That I attended deceased from 2-7, 1928, to 2-9, 1928, that I last saw h[illegible] alive on 2-9, 1928 and that death occurred, on the date stated above, at 6.15 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ..... yrs ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? .....

(Signed) ..... M. D.

2-13, 1928 (Address) .....

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL: FEB 14 1928

20 UNDERTAKER — ADDRESS

FEB 14 1928 C. HARRISON JONES, M. D. Registrar

Form 2168 10M

Spec.—1-12-23—M&T—500 Bks.

E 30564

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30564

CERTIFICATE OF DEATH.

REGISTERED NO. 57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2421 Lakeview Ave. St. 13-59 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Morris Baumgarten.

(a) RESIDENCE NO. 2421 Lakeview Ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Birdie Baumgarten

6 DATE OF BIRTH (month, day, and year) Sept. 19th. 1873.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	4	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Office Supplies etc.

(b) General nature of industry, business, or establishment in which employed (or employer) Mnfgr.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William Baumgarten

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Betsy Bamberger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Mrs. S. Schlicter, (Address) Lakeview Ave.

15 Filed FEB 14 1928 . 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby. 13th. 1928.

17 I HEREBY CERTIFY, That I attended deceased from April, 1927, to Feb 13, 1928, that I last saw h[illegible] alive on Feb 13, 1928 and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

nephritis - diabetes

(duration) 3 yrs mos ds.

CONTRIBUTORY (Secondary) anemia

(duration) yrs mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? Yes No Date of May 1927

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) J Frederick Leitz, M. D.

2-14-1928 (Address) Temple Garden Apts.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Hebrew Com.

DATE OF BURIAL 2/15/ 1928

20 UNDERTAKER Hurd Sondheim

ADDRESS 1820 W mt. Royal Ave.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30565

CERTIFICATE OF DEATH.

90 E 30565

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 4108 Falls Road St. 13-27 Ward)

2-FULL NAME William Martin Kelly

(a) RESIDENCE NO. 4108 Falls Road St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Marschen

6 DATE OF BIRTH (month, day, and year) Dec 1842

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	85	3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) 15

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Dennis Kelly

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Scarlet

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia

14 Informant Mr. Lee Kelly

(Address) 4108 Falls Road

4 1928 C. HAMPSON JONES, M. D. Registrar

BCH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

February 12, 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1925, to Feb 12, 1928, that I last saw him alive on Feb 11, 1928, and that death occurred, on the date stated above, at 8 A.M. m.

The CAUSE OF DEATH* was as follows:

Cerebral Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) C. Hampson Jones M. D.

19 (Address) 4037 Falls Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — Date of Burial Feb 10 1928.

20 UNDERTAKER Mary M. Wakefield — ADDRESS 501 E 22nd St

very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Spec.—1-12-23—M&T—500 Blks.

E 30566

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 E 30566

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 11-24 ST. WARD)

2-FULL NAME Martha Butler

(a) RESIDENCE No. 1229 Madison Av. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred / 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wayman Butler

6 DATE OF BIRTH (month, day, and year) ? 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work maid

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Miles Muse

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Maria Charlton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant Huston (Address) Balto City Hospital

15 Filed 4 1928 , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/12/1928

17 I HEREBY CERTIFY, That I attended deceased from 2/11, 19 28, to 2/12, 19 28, that I last saw her alive on 2/12, 19 28, and that death occurred, on the date stated above, at 3:00 P. m.

The CAUSE OF DEATH* was as follows:

? Mercurial Poisoning

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Chr Bronchitis & Emphysema

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Phys. & Lab.

(Signed) C. Holmes Quigley, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Edenton, N. C. DATE OF BURIAL 2/14/1928

20 UNDERTAKER Mrs Geo. H. Hollan ADDRESS 1631 Druid Hill

Spec.—1-12-23—M&T—500 Bks.

E 30567 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30567

CERTIFICATE OF DEATH.

38

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 16-23 WARD)

2-FULL NAME Sarah Blaney

(a) RESIDENCE NO. 713 No Gilford ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ? 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
64				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Parker Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) Adelphia (State or country) Va

14 Informant History (Address)

15 4/1928 , 19 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/14 1928

17 I HEREBY CERTIFY, That I attended deceased from 11-25, 1927, to 2/14, 1928, that I last saw her alive on 2/14, 1928, and that death occurred, on the date stated above, at 6 50 PM m.

The CAUSE OF DEATH* was as follows: Myocarditis, acute + Chr.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemiplegia rt Cystic Arthritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) C. Holmes Bagby M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL W.M. Cadwell — DATE OF BURIAL Feb 15 1928

20 UNDERTAKER Samuel W. Oliver & Son — ADDRESS 1400 Pennsylvania Ave

Spec.—1-12-23—M&T—500 Blks.

E 30568

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 30568

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST., 25-72 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sister Bernadine Brown

(a) RESIDENCE NO. Landsdowne P.a. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. — mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 6 - 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53	52	3	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sister of Charity

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER John Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Sisters of Charity St. Agnes Hosp

15 Filed 4 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 - 13 - 1928

17 I HEREBY CERTIFY, That I attended deceased from 2-2 1928 to 2-13 1928, that I last saw her alive on 2-13 1928 and that death occurred, on the date stated above, at 11.40 a. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

Precaudites with

Effusion.

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical Examination

(Signed) John F. Shea M. D.

2/14 1928 (Address) 804 Cathedral St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Feb 15, 1928
20 UNDERTAKER	ADDRESS
M Mahoney & Sons	1027 W. Fayette

Spec.—1-10-21—M&T—1500 Bks.

E 30569

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30569

CERTIFICATE OF DEATH.

74-051

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1429 w. Fremont St. (or WARD) 19-27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Margaretha Krender

(a) RESIDENCE No. 1429 w. Fremont ST.; WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Krender

6 DATE OF BIRTH (month, day, and year) Oct 13 1847

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
80	4	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Charles Schomon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Christina Hachman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Lawrence Krender

(Address) 1429 w. Fremont.

15 Feb 14 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 7, 1928, to Feb 13, 1928, that I last saw h alive on Feb 13, 1928, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) arterio sclerosis

(duration) 1 yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. Hampson Jones, M. D.

2-14-28 (Address) 1532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Feb 16 1928

20 UNDERTAKER: Jos Joerdens & Son — ADDRESS: 207 S. P. a

IMPORTANT: See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 30570 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30570

CERTIFICATE OF DEATH. x 69

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 4-30 ST., (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Parker

(a) RESIDENCE NO. Berlin, Md (Near) ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 30. 1904

7 AGE: Years 13 Months 4 Days 14 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Henry T. Parker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Lilbert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Mrs Henry Parker Ocean City Md

15 Filed 4 1928, 19 C. HARRISON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 14, 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1928. to Feb. 14, 1928.

that I last saw her alive on Feb. 14, 1928.

and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Pyuria Hemorrhagica

(duration) yrs. mos 40 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? - No

What test confirmed diagnosis? - Clinical

(Signed) Charles E. Hill, M. D.

2/14, 1928 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ocean City Md

DATE OF BURIAL: 2/14 1928

20 UNDERTAKER: William Cook

ADDRESS: 502 E Main

Spec.—1-12-23—M&T—500 Blks.

E 30571 · HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

47 E 30571

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals 10-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur Mullineaux

(a) RESIDENCE NO. 507 Denison ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ? 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
57				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer -

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER B. F. Mullineaux

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER M. V. Young.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Aubray A Mullineaux

(Address) 507 Denison st

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-13- 1928

17 I HEREBY CERTIFY, That I attended deceased from 2-9- 1928 to 2-13 1928

that I last saw him alive on 1-13- 1928

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Oesophagus -

Contributory mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes -

What test confirmed diagnosis? autopsy

(Signed) [illegible], M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park, Feb. 16 1928 | DATE OF BURIAL

20 UNDERTAKER Wm Cook | ADDRESS 502 E Fayette

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30572

CERTIFICATE OF DEATH.

E 30572

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 707 Arlington Ave (St.) (Ward) 27-47

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emily A Gondy

(a) RESIDENCE No. 707 Arlington Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F | 4 COLOR OR RACE W | 5 Single, Married, Widowed, or Divorced. (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Gondy

6 DATE OF BIRTH (month, day, and year) May 23. 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	8	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER James Price

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Frank G Gondy

(Address) 218 N Charles St

15 Filed 4 1928, 19 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 20, 1927, to Feb 13, 1928, that I last saw her alive on Feb 13, 1928 and that death occurred, on the date stated above, at 8.30 p.m.

The CAUSE OF DEATH* was as follows:

Chr Intestinal Nephritis

(duration) 10 yrs. — mos — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of Death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory

(Signed) John S. Fearhey M. D.

2/14, 1928 (Address) 43. Preston st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park | DATE OF BURIAL 2/16 1928

20 UNDERTAKER W. Cook | ADDRESS 111 E North Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30573

E 30573

CERTIFICATE OF DEATH.

178

1-PLACE OF DEATH

City of BALTIMORE: (No.) Colored Hospital (St.) 16-22 (Ward)

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary F Holins

(a) RESIDENCE NO. 116 ~~Eutaw~~ Stricker St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug. 21. 1927

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		6	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Sidney Holins

11 BIRTHPLACE OF FATHER (city or town)

(State or country) A. A. Co. Md.

12 MAIDEN NAME OF MOTHER Emma Sharps.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Emma Sharps.

(Address) 116 N. Stricker St.

15 Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:

Asthenia A.C.

from Tuberculosis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Signed G. C. Stadler M. D.

Coroner.

2/14/, 19 (Address) 1431 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery Date of Burial 2/15/ 1928.

20 UNDERTAKER Thomas E. Nelson ADDRESS 1303 Pennsylvania Ave.

very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

E 30574 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30574

99-001

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2820 N. Calvert St. 17-50 Ward)

2-FULL NAME Julia A. Henning

(a) RESIDENCE NO. 2820 N. Calvert St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? 73 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William F. Henning

6 DATE OF BIRTH (month, day, and year): Sept 21 1840

7 AGE: Years 87 | Months 4 | Days 22 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Engter

(State or country): Germany

PARENTS

10 NAME OF FATHER: Lt. H. Herman Thiemeyer

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Hanover Germany

12 MAIDEN NAME OF MOTHER: Adelaide Kellman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Hanover Germany

14 Informant: Miss Antonette E. Henning

(Address): 2820 N. Calvert St.

Feb 13 1928

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 10 1928, to Feb. 13 1928, that I last saw him alive on Feb. 12 1928, and that death occurred, on the date stated above, at 5.30 a. m.

The CAUSE OF DEATH* was as follows:

Senile Bronchitis

(duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Physical Signs

(Signed) Charles Gaff, M. D.

Feb 13 1928 (Address) 1111 N. Laurens St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge cemetery Date of Burial: Feby 16 1928

20 UNDERTAKER: Chas. H. Black ADDRESS: 742 W North ave

1928 DATE OF ENTRY

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 30575

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30575

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 N Biddle ST. 11-24 WARD)

REGISTERED NO. 1001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mollie Harris

(a) RESIDENCE NO. 309 N Biddle ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. 11 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: divorced Willie Stellman

6 DATE OF BIRTH (month, day, and year): unknown 1884

7 AGE: Years 44 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Mecklenburg Co Virginia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: Fenton Harris

(Address): 309 N Biddle St

15 Filed 1 4 1928 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 12 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 7, 1928, to Feb 12, 1928, that I last saw her alive on Feb 12, 1928, and that death occurred, on the date stated above, at 9.45 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) — yrs. — mos 12 ds.

CONTRIBUTORY (Secondary): None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. K. Pelletreau, M. D.

2/13, 1928 (Address) 817 Hamilton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Salem Virginia — DATE OF BURIAL: July 15 1928

20 UNDERTAKER: Samuel T. Hensley — ADDRESS: 578 N Biddle St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE E 30576

E 30576

CERTIFICATE OF DEATH.

74-601

1-PLACE OF DEATH

Registered No. 76-11

City of BALTIMORE: (No. 3311 McElderry St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carrie M Collison

(a) Residence No. 3311 McElderry St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Levin S Collison

6-DATE OF BIRTH (month, day and year): Oct. 15 18[illegible]

7-AGE: 69 yrs. 3 mos. 14 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work:

(b) General nature of industry, business, or establishment in which employed (or employer): Housewife 0

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER: Peter Lantz

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Mrs Wienecke

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

14- (Informant): Capt. Levin S Collison

(Address): 3311 McElderry

15- Filed C. HAMPSON JONES, M. D. Registrar.

A 1928

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Feb. 14 1928

I HEREBY CERTIFY, That I attended deceased from January 17, 1928 to February 14 1928

that I last saw h[illegible] alive on February 13 1928

and that death occurred, on the date stated above, at 1 30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage.

(Duration) yrs. mos. 28 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs.

(Signed) Adam C. Beatham M. D.

2-14-, 1928 (Address) 3137 E Balto St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Feb. 16 1928

20-UNDERTAKER: John C. Wilcox ADDRESS: 2435 E Oliver

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30577

CERTIFICATE OF DEATH.

179 E 30577

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 4513 Park Heights Ave St.) (15-58 Ward)

2-FULL NAME Donald F. Gosnell

(a) RESIDENCE NO. 4513 Park Heights Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 4 mos. 11 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 10-2-24

7 AGE — Years: 3 — Months: 4 — Days: 11 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baby

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Keyser W. Va

PARENTS

10 NAME OF FATHER C. B. Gosnell

11 BIRTHPLACE OF FATHER (city or town)

(State or country) W. Va

12 MAIDEN NAME OF MOTHER Bell D. Williams

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) W. Va

14 Informant C. B. Gosnell

(Address) 4513 Park Heights Ave

15 Filed ..... 192.. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/13 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Bronchial Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Second degree Burns to Genitalia

(duration) yrs. mos. ds.

Signed John H. Hessian (Coroner) M. D.

7/14, 1928 (Address) 6702 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Morgantown W. Va — Date of Burial: July 15 1928

20 UNDERTAKER: Harry N. Arnaud — ADDRESS: 4204 Ridgewood Ave

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 30578

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30578

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Johns Hopkins H. St. 7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph H- Murray

(a) RESIDENCE NO. 1527 N- Grand St. One Ward Phila. Pa -
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 9-21-1856

7 AGE: Years 71 | Months 4 | Days 24 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pa -

PARENTS

10 NAME OF FATHER: Michael Murray

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Bitter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Scotland

14 Informant: Records -
(Address)

15 Filed 1 5 1928, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 1 1928 to Feb 1 1928

that I last saw him alive on Feb 1 1928

and that death occurred, on the date stated above, at 2 20 P. m.

The CAUSE OF DEATH was as follows:

Bronchial Pneumonia
Unilateral

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary): Benign Prostatic Hypertrophy

(duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? yes Date of Feb 1 - 1928

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address) J. Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Culp Pa

DATE OF BURIAL: 2/15 1928

20 UNDERTAKER: [illegible]

ADDRESS: Glenburnie

Soec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30579

CERTIFICATE OF DEATH.

E 30579

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 526 Holtzman Ct. St. 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Antonina Zamenski

(a) Residence No. 526 Holtzman Ct. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Stanislaw

6-DATE OF BIRTH (month, day and year): 1875

7-AGE: 53 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Poland

PARENTS.

10-NAME OF FATHER: M. Modra

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Poland

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Poland

14- (Informant) Stanislaw Zamenski

(Address) 526 Holtzman Ct.

15- FEB 15 1928 192 C. HAMILTON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Feb 12 - 28

17- I HEREBY CERTIFY, That I attended deceased from Jan 17, 1928 to Feb 12, 1928

that I last saw h[illegible] alive on Feb 1 28

and that death occurred, on the date stated above, at 5 30 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

Hemorrhage Cerebral Insufficiency

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Andrew Kundrowicz M. D.

Feb 16 1928 (Address) 2579 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary

DATE OF BURIAL: Feb 16 1928

20-UNDERTAKER: F. H. Ozgazenski

ADDRESS 2730 Eastern Ave

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30580

E 30580

CERTIFICATE OF DEATH

1-PLACE OF DEATH Sydenham Hospital

City of BALTIMORE: (No. ____ St. 8-16 Ward)

REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Lee Martin

(a) RESIDENCE NO. 1513 N. Patterson Park Ave St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 7 mos. 14 ds. How long in U. S. if of foreign birth ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 30, 1924

7 AGE	Years	Months	Days	IF LESS than 1 day ____ hrs. or ____ min.
	3	6	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer) ____

(c) Name of employer ____

9 BIRTHPLACE (city or town) ____

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Raymond Lee Martin

11 BIRTHPLACE OF FATHER (City or town) ____

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Sarah C. Hofferman

13 BIRTHPLACE OF MOTHER (city or town) ____

(State or country) Baltimore, Md.

14 Informant Mr. Raymond L. Martin

(Address) 1513 N. Patterson Park Ave

15 Filed FEB 15 1928 C. HAMPSON JONES, M. D. Registrar

for ____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

February 14, 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 4, 1928, to Feb. 14, 1928, that I last saw her alive on Feb. 14, 1928, and that death occurred, on the date stated above, at ____ m.

The CAUSE OF DEATH* was as follows:

Diphtheria - Tonsil & Pharyngeal

(duration) ____ yrs. ____ mos. 13 ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted

If not at place of death? -

Did an operation precede death? No Date of ____

Was there an autopsy? No.

What test confirmed diagnosis? Culture

(Signed) S. Sachmen, M. D.

Feb. 15 1928 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
New Cathedral Cemetery	Feby 15 1928
20 UNDERTAKER	ADDRESS
Henry Hoech Son	1301 E Eager St

very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30581

CERTIFICATE OF DEATH

90 E 30581

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1729 St. Paul St. 12-19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Peter Gough Edelen

(a) RESIDENCE NO. 1729 St. Paul St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. (If non-resident give city or town and State)

How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frances Edelen

6 DATE OF BIRTH (month, day, and year): Dec. 1856

7 AGE — Years: 71 — Months: 2 — Days: —

IF LESS than 1 day ... hrs. or ... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Pres

(b) General nature of industry, business, or establishment in which employed (or employer): Conv. Merchant

(c) Name of employer

9 BIRTHPLACE (city or town) St Marys Co.

(State or country)

PARENTS

10 NAME OF FATHER Dr. Henry Edelen

11 BIRTHPLACE OF FATHER (City or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant: Ford Edelen

(Address) 4108 Pennhurst Ave

FEB 15 1928

Filed ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Feby 13. 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 29 1927, to Feby 13, 1928, that I last saw him alive on Feby 13, 1928, and that death occurred, on the date stated above, at 7.05 P. m.

The CAUSE OF DEATH* was as follows:

Endocarditis – chronic (Mitral insuf = aortic insuf and Stenosis)

(duration) Many yrs. — mos. — da.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... da.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Chas W. Larned M. D.

(Address) Feb 14-28 1327 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — Date of Burial: Feby 16 1928

20 UNDERTAKER: Chas C. Mitchell & Son — ADDRESS: 1923 Eutaw Pl

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30582

103 E 30582

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1320 W. Lexington ST. 19-26 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles C. Wolff

(a) RESIDENCE No. 1320 W. Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 17, 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82		28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER Jacob Wolff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Margaret Sies

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Holland

14 Informant Thomas F. Wolff

(Address) 109 Edmondson Ave. N. side Catonsville

15 AUG 15 1928 16 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 12, 1927, to Feb 12, 1928, that I last saw him alive on Feb 12, 1928, and that death occurred, on the date stated above, at 12 20 a.m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Auditory Vertigo

(duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? no Date of X

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) V Van Williams, M. D.

, 19 (Address) 601 W Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem.

DATE OF BURIAL Feb. 15 1928

20 UNDERTAKER Chas. J. Mitchell & Sons

ADDRESS 1900 Eutaw Place

INSTRUCTIONS ON BACK OF CERTIFICATE.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30583

CERTIFICATE OF DEATH.

179

E 30583

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Colored Hospital St. 16-22 Ward)

2-FULL NAME Chas C Watkins R

(a) RESIDENCE NO. 1115 N Fricks St. Ward

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Length of residence in city or town where death occurred Life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced? (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept. 17-77

7 AGE: Years 4 Months 26 Days IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Chas. Watkins Sr

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Rebecca Rhodes

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Chas E. Watkins

(Address) 1115 N Fricks St

15 Filed ....., 19.... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

*Pneumonia

Burns 2nd & 3rd degree (duration) 1½ hrs.

CONTRIBUTORY (secondary) Shock (duration) 1½ hrs.

Feb 19 1925 Signed C E Watkins M. D.

(Coroner)

(Address) 1431 N Paca

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial Feb 15 1925

20 UNDERTAKER Arnold Bowers ADDRESS 478 Park Ave

Very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30584

CERTIFICATE OF DEATH.

100-02 E 30584

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [illegible] ST., 1-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ~~[illegible]~~ Samuel Wyatt

(a) RESIDENCE NO. 2532 Ferrett ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 97 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year)

7 AGE: 97 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address): History Hospital Records

FEB 15 1928

Filed , 19 [illegible] JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 10 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 17, 1927, to Feb 10, 1928,

that I last saw him alive on Feb 10, 1928

and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Paget's Disease

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) C. Holmes Wright, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem

DATE OF BURIAL: Feb. 15 1928

UNDERTAKER: Wm. J. Tuckner & Sons

ADDRESS: N. & Pa.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30585

CERTIFICATE OF DEATH

100-001

E 30585

REGISTERED NO.

1-PLACE OF DEATH Balto City Hospl

CITY OF BALTIMORE: (No. 1 Balto Md. ST. 15-60 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Marshall

(a) RESIDENCE No. 2605 W. North Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of Margaret L. Marshall

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Mechanic

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Balto City Hospl Balto Md

15 Filed MAR 20 1928 HARRY JAMES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-14 1928

17 I HEREBY CERTIFY, That I attended deceased from 2-8 1928 to 2-14 1928

that I last saw h[illegible] alive on 2-14 1928

and that death occurred, on the date stated above, at 11.55 A m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

Mitral Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Psychosis with Deteriorative

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) [illegible] M. D.

2/14/1928 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. DATE OF BURIAL Feb 16 1928

20 UNDERTAKER Wm Tucker Sons ADDRESS North & Pa

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30586

CERTIFICATE OF DEATH.

E 30586

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital (Ward) 16-2

REGISTERED No.

2-FULL NAME John (~~Bonnacker~~) BONACKER

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE No. 1002 Madison ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: 56 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Janitor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mr. Harry Barkiell

(Address) 1002 Madison Ave

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 14 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan-14-28, 19 ..., to Feb-14, 19 28.

that I last saw him alive on Feb-14, 19 28.

and that death occurred, on the date stated above, at 7.10 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Jan 25-28

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) H. W. Elsasser M. D.

, 19 (Address) Mercy Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. | DATE OF BURIAL: Feb 16 1928

20 UNDERTAKER: Wm. Pickuer Sons | ADDRESS: North St.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30587

CERTIFICATE OF DEATH.

101-001

E 30587
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 414 Lorraine Ave (Hospital or Institution) 37-50 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ethel Georgie James

(a) RESIDENCE NO. 414 Lorraine Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Pierce James

6 DATE OF BIRTH (month, day, and year) Aug 25 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	43	5	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co Md

PARENTS

10 NAME OF FATHER Richard H. Ward

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co Md

12 MAIDEN NAME OF MOTHER Marg't A. Fitchett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Frank P. James

(Address) 44 Lorraine Ave

Filed FEB 15 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 13 1928

17

I HEREBY CERTIFY, That I attended deceased from Feby 6, 1928, to Feby 13, 1928,

that I last saw her alive on Feby 13, 1928

and that death occurred, on the date stated above, at 10:00 a m

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Walter W White M. D.

2-27-28 (Address) 2801 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL Feb 16 1928

UNDERTAKER Wm. J. Tickner & Sons

ADDRESS N. & Pa Ave

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30588

CERTIFICATE OF DEATH.

74-002

E 30588

REGISTERED NO.

1-PLACE OF DEATH St Agnes Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5-8 ST. WARD)

2-FULL NAME James Duggan.

(a) RESIDENCE No. 301 N. High St ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
40+	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER not given

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not given.

12 MAIDEN NAME OF MOTHER Not given

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not given

14 Informant St James Home for Boys (Address) 301 N. High St

15 Filed — 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-14 1928

17

I HEREBY CERTIFY, That I attended deceased from 2-6 1928 to Feb 14 1928

that I last saw him alive on Feb 14 1928

and that death occurred, on the date stated above, at 2 10 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Augustine P. Schulz M. D.

19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL 2/16 1928

20 UNDERTAKER Chas P. Crawford & Son ADDRESS 1111 North Eutaw Place

FEB 15 1928 [illegible] M. D. Registrar

Spec.—1-12-23—M&T—500 Bks.

30589

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101 001 E 30589

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1537 Orleans St. (WARD) 6-9

2-FULL NAME Clarence Nugent

(a) RESIDENCE NO. 1537 Orleans ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edith Nugent

6 DATE OF BIRTH (month, day, and year): Sept 9 1883

7 AGE: Years 44 Months 5 Days 26 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Catonsville Md

PARENTS

10 NAME OF FATHER: Lloyd Nugent

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Sophia Bush

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Geo. Nugent

(Address) 1214 Bond St. City

15 Filed 1 5 1928 19 Harry [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 8 1928 to Feb 13 1928, that I last saw h em alive on Feb 13 1928, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Acute Croupous Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Geo. H. Lee M. D.

2-19-28 (Address) 5 Commerce St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Feb 16 1928

20 UNDERTAKER: Jos. T. H. Rochester

ADDRESS: 1413 Jefferson St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30590

CERTIFICATE OF DEATH.

100-001

E 30590

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1837 Hanover St., 23rd Ward)

2-FULL NAME Eugene L. Granger

(a) RESIDENCE NO. 1837 Hanover St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced WIFE of (or) HUSBAND of —

6 DATE OF BIRTH (month, day, and year) June 1, 1927

7 AGE: Years 8 Months 5 Days 6 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER Samuel J. Granger

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country) Md

12 MAIDEN NAME OF MOTHER Emelia Derlyn

13 BIRTHPLACE OF MOTHER (city or town) Ohio

(State or country) Md

11 Informant Samuel J Granger

(Address) 1837 Hanover St.

15 Filed ..... 19 ..... Registrar

B 15 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 1 1928 to Feb 13 1928

that I last saw h alive on Jan 20 1928

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Primary) (duration) yrs. mos. 1 ds.

CONTRIBUTORY Exhaustion

(Secondary) (duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. C. Campbell M. D.

2/14 1928 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL? Western Cem Date of Burial Feb 15 1928

20 UNDERTAKER E. Schloman & Son ADDRESS 1039 Hanover

Any important instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 30591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 30591

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 914 Argyle Ave St. 1724 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Ferguson Matthews

(a) Residence No. 914 Argyle Ave St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. (if of foreign birth)? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M.

4-COLOR OR RACE. Col.

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Matthews

6-DATE OF BIRTH (month, day and year) 1868

7-AGE. 60 yrs. 57 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Truckster

(b) General nature of industry, business, or establishment in which employed (or employer) Hauling trucks

(c) Name of employer Self

9-BIRTHPLACE (city or town) (State or Country). Cuba

PARENTS.

10-NAME OF FATHER. Richard Matthews

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Cuba

12-MAIDEN NAME OF MOTHER. Martina Matthews

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Cuba

14- (Informant) Florence Matthews

(Address) 914 Argyle ave

15- Filed FEB 15 1928 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 2-12-28

17- I HEREBY CERTIFY, That I attended deceased from Jan 14, 1928 to Feb 12 1928

that I last saw h[illegible] alive on Feb 11 1928

and that death occurred, on the date stated above, at 10.10 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate gland

(Duration) yrs. 3 mos. (!) ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) H. Marco Williams M. D.

2-14-1928 (Address) 1430 Madison Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Auburn Cemetery

DATE OF BURIAL. Feb. 16, 1928

20-UNDERTAKER. Mrs. Katie R. Williams

ADDRESS 322 N. Schroeder St

Spec.-7-17-26-A Co.-200 Bl.

Linear

E 30592 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30592

Lake to Crown Blades for OK.

CERTIFICATE OF DEATH

90

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Gen Hospital St. 4-27 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Geo Lee Linear

(a) RESIDENCE NO. 322 N Stricker St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	negro	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Geo Lee Linear

6 DATE OF BIRTH (month, day, and year) [illegible] ? 1869

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	58	10	unknown	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer Construction

(b) General nature of industry, business, or establishment in which employed (or employer) [illegible]

(c) Name of employer [illegible]

9 BIRTHPLACE (city or town) [illegible]

(State or country) North Carolina

PARENTS

10 NAME OF FATHER Stanton Linear

11 BIRTHPLACE OF FATHER (City or town) [illegible]

(State or country) North Carolina

12 MAIDEN NAME OF MOTHER Mrs Pritchard

13 BIRTHPLACE OF MOTHER (city or town) [illegible]

(State or country) North Carolina

14 Informant [illegible]

(Address) [illegible]

15 Filed FEB 15 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13 1928

17 I HEREBY CERTIFY, That I attended deceased from 2/13, 19 28, to 2/13, 19 28, that I last saw h[illegible] alive on 2/13, 19 28, and that death occurred, on the date stated above, at 9 40 A. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

Contributory Alcoholism

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Geo A Lowe M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, giving (1) Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Lebanon Cemetery — Date of Burial Feb. 15 1928

20 UNDERTAKER Mrs. Kate R. Williams — ADDRESS 322 N. Schroeder

Very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

Wright

21651
E 30593

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 129 E 30593

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 430 E. Biddle ST. 19 WARD)

2-FULL NAME John J. Wright

(a) RESIDENCE No. 630 Garden Cove ST. WARD Fairmount-6-Ter

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. 1 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edna Lolland Wright

6 DATE OF BIRTH (month, day, and year) 8-14-84

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	43	6	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Fairmount-Mfg Co Va

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary Kerr

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed FEB 15 1928 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 30, 1928, to Feb 13, 1928, that I last saw h. alive on Feb 13, 1928, and that death occurred, on the date stated above, at 10 55 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? B chemistry

(Signed) Lyman Meiks, M. D.

Feb 14, 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery Co DATE OF BURIAL Feby 16 1928

20 UNDERTAKER John B. Spence ADDRESS 1325 N Caroline St

Spec.—1-12-23—M&T—500 Blks.

E 30594

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 30594

1-PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. 19-27 ST. 12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. Cahill

(a) RESIDENCE NO. 10 N. Calhoun ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	55	—	—	—

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER not given

11 BIRTHPLACE OF FATHER (city or town) (State or country) " "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " "

14 Informant Harry Weishampel

(Address) 1314 N Wash St

15 Filed 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-14 1928

17

I HEREBY CERTIFY, That I attended deceased from 1-17, 1928, to 2-14, 1928, that I last saw h[illegible] alive on 2-14, 1928 and that death occurred, on the date stated above, at 5-20 P. m

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & Sec urs

(Signed) Augustine F. McSorley M. D.

, 19 (Address) St Agnes Hos.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	Feb 17 1928
20 UNDERTAKER	ADDRESS
Robert Brookerson	Calhoun Wilkins

Spec.—1-12-23—M&T—500 Blks.

E 30595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 30596

1-PLACE OF DEATH Hebrew Hospital

CITY OF BALTIMORE: (No.) ST. 17-25 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nellie A Anderson

(a) RESIDENCE NO. 603 W Franklin ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	40			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant John Anderson
(Address) 2115 W Mulberry St

Filed FEB 15 1928 [illegible] Registrar
For [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/14 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1928, to Feb 14, 1928, that I last saw her alive on Feb 13, 1928 and that death occurred, on the date stated above, at 7 07 am

The CAUSE OF DEATH* was as follows:
Perforated Duodenal ulcer

(duration) yrs. mos 6 ds.
CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 2/8/28

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Benjamin Lotz, M. D.
, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Winchester Va — DATE OF BURIAL Feb 16 1928

20 UNDERTAKER George J Smith — ADDRESS 1532 Hollins St

Spec.—1-12-23—M&T—500 Blks.

E 30596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-0E 30596

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 250 S. Callington ave ST., 1-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maryanna. Rachuba.

(a) RESIDENCE NO. 250 S. Callington ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? 44 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Marcel Rachuba.

6 DATE OF BIRTH (month, day, and year): April 28-1866

7 AGE: Years 62. Months 9 Days 17 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland.

PARENTS

10 NAME OF FATHER: Piotr Maciejski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland.

12 MAIDEN NAME OF MOTHER: Zofia Przybyszewska

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland.

14 Informant: Marcel Rachuba.

(Address) 250 S Callington ave.

15 Filed: 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 14, 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 11, 1927, to Feb. 14, 1928, that I last saw h[illegible] alive on Jan 15-, 1928 and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 1 hour ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) 2-14-28 Eugene L. Cronin M. D.

(Address) 5-14 Drury Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus cem. DATE OF BURIAL: Feb. 18 1928

20 UNDERTAKER: George A. Weber ADDRESS: 2206 Bank St

Spec.—1-12-23—M&T—500 Blks.

E 30597 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30597

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [redacted] ST., 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Cooper

(a) RESIDENCE No. 507 Calvert ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, M[redacted]ed or Divorced, (wi[redacted]): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year)

7 AGE: 24 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): ?

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Edw. Cooper

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Lucy Gluck

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant (Address): History

15 Filed 5 1928 C. HAMPSON JONES, M. D. Registrar

Fee [redacted]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/12 19 28

17 I HEREBY CERTIFY, That I attended deceased from 2/3 19 28 to 2/12 19 28

that I last saw h[redacted] alive on 2/12 19 28

and that death occurred, on the date stated above, at 12.05 P m.

The CAUSE OF DEATH* was as follows:

Acute myocarditis,

Aortic thrombosis

(duration) yrs. mos. ds. → over

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) E. Holmes Bangs, M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cem.

DATE OF BURIAL: 2/15 19 28

20 UNDERTAKER: Byron H Wright

ADDRESS 1218 McCulloh St

Spec.—1-12-23—M&T—500 Bks.

E 30598

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30598

CERTIFICATE OF DEATH.

38

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1416 E Fairmount Ave ST., 5-9 (WARD)

2-FULL NAME Lizzie Young

(a) RESIDENCE NO. 1416 E Fairmount Ave ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: William J Young

6 DATE OF BIRTH (month, day, and year): 1885

7 AGE — Years: 43 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Arlington Va

PARENTS

10 NAME OF FATHER: James Turner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Arlington Va

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): not known

14 Informant: William J Young

(Address) 1416 E Fairmount Ave

15 Filed 5 1928, 19... C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/15 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 5, 1927, to Oct 13, 1927

that I last saw her alive on Oct 13, 1927

and that death occurred, on the date stated above, at 6 A.M.

The CAUSE OF DEATH* was as follows:

1 Arteriosclerosis Cerebral hemorrhage of brain

(duration) yrs. 4 mos 8 ds.

CONTRIBUTORY (Secondary) Liver

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Blood test Microscopic

(Signed) Richard L Cosgrove, M. D.

, 19 (Address) 1514 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Washington D. C.

DATE OF BURIAL: 2/16 1928

20 UNDERTAKER: Byron & Knight

ADDRESS 1218 McCulloh St

Spec.—1-12-23—M&T—500 Bks.

E 30599

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30599

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1 ST. 10-14 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis H King

(a) RESIDENCE NO. 741 No Central ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	M

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	82			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick, Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Friend

(Address)

15 Filed 1923 C. HAMSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/11 1923

17

I HEREBY CERTIFY, That I attended deceased from 8-29, 1922, to 2-11, 1923,

that I last saw him alive on 2-11, 1923,

and that death occurred, on the date stated above, at 5:00 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Cerebral Hem (left) with Rt Hemiplegia (duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam

(Signed) C. Hamson Jones, M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: FEB 15 1923

20 UNDERTAKER: Commissioner of Health.

ADDRESS

FORM NO. 8 HOSPITAL

Spec.—8-24-14—M. & T.—2000 Bks.

E 30600

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 30600

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Asylum Sundrys Sanitarium WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Dora Mason Peebles.

(Residence in Baltimore: No. Dorchester St.; 3 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, (Month) 2, (Day) 1, 1864 (Year)

7-AGE, 64 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Lady
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Petersburg Va

PARENTS.

10-NAME OF FATHER, Charles Archer Romaine

11-BIRTHPLACE OF FATHER (State or Country), N.Y.

12-MAIDEN NAME OF MOTHER Victoria Adelaide Mason

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sanitarium record

(Address) Sundrys San.

15-Filed 1928, 191... C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) Feb, (Day) 15, (Year) 1928

17- I HEREBY CERTIFY, That I attended deceased from July 29 1927, to Feb 15 1928, that I saw her alive on Feb 15 1928, and that death occurred, on the date stated above, at 10:20 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Cardiac Arrhythmia

(Duration) 3 yrs. 7 mos. da.

(Signed) Alfonso L. Carnevale M. D.

, 191... (Address) Petersburg Va.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 3 yrs. 6 mos. 17 da. In the State 3 yrs. 6 mos. 17 da.

Where was disease contracted, if not at place of death? Petersburg Va

Former or usual residence Petersburg Va

19-PLACE OF BURIAL OR REMOVAL. Petersburg Va — DATE OF BURIAL, Feb 15, 1928

20-UNDERTAKER Wm J. Tucker & Son — ADDRESS N. Y. Pa

Spec.—1-12-23—M&T—500 Blks.

E 30601

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101 E 30601

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1744 Hanover ST. 23-32 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles H. Manner.

(a) RESIDENCE NO. 1744 Hanover ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. 1 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nancy E. Manner.

6 DATE OF BIRTH (month, day, and year) Dec. 28, 1878.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49.	1.	17.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work B. & O. Conductor.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Paul Manner.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Phillipine Bright.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Mrs. Nancy H. Manner. (Wife). (Address) 1744 Hanover St.

15 Filed 5 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 8, 1928, to Feb 14, 1928, that I last saw h alive on Feb 14, 1928 and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Pleuro-Pneumonia

CONTRIBUTORY (Secondary) (duration) yrs. mos 7 ds. Acute Dilatation of Heart (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. E. Kemp Compton M. D.

2/15, 1928 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem. DATE OF BURIAL Feb 17 1928

20 UNDERTAKER C. Howard Evans ADDRESS 38 E. Hoffman

Spec.—1-12-23—M&T—500 Bks.

E 30602

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 30602

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 7-4 ST. WARD)

REGISTERED No. 100

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adolph Martini

(a) RESIDENCE No. 409 So Wolfe ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Julia Martini

6 DATE OF BIRTH (month, day, and year): March 3 1862

7 AGE: 65 Years | 10 Months | 13 Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Otto Martini

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Wilhelmina

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: History

(Address)

15 Filed 5-1928, 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/14 1928

17 I HEREBY CERTIFY, That I attended deceased from 10-7, 1927, to 2/14, 1928

that I last saw him alive on 2/14, 1928

and that death occurred, on the date stated above, at 900 P m.

The CAUSE OF DEATH was as follows:*

Lobular Pneumonia

CONTRIBUTORY (Secondary): Arthritis Deformans (duration) yrs. 3 mos. ds.

arteria - Sclerosis (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys Examination

(Signed) C Holmes Boyd, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel. DATE OF BURIAL 2/17 19 28

20 UNDERTAKER: Wm Cook ADDRESS 507 E Wolfe

Cor.—12-5-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30603

CERTIFICATE OF DEATH.

E 30603

1-PLACE OF DEATH

City of BALTIMORE: (No.) City Hospital St. 26-37 Ward)

2-FULL NAME Matteo Vigna

(a) RESIDENCE NO. 3904 Bank St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Antonietta Vigna

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
About	32			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tin Mill Worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Bethlehem Steel Co

9 BIRTHPLACE (city or town)

(State or country) Italy

PARENTS

10 NAME OF FATHER Joseph Vigna

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Italy

12 MAIDEN NAME OF MOTHER Grazia Vigna

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Italy

14 Informant Angelo Cosentino

(Address) 3522 Wabash Ave

15 Filed 1926 C. HAMPSON JONES, M. D., Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12 1926

17 I HEREBY CERTIFY, That I viewed the remains described above, held an Autopsy (Inquest, autopsy or inquiry.)

(thereof) died from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) And that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Homicide

Stabs Wounds. 1 day

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage

(Duration) yrs. mos. ds.

Feb 13 1926 (Signed) G C Hades M. D.

(Coroner)

, 19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross

Date of Burial 2/16 1926

20 UNDERTAKER Wm Cook

ADDRESS 502 E Fayette St

Spec.—1-10-21—M&T—1500 Bks.

E 30604

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30604

CERTIFICATE OF DEATH.

98-66 74001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 600 Cooks Row (ST.) (WARD)

2-FULL NAME Matilda M. Kraft

(a) RESIDENCE NO. 600 Cooks Row ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Conrad Kraft

6 DATE OF BIRTH (month, day, and year) --- 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Nicholas Schwindhelm

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Johanna Bewar

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Eugene Kraft

(Address) 600 Cooks Row

15 Filed 5 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 14 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1928, to Feb. 14, 1928, that I last saw h alive on Feb. 13, 1928, and that death occurred, on the date stated above, at 4.45A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene L. Pearson M. D.

2/14 1928 (Address) Edmondson & Drury Lane Ten Mills

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL Feb. 16 1928

20 UNDERTAKER Jos. Block.

ADDRESS 1003 W. Baltimore St

Spec.—1-12-23—M&T—500 Bks.

E 1 03-6
E 30605

HEALTH DEPARTMENT—CITY OF BALTIMORE E 30605

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 21-24 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ~~Mr Carron~~ Mary Elizabeth Teacher

(a) RESIDENCE NO. 1156 Cleveland ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 10-19-27

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
	3	25 26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md -

PARENTS
10 NAME OF FATHER Edward Teacher
11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C -
12 MAIDEN NAME OF MOTHER Mary Schorb
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa -

14 Informant Records -
(Address) JOHNS HOPKINS HOSPITAL

15 Filed JAN 1928, 19
C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 10, 1928, to Feb 14, 1928
that I last saw her alive on Feb 14, 1928
and that death occurred, on the date stated above, at 2 15 a. m.
The CAUSE OF DEATH* was as follows:
Broncho pneumonia

(duration) yrs. mos 7 days

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of \
Was there an autopsy? No
What test confirmed diagnosis? \

(Signed) Allan Blayney, M. D.
(Address) The Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery
DATE OF BURIAL Feb. 16 1928

20 UNDERTAKER Joseph M. Cook
ADDRESS 1003 W. Baltimore St.

Spec.—1-12-23—M&T—500 Bks.

30606

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-0 E 30606

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital #1 ST. 9-46 WARD)

2-FULL NAME Frank M. Spurry

(a) RESIDENCE NO. 1702 Homestead St. ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E. Spurry

6 DATE OF BIRTH (month, day, and year) Nov. 7, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	3	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer) Seaman

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Talbot Co. Maryland

PARENTS

10 NAME OF FATHER Martin Spurry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Caroline Co. Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Talbot Co. Maryland

14 Informant Himself
(Address)

15 Filed 5 1928, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 14 19 28

17

I HEREBY CERTIFY, That I attended deceased from February 25, 19 25, to February 14, 19 28, that I last saw him alive on February 14, 19 28, and that death occurred, on the date stated above, at 1:45 A. m.

The CAUSE OF DEATH* was as follows:

Hemorrhage, cerebral

Pyelitis, suppurative, chronic

(duration) 2 yrs. 11 mos. 11 ds.

CONTRIBUTORY (Secondary) Pyelitis, suppurative, chroni

(duration) 1 yrs. 7 mos. 3 ds.

18 Where was disease contracted if not at place of death? Baltimore, Md.

Did an operation precede death? No Date of --

Was there an autopsy? No

What test confirmed diagnosis? Neurological and Urinalysis

(Signed) ..... M. D.

2/13 19 2... (Address) U.S. Marine Hospital #1

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Feb 16 19 28

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 W. Baltimore St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 30607

CERTIFICATE OF DEATH.

E 30607

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. John Hopkins Hospital St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Kasowski

(a) RESIDENCE NO. 2804 Boston St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 20/1927

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
		3	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Andrew Kasowski

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Anna Plewaski

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Mother

(Address)

15 Filed C. HAMILTON JONES, M. D.

5 1928 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Ricketts

(duration) yrs. mos. ds.

(Signed) J. S. Cullen M. D.

(Coroner)

2/15/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Russian Orthodox Cem. Dundalk Rd

Date of Burial 2/18/28

20 UNDERTAKER John [illegible] & Son

ADDRESS 4239 Eastern Ave

Cor.—1-12-23—M&T—100 Blks.

E 30608

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30608

CERTIFICATE OF DEATH.

185

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital St. 6-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME BERTHA GRITZNER

(a) RESIDENCE NO 12 N. Streeper Street ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Otto Gritzner

DATE OF BIRTH (month, day, and year) March 1, 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	11	15 14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mr. Otto Gritzner Jr. (son)

(Address) 12 N. Streeper Street.

Filed 2-17 1928 C. HAMPSON JONES, M. D. Registrar

57928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 15, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

accident

Fractur R. Femur

(duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary) Hypo-Pneumonia

(duration) yrs. mos. 5 ds.

Signed G. L. Blades, M. D.

(Coroner)

2/15/28, 192 (Address) 143 W. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cemetery

DATE OF BURIAL Feb. 17 1928

20 UNDERTAKER Henry Sander & Sons Inc

ADDRESS 1710 Fleet St.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30609

CERTIFICATE OF DEATH.

162 E 30609

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1524 Prestman ST. 15-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Adams

(a) RESIDENCE NO. 1524 Prestman ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Blk.

5 Single, Married, Widowed, or Divorced, (write the word) Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6 DATE OF BIRTH (month, day, and year) Feb 14 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	1	17

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Wm. Adams

11 BIRTHPLACE OF FATHER (city or town) Balto. Md.

(State or country)

12 MAIDEN NAME OF MOTHER Dorothy Watkins

13 BIRTHPLACE OF MOTHER (city or town) Baltimore, Md

(State or country)

14 Informant Dorothy Adams

(Address)

15 Filed FEB 16 1928 F. J. JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 14, 1928, to Feb 15, 1928

that I last saw him alive on Feb 14, 1928

and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Congenital atelectasis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. Alexander Lowy M. D.

, 19 (Address) 14-16 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL 2/16 1928

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Prestman St

Cor.—12-9-25—A Co.—200 Hks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30610
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

143-001

E 30610
REGISTERED NO.

City of BALTIMORE: (No. St. Agnes Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katie E. Day

(a) RESIDENCE NO. 1108 W. 40th St Ward

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: William F. Day

6 DATE OF BIRTH (month, day, and year): June 13 1898

7 AGE — Years: 29 — Months: 8 — Days: — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework (?)

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town): Balto. Co

(State or country)

PARENTS

10 NAME OF FATHER: John R. Mister

11 BIRTHPLACE OF FATHER (city or town): Balto Co

(State or country)

12 MAIDEN NAME OF MOTHER: Jennette Carswell

13 BIRTHPLACE OF MOTHER (city or town): Balto. Co

(State or country)

14 Informant: William F. Day

(Address) 1108 W. 40th St

15 Filed ..... 19 ..... JONES, M. Registrar

FEB 16 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 13th 1928

17 I HEREBY CERTIFY that I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:

General Peritonitis (Acute) after abortion

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos B. Norton M. D.
(Coroner)

Feb 16th 1928 (Address) Curtis Bay Balto Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See rev[illegible])

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: St Marys Hampden Date of Burial: Feb 16 1928

UNDERTAKER: A. Marshall Address: 3539 Fait Road

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30611

CERTIFICATE OF DEATH.

90 E 30611

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 W. Franklin ST. 18-26 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Willie D. Bodensick,

(a) RESIDENCE NO. 920 W. Franklin ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. 4 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ------

6 DATE OF BIRTH (month, day, and year) Sept. 17. 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	4	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Charles D. Bodensick,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Lucy A. Lippy,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Mrs L. E. Gruver

(Address) 920 W. Franklin St

Filed FEB 16 1928 H. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) FEB 15 1928

17 I HEREBY CERTIFY, That I attended deceased from July 1927 to Feb. 1928 that I last saw him alive on Feb. 14 1928 and that death occurred, on the date stated above, at 1450 m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency.

(duration) 1 yrs 6 mos ds.

CONTRIBUTORY (Secondary) Myocardial Degeneration

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) Standish McAlester M. D.

19 (Address) 1609 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet DATE OF BURIAL FEB 17 1928

UNDERTAKER Geo W. Little ADDRESS 1116 Pennsylvania Ave

Spec.—1-12-23—MAT—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30612

CERTIFICATE OF DEATH.

57 R 30612

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4211 Belmar Ave ST. Rosebury WARD)

2-FULL NAME Anna V. Strebeck

(a) RESIDENCE No 4211 Belmar Ave ST., Rosebury WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Charles L. Strebeck

6 DATE OF BIRTH (month, day, and year) Feb. 20 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	11	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Edward Watson

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country) Virginia

12 MAIDEN NAME OF MOTHER Rebecca Salisbury

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country) Delaware

14 Informant Mrs Charles A. Kelso (Address) 4211 Belmar Ave Rosebury

15 FILED 6 1928 C. HARRISON JONES, JR. Registrar M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 11, 1928, to Feb 15, 1928, that I last saw her alive on " 14, 1928, and that death occurred, on the date stated above, at 4:45 a. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Coma

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) C. E. Neer, M. D.

2/15/28 (Address) 408 S Pat Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Feb 18 1928
20 UNDERTAKER	ADDRESS
Frederick Lovealm Sons	Fullerton

Spec.—12-9-25—A Co.—200 Bks.

E 30613

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-001

E 30613
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1420 McElderry St. 10-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Jackson

(a) RESIDENCE NO. 1420 McElderry St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph A. Jackson

6 DATE OF BIRTH (month, day, and year) May 11 1884

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	43	11	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) St Mary's Co Maryland

PARENTS

10 NAME OF FATHER Robert Chase

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Prince George Co. Maryland

12 MAIDEN NAME OF MOTHER Margaret Beam

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) St Mary's Co Maryland

14 Informant Joseph A. Jackson

(Address) 1420 McElderry St.

Filed FEB 15 1928 [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 13, 1928 19

17 I HEREBY CERTIFY, That I attended deceased from (about 3 weeks) Jan 17 1928 – Feb 13, 1928, that I last saw h[illegible] alive on Feb 13, 1928, and that death occurred, on the date stated above, at 9:20 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage & facial Paralysis.

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Hypertension Arteio-Sclerosis and Mitral Insufficiency

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J Young M. D.

2/15 1928 (Address) 1429 Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery Date of Burial 2-17-1928

20 UNDERTAKER Mrs Chas G. Bailey ADDRESS 1421 Jefferson St

Cor.—12-5-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30614

CERTIFICATE OF DEATH.

118-001

E 30614
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital 7-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chaney Franklin

(a) RESIDENCE NO. 1103 N. Port St St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 d yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Franklin

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	IF LESS than 1 day ..hrs. or ..min.
	53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) St. Mary's Co.,

PARENTS

10 NAME OF FATHER Jesse Barnes

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Susan A. Spriggs

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Sophia Robinson (Sister

(Address 2534 Arizona St Phila& Pa.

Filed FEB 10 1928

C. HAMILTON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) FEB 14-28 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

death

The CAUSE OF DEATH* was as follows:

Strangulated Hernia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Nephritis

(duration) yrs. mos. ds.

(Signed) J. H. Smith M. D.

(Coroner)

2/15/28 (Address) 508 E. North Ave Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery

Date of Burial 2-18 1928

20 UNDERTAKER Wm. Chas H. Bailey

ADDRESS 1421 Jefferson

Spec.—1-19-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30615

CERTIFICATE OF DEATH.

11-001 E 30615
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1420 Cornwall St) (Ward) 28

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Lewis

(a) RESIDENCE NO. 1420 Cornwall St (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 15-26

7 AGE Years 1 Months 10 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ella Leitch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant James Lewis (Address) 1420 Cornwall St

15 Filed 1 6 1928 C. H. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/15/ 1928

17 I HEREBY CERTIFY, That I attended deceased from 7/10/ 1928 to 7/15/ 1928

that I last saw h alive on 7/15/ 1928

and that death occurred, on the date stated above, at 5 9 m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Goitre

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thos. Shyrock Davis M. D.

, 19 (Address) 1 W Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western — DATE OF BURIAL Feb 19 1928

20 UNDERTAKER John J. Fritz ADDRESS 1200 N Fremont

Spec.—1-12-23—M&T—500 Bks.

George P Kerns.

HEALTH DEPARTMENT—CITY OF BALTIMORE

30616

CERTIFICATE OF DEATH. X 17 E 30616

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George P. Kerns

(a) RESIDENCE NO. Parsons W Va WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 2 dy. How long in U. S., if of foreign birth? yrs. mos. da.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Flagman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) W Va

PARENTS

10 NAME OF FATHER Hugh Kerns

11 BIRTHPLACE OF FATHER (City or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Galvin

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Ireland

14 Informant Jos P Kerns
(Address) Cumberland

Filed FEB 16 1928 H. HANSON JONES, M. D. Registrar

Per RMC

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 14 1928 to Feb 15 1928

That I last saw him alive on Feb 10 1928

and that death occurred, on the date stated above, at 8:05 a.m.

The CAUSE OF DEATH* was as follows:

Acute Cholangeitis
Empyema

(duration) yrs. mos 1 0 da.

CONTRIBUTORY (Secondary) Peritonitis & pulmonary sclerosis (duration) yrs. mos. 8 da.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of Feb 8 '28

Was there an autopsy? no Drainage of gall bladder

What test confirmed diagnosis? phys findings

(Signed) Wm Robertson, M. D.

, 19 (Address) mercy hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cumberland MD DATE OF BURIAL 2/17 1928

20 UNDERTAKER Frye & Farley Fulton & Fayette ADDRESS

Spec.—1-12-23—M&T—500 Blks.

E 30617

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101 E 30617

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~1516 Hull~~ St. Josephs Hospital ST. 24-35 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Clarke

(a) RESIDENCE NO. 1246 Hull St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 18 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
28	29	9	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shipfitter

(b) General nature of industry, business, or establishment in which employed (or employer) Shipwork

(c) Name of employer Balto Sup. Co.

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Patrick Clarke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Redchurch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mrs Catherine Clarke (Address) 1246 Hull St

15 Filed ..... 19 C. H. [illegible] JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15 28

17 I HEREBY CERTIFY, That I attended deceased from 1/30/28, 19 , to 2/15/28, 19 , that I last saw h[illegible] alive on 2/15/28, 19 , and that death occurred, on the date stated above, at 3:45 P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 16 ds.

CONTRIBUTORY (Secondary) Cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Laurence Fahrney M. D.

19 (Address) St. Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL Feb 16 1928

20 UNDERTAKER Chas. L. Sterns

ADDRESS 1501 E Fort

Spec.—1-10-21—M&T—1500 Bks.

E 30618

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 30618

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 241 East Gundall St. WARD)

2-FULL NAME Edmund Christian Riis

(a) RESIDENCE NO. 241 East Gundall St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harriett Womer

6 DATE OF BIRTH (month, day, and year) Dec 5 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer Mpp. Paint Co.

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John M. Riis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary Eulein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs Harriett Riis

(Address) 241 East Gundall St.

15 FEB 16 1928 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2.14 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 15 1927 to 2.14 1928

that I last saw him alive on 2.14 1928

and that death occurred, on the date stated above, at 7.05 P m.

The CAUSE OF DEATH* was as follows:

Sarcoma - involving glands in neck (left side)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Sarcoma of Liver

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of 12-20-27

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) J. Edward Norris M. D.

2.14 1928 (Address) 101 East West

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem. DATE OF BURIAL Feb 17 1928

20 UNDERTAKER Chas. L. Sterns ADDRESS 1505 E Fort Ave

REGISTRAR'S RECORD

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30619

CERTIFICATE OF DEATH.

E 30619

1-PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. 1 N Broadway St. 6-9 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rev. Carl Moldenhauer

(a) RESIDENCE NO. 1824 E. Baltimore ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Pearl Keller

6 DATE OF BIRTH (month, day, and year): Dont Know

7 AGE: Years 27; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Minister

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Chicago

PARENTS

10 NAME OF FATHER: Aug Moldenhauer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Rev John Schaner

(Address) 814 N Patterson Park

15 Filed 1 6 1928

C. H. [illegible], M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/15/1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 9, 1928, to Feb 15, 1928, that I last saw h[illegible] alive on Feb. 15, 1928, and that death occurred, on the date stated above, at 3.45 P m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis,
General Peritonitis

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary): Myocardial failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 2/9/28

Was there an autopsy?

What test confirmed diagnosis? History, physical findings Operation

(Signed) J. Frank Hewett, M. D.

2/17/1928 (Address) Church Home Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Chicago Ills

DATE OF BURIAL: Feb 17 1928

20 UNDERTAKER: John Leerics

ADDRESS: 2908 Erdman

Spec.—1-12-23—M&T—500 Bks.

E 30620 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30620

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. (H.B.) WARD)

REGISTERED NO. 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Nash

(a) RESIDENCE NO. 622 Saratoga st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Henry H. Nash

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Warfield

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

PARENTS

14 Informant Hospital Records (Address)

Filed FEB 16 1928 C. H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 14 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1927, to Feb. 14, 1928, that I last saw h im alive on Feb. 14, 1928, and that death occurred, on the date stated above, at 12.05 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab

(Signed) L. G. Madden, M. D.

2-14-28 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery DATE OF BURIAL Feb. 18 1928

20 UNDERTAKER Jno. M. Johnson ADDRESS 1334 Ethan St

Cor.—12-9-25—A Co—200 Blks.

E 30621

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

66

E 30621

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 712 Hanover St. St. 22-31 Ward)

2-FULL NAME Samuel Johnson.(C)

(a) RESIDENCE NO. 712 Hanover St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	44	---------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) North Carolina.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Mollie Rogers.(C)

(Address) 712 Hanover St.

15 Filed FEB 16 1928 H. Peter Jones, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 14, 1928.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Bernhardt M. D.
(Coroner)

2/15 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cem. Date of Burial Feb 19 1928

20 UNDERTAKER (1) L. A. Bruno & Son ADDRESS 1211 W. Pratt

Spec. 7-17-26 A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 30622

CERTIFICATE OF DEATH

E 30622

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 222 S. Green St. 27-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Bennett

(a) RESIDENCE NO. 222 S. Green St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. + mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Col	Sing'l

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) — 1883

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	45	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Automobile

(b) General nature of industry, business, or establishment in which employed (or employer) Mechanic

(c) Name of employer James Scott

9 BIRTHPLACE (city or town) Washington

(State or country) District of Columbia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town)

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Ella Smith

(Address) 422 Eastern Ave

15 Filed FEB 16 1928 19 H. V. JONES, M. D. Registrar

by

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/14 1928

17 I HEREBY CERTIFY, That I attended deceased from 2/12, 1928, to 2/14, 1928, that I last saw him alive on 2/13, 1928, and that death occurred, on the date stated above, at 10 30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Septic Pneumonia

(duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? None

What test confirmed diagnosis? None

2/15, 1928 (Signed) David Crunden, M. D.

(Address) 122 N. Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Ch. Date of Burial Feb 17 1928

20 UNDERTAKER W. P. Thompson Son ADDRESS W. Mt. Royal

Spec.—1-12-23—M&T—500 Bks.

E 30623 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30623

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 Md Ave Westport ST. 25-32 WARD) REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Angelina Catamozzitte

(a) RESIDENCE No. 601 Md Ave ST. Westport WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Leo. Catamozzitte

6b DATE OF BIRTH (month, day, and year): Unknown 1858

7 AGE: Years 69. Months Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: house work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Italy

10 NAME OF FATHER: Samuel Calicole

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Rosa Colomba

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

Informant: Mrs Leo. Catamozzitte

(Address) 601 Md Ave Westport

Filed OCT 6 1928 19

C. HARRISON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feby 14 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 4, 1928, to Feb 14, 1928, that I last saw h alive on Feb 13, 1928, and that death occurred, on the date stated above, at 12.30 P.M.

The CAUSE OF DEATH* was as follows:

La Grippe

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary): Chronic Disease of Heart

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

(Address) 517 Hoder 2/14/28

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: Feby 17 1928

UNDERTAKER: John Howard Sons

ADDRESS: 90 Baltimore

Spec.—1-12-23—M&T—500 Blks.

E 30624

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-001

E 30624

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital ST. 6-10 WARD)

2-FULL NAME Baby Sullivan

(a) RESIDENCE NO. 2224 E Fayette St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 13, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or 20 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore md.
(State or country)

PARENTS

10 NAME OF FATHER Thomas B. Sullivan

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Wilmerding Pa.

12 MAIDEN NAME OF MOTHER Rose Louise Riley

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore Md.

14 Informant Thomas B. Sullivan
(Address) 2224 E Fayette St.

15 Filed FEB 16 1928, 19 C. H. JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 13, 1928

17

I HEREBY CERTIFY, That I attended deceased from Feb 13 1928, to Feb. 13th 1928,

that I last saw her alive on Feb 13th 1928,

and that death occurred, on the date stated above, at 1 37 P m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Hugh Beatty, M. D.

, 19 (Address) 16 E. Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Womans Hospital

DATE OF BURIAL 19

UNDERTAKER

ADDRESS

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30625

CERTIFICATE OF DEATH.

35 E 30625

REGISTERED NO.

1-PLACE OF DEATH Mt Hope Retreat

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 9-46 WARD)

2-FULL NAME Sarah Lynch

(a) RESIDENCE NO. 731 E 22nd ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	77	Unknown		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER James Lynch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown Ireland

12 MAIDEN NAME OF MOTHER Georgeanna Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs Hope Retreat

(Address) Mrs Hope Retreat

15 Filed FEB 15 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 12, 1928

17 I HEREBY CERTIFY, That I attended deceased from June 30, 1926, to Feb. 15, 1928, that I last saw her alive on Feb. 14, 1928, and that death occurred, on the date stated above, at 2:10 a.m.

The CAUSE OF DEATH* was as follows:

Abscess of Thyroid

Papillary cyst adenoma, ovaries, bilateral

(duration) yrs. 2 mos. ... ds.

CONTRIBUTORY (Secondary) Senile dementia

(duration) Unknown yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Peel M. D.

, 19 (Address) Mt Hope Retreat.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL 2/17-28

20 UNDERTAKER Chas S. Brauer & Son — ADDRESS 1180 N. Eutaw

Cor.—12-9-25—A Co.—200 Bks.

E 30626

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 30626

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) U B Gen Hosp. St. 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Yetta Schneiderman

(a) RESIDENCE NO. 821 Aisquith St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Israel Schneiderman

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE — Years: 52 — Months — Days — IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Houseworks

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Morris Schneiderman (Address) 821 Aisquith St.

15 Filed: FEB 16 1928 19 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 15 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ... yrs. ... mos. 6 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ... yrs. ... mos. 1 ds.

(Signed) G. C. Straw M. D.

(Coroner)

(Address) 1415 W. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rawing Rem Date of Burial 2-16- 1928

20 UNDERTAKER: Jack Kruse ADDRESS 1439 E Balto St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

E 30627

CERTIFICATE OF DEATH.

162 E 30627

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1627 E 29 St St. 9-46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby McCauley

(a) Residence No. 1627 E. 29 St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX female.

4-COLOR OR RACE, White

5-Single, Married, Widowed or Divorced (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 2-14-28

7-AGE. If LESS than 1 day, ... yrs. ..... mos. 2 ds. 3½ hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work No

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER Oscar McCauley

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Va.

12-MAIDEN NAME OF MOTHER Mary Devine.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md

14-(Informant) Mary Devine.

(Address) 1627 E. 29 St

15-Filed FEB 16 1928 HARRY JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 2-16-28

17- I HEREBY CERTIFY, That I attended deceased from 2-14 1928 to 2-16 1928 that I last saw h[illegible] alive on 2-15 1928 and that death occurred, on the date stated above, at 1200 m.

The CAUSE OF DEATH* was as follows:

Asphyxia
Bronchopneumonia

(Duration) ..... yrs. mo 3 hrs.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) C. H. C. Mellon M. D.

2/16/28 (Address) 1737 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION or REMOVAL. New Cathedral DATE OF BURIAL, Feb 16 1928

20-UNDERTAKER, Stemmy Hutchinson's ADDRESS 1301 E Eager St

Spec. 12-23-21—E.B.R.S.—400 Bks.

E 30628

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30628

44

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1907 E. Oliver St., 8-17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. H. Carlott

(a) Residence No. 1907 E. Oliver St St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Clara, Carlott

6-DATE OF BIRTH (month, day and year): Jan 7th 1857

7-AGE: 71 yrs. 1 mos. 9 ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Queenstown, Md

PARENTS.

10-NAME OF FATHER: James Carlott

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Wilmington, Del

12-MAIDEN NAME OF MOTHER: Amelia Phillips

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Queen Annes Co Md

14- (Informant): Mrs Clara Carlott

(Address): 1907 E. Oliver St

15- Filed: B 16 1928

C. HAMILTON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): February 16, 1928

17- I HEREBY CERTIFY, That I attended deceased from June 1 1927 to February 16 1928

that I last saw h[illegible] alive on February 16 1928.

and that death occurred, on the date stated above, at 145A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver and Intestines

(Duration) 3 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cachexia and Jaundice

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Albert Dodd M. D.

, 19 (Address) 201 E. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Old Timanie

DATE OF BURIAL: 2/18 19 28

20-UNDERTAKER: Louis Heimann

ADDRESS: 814 S. Broadway

Spec.—1-12-23—M&T—500 Blks.

E 30629 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 30629

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5214 Queensbury Ave. (ST.) 47-16 (WARD)

2-FULL NAME Carl Herman Wallin

(a) RESIDENCE NO. 5214 Queensbury Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred -- yrs. 6 mos. -- ds. How long in U. S., if of foreign birth? 22 yrs. -- mos. -- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Abbott

6 DATE OF BIRTH (month, day, and year) Jan. 11, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	44	1	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Manager

(b) General nature of industry, business, or establishment in which employed (or employer): Real Silk

(c) Name of employer: Hosiery Company

9 BIRTHPLACE (city or town) (State or country): Sweden

PARENTS

10 NAME OF FATHER Carl Wallin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Sweden

12 MAIDEN NAME OF MOTHER Alma Lehman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Sweden

14 Informant (Address) Dr. Hugo F. Wallin 219 W. Monument St.

Filed 2 16 1928, 19 C. HARRY JONES M. Registrar

15 Adams Express Company

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 15th 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 13, 1928, to Feb. 15, 1928, that I last saw him alive on Feb. 15, 1928, and that death occurred, on the date stated above, at 8.15 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 15 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Phys Examination

(Signed) S A Hedges M. D.

Feb 16 1928 (Address) 904 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Riverton, N. J.

DATE OF BURIAL: 2/16 19 28

20 UNDERTAKER: Henry H. Myers Son

ADDRESS: 802 N. Calvert

Spec.—12-9-25—A Co.—200 Bks.

E 30630

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 30630

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2135 Cambridge St. 13 Ward)

2-FULL NAME Mary Collins

(a) RESIDENCE NO. 621 S. Rose St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Black

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Collins

6 DATE OF BIRTH (month, day, and year): Unknown.

7 AGE: Years 77 | Months | Days | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Bohemia

PARENTS

10 NAME OF FATHER: James Polar

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Bohemia

14 Informant: Mrs. Collins

(Address): 2135 Cambridge St.

Filed 3 16 1928

C. HARRISON JONES, M.D. Registrar

FEB 16 19

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 14 1928

17

I HEREBY CERTIFY, That I attended deceased from 2-13- 1928 to 2-14- 1928

that I last saw h alive on 2-14- 1928

and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH was as follows:

Chronic Bright's disease

Duration a year / Weeks

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M.D.

(Address)

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary Date of Burial Feb 17, 28

20 UNDERTAKER: Wm. Rowe & Son ADDRESS Woodland

Spec—12-23-21—E.B.R.S.—400 Bks.

E 30631 Steinman

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30631

CERTIFICATE OF DEATH.

20-69 129

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2102 Hollins St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Edith B. Steinman

(a) Residence No. 2102 Hollins St., Ward.....

(Usual place of abode)

(If non resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced: Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Wm H. Steinman

6-DATE OF BIRTH (month, day and year): July 4-1879

7-AGE: 48 yrs. 7 mos. 10 ds. LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housework (27)

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country): Ind.

PARENTS.

10-NAME OF FATHER: John Sterling Ind.

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Ind.

12-MAIDEN NAME OF MOTHER: Margaret Tyler

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Ind.

11- (Informant): William J. Steinman

(Address) 2102 Hollins St.

FEB 16 1928

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Feb 14 1928

17- I HEREBY CERTIFY, That I attended deceased from July 12 1927 to Feb 14 1928 that I last saw her alive on Feb 14 1928 and that death occurred, on the date stated above, at 11.10 P. M.

The CAUSE OF DEATH* was as follows: Recurrent Cerebral Hemorrhage

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Interstitial Nephritis

(Duration) over 7 mos. 3 ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? ✓

What test confirmed diagnosis? Clinical Test

(Signed) Thomas E. Lake M.D.

Feb 16 1928 (Address) 1203 W. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: Feb. 17 1928

UNDERTAKER: George L. Schwab

ADDRESS: 2101 Eutaw Ave.

Spec.—1-12-23—M&T—500 Bks.

E 30632

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 30632

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1725 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas A Williams

(a) RESIDENCE No. 600 W Saratoga ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	?

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) [illegible]

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plumber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va.

10 NAME OF FATHER Thomas Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Josephine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Record

(Address)

Filed FEB 16 1928 HARRISON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-13 1928

17

I HEREBY CERTIFY, That I attended deceased from 7-14 ..... 1927, to 2-13 ..... 1928.

that I last saw him alive on 2-13 1928

and that death occurred, on the date stated above, at 5:45 m.

The CAUSE OF DEATH* was as follows:

Acute myocarditis

(duration) yrs. ? mos. ds.

CONTRIBUTORY (Secondary) Hypertention, arteriosclerosis, Chr. nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) C. Holmes Jones M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Phila Pa	Feb 16 1928
20 UNDERTAKER	ADDRESS
John O Mitchell Sons	900 Eutaw Place

Spec.—1-12-23—M&T—500 Bks.

(William J. Wieners)

E 30633

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30633

CERTIFICATE OF DEATH.

66

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 8-16 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William J. Wieners

(a) RESIDENCE NO. 2122 Preston St. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Wieners

6 DATE OF BIRTH (month, day, and year): Feb 23 1868

7 AGE: Years 59 | Months 11 | Days 20 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Moulder

(b) General nature of industry, business, or establishment in which employed (or employer): Iron Works

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Iowa

10 NAME OF FATHER: Charles Wieners

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Antonette Hoster

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant (Address): Joseph Wieners 2122 Preston St

Filed ..... 1928 .19 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/14/28

17 I HEREBY CERTIFY, That I attended deceased from 1/29/28 .19 to 2/14/28 .19 that I last saw him alive on 2/14/28 .19 and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos 16 ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) H. Lawrence Fahrney, M. D.

.19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. DATE OF BURIAL 2/17/1928

20 UNDERTAKER: J. A. Moran ADDRESS 3205 E. Baltimore

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30634

E 30634

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

City of BALTIMORE: (No. 687 W. Lee St. St. 2230 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Robinson. (C)

(a) RESIDENCE NO. 687 W. Lee St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	Colored	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day....hrs. or....min.
	89	---	---	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) South Carolina.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Emma Rollins. (C)

(Address) 687 W. Lee St.

15 Filed ... 19 ...

C. HAMPSON JONES, M. D.

217 THE MORGUE.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 7, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency.
Acute dilatation of the Heart.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) C. H. Hampson M. D. (Coroner)

2/15 19 28 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial ... 19

20 UNDERTAKER ADDRESS

FEB 16 1928

JOHNS HOPKINS HOSPITAL

Commissioner Health

Cor.—12-9-25—A Co.—200 Bks.

E 30635

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30635

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Pier No.6 Locust Point. St. 24-35-182 Ward)

2-FULL NAME J.Thomas Harrison.

(a) RESIDENCE NO. Sweden. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred En route. yrs. mos. ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	White.	Do not know.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of --; ---

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	30	---;	---	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook on boat

(b) General nature of industry, business, or establishment in which employed (or employer) Tusitala

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Sweden.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Police Report. S.D.

(Address)

15 Filed 19 Registrar

2176 Pier No.6 Locust Point

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 9, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry. (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.
Accidental fall from Pier.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Otto Leinhardt M. D.
(Coroner)

2/15 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL. Date of Burial FEB 16 1928 19

20 UNDERTAKER Commissioner Health. ADDRESS

C. HAMPSON JONES, M.D.

Cor.—12-9-25—A Co.—200 Bks.

E 30636

HEALTH DEPARTMENT—CITY OF BALTIMORE

66 ✓

E 30636

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. Aisquith & Orleans Sts. St. 5-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Jackson.(C)

(a) RESIDENCE NO. 1128 Low St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. ---------- How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Widow.

5a If ~~married, widowed, or divorced~~ (or) WIFE of Alexander Jackson.(C)

6 DATE OF BIRTH (month, day, and year) March 28, 1900

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	27	10	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia.

PARENTS

10 NAME OF FATHER Nelson Finley.(C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia.

12 MAIDEN NAME OF MOTHER Annie Richardson.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia.

14 Informant Annie Richardson.(C) mother.

(Address) 1128 Low St.

6 1928 2179 THE MORGUE

15 Filed ....., 19 C. HAMPSON JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 29, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.
Exposure.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Reinhardt M. D.

(Coroner)

2/15, 19 28 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. See reverse side for additional space.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

(C)

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 19

20 UNDERTAKER JOHNS HOPKINS HOSPITAL

ADDRESS Commissioner Health

FEB 16 1928

... Am E WOODALL

Spec. 1-10-21 M&T 1500 Blks.

E 30637

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 30637

161-081

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 509 Otterbein (Ward) 21-29

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Not known (Baby Nurs...)

(a) RESIDENCE NO. 509 Otterbein St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) —

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years Months Days If LESS than 1 day, hrs or 10 min.

5 Months and 10 days

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Edw Hampson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Naomi Murray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14

Informant

(Address)

15

Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/15/ 1928

17

I HEREBY CERTIFY, That I attended deceased from 2/15/ 1928, to 2-15- 1928, that I last saw h... alive on 2-15- 1928 and that death occurred, on the date stated above, at 1-50 p. m.

The CAUSE OF DEATH* was as follows:

Premature birth

CONTRIBUTORY (Secondary) Fall down steps (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Stephen Doan M. D.

1928 (Address) 509 Otterbein

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JOHNS HOPKINS HOSPITAL

Commissioner Health

FEB 16 1928

Spec.—1-12-23—M&T—500 Bks.

30638

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 30638

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital ST. Broadway (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mollie King

(a) RESIDENCE NO. 2513 Christian ST. 20th WARD

(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. 6 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John H. King

6 DATE OF BIRTH (month, day, and year): July 21 1866

7 AGE: Years 61 Months 6 Days 22

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: John Murphy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mollie McGee

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Ireland

PARENTS

14 Informant: Mrs Lillian Lutz

(Address) 2513 Christian St

Filed 6 1928 C. HAMPSON JONES, M. D.

By Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 13th 1928

17 I HEREBY CERTIFY, That I attended deceased from 1-31 — 1928, to 2-13 1928, that I last saw h alive on 2-13 1928, that death occurred, on the date stated above, at 1.30 P.m.

The CAUSE OF DEATH* was as follows:

Fracture of neck of Femur

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Cerebral Embolus

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What confirmed diagnosis? None

(Signed) Justine P. Von Schrenk, M. D.

19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral DATE OF BURIAL: Feb 16th 1928

UNDERTAKER: H. B. Filippert ADDRESS: 1850 N. Bruto St

Spec.—1-12-23—M&T—500 Blks.

E 30639

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100 E 30639

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3238 Foster ave. ST., 26 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph George Mayger

(a) RESIDENCE No. 3238 Foster ST., 26 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 8th 1925

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md. (State or country)

10 NAME OF FATHER Joseph A. Mayger

11 BIRTHPLACE OF FATHER (city or town) Balto. Md (State or country)

12 MAIDEN NAME OF MOTHER Loretta Shriver

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md (State or country)

Informant Joseph A. Mayger

(Address) 3238 Foster Ave.

Filed 1926 19 C. HAMPSON JONES, M. D., Registrar

File

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14th 1928

17

I HEREBY CERTIFY, That I attended deceased from Feb 13 1928 to Feb 13 1928

that I last saw h alive on Feb 13 1928

and that death occurred, on the date stated above, at 1245 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. L. Burke, M. D.

(Address) 3042 Hudson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cemetery — DATE OF BURIAL Feb. 17th 1928

20 UNDERTAKER Lilly & Geisler Inc. — ADDRESS 703 S. Wolfe

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30640

CERTIFICATE OF DEATH.

E 30640

1-PLACE OF DEATH

City of BALTIMORE: (No. 3826 Fernwood St., 26 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Nally

(a) RESIDENCE NO. 3826 Fernwood St. 26 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

3a If married, widowed, or divorced HUSBAND of (or) WIFE of late Bridget L. Nally

6 DATE OF BIRTH (month, day, and year) aug 22nd 1847

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	80	5	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Ireland (State or country)

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant Anna L. Tainer daughter

(Address) 3826 Fernwood Ave

Date 1928 C. HAMPSON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 8th 1928

17 I HEREBY CERTIFY, That I viewed the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry.)

Upon and from the evidence obtained at said Inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Apoplexy

(Duration) yrs. mos. ds.

Feb 15 1928 Signed G C Hayes M. D.

(Coroner)

, 19 (Address) 1436 Berry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery Date of Burial: Feb. 18 1928

20 UNDERTAKER Lilly & Geiler Inc. ADDRESS 403 S. Wolfe St

Feb 15 1928 RPK

Spec.—7-17-26—A Co.—200 Bks.

E 30641

HEALTH DEPARTMENT—CITY OF BALTIMORE

49 E 30641

CERTIFICATE OF DEATH

1-PLACE OF DEATH Colonial Hospital REGISTERED NO.

City of BALTIMORE: (No. 1122 N. Mount St. 8-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mark Bradley

(a) RESIDENCE NO. 2111 Sinclair Lane St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Johanna Bradley

6 DATE OF BIRTH (month, day, and year): Sept 5th 1853

7 AGE: Years 74 Months 5 Days 11 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: James Bradley

11 BIRTHPLACE OF FATHER (City or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Bridget Magle

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs Geo. Breitenbach (Address) 2111 Sinclair Lane

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar RRB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: 2-16-28

17 I HEREBY CERTIFY, That I attended deceased from 4-5 19 27 to 2-16 19 28

that I last saw h alive on 2-16 19 28

and that death occurred, on the date stated above, at 2.45 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Bladder (Cancer)

diagnosis made in April 1927

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Cystoscopic Exam.

(Signed) Julius Kalodkey M. D.

19 (Address) 1122 N. Mount St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery Date of Burial: Feb. 20 1928

20 UNDERTAKER: Lilly & Zilen Inc. ADDRESS: 4033 Wolfe St

Spec.—1-10-21—M&T—1500 Bks.

E 30642 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30642

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3228 O'Donnell ST. 26-1 WARD)

2-FULL NAME Bernard Feldmann

(a) RESIDENCE NO. 3400 Mueller ST., 26 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna (Rohardt) Feldman

6 DATE OF BIRTH (month, day, and year): Nov. 1 1855

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
73	4	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Broom factory O'Neill

(c) Name of employer: Atlantic Brush Co.

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Henry Feldmann

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Anna (not known)

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Elizabeth Dorn

(Address): 3228 O'Donnell St.

15 Filed: 6 1928 . 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 14 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 5 . 1928 . to Feb 14 . 1928 . that I last saw h[illegible] alive on Feb 14 . 1928 . and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial nephritis (duration) indefinite yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. W. Wright M. D.

2/15/1928 (Address) 1014 S. Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cemetery — DATE OF BURIAL: Feb. 17 1928

20 UNDERTAKER: Lilly & Zeiler Inc. — ADDRESS: 1038 S. Wolfe St

Spec.—1-10-21—M&T—1500 Bks.

E 30643

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 30643

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2244 Bank ST., 1 WARD)

2-FULL NAME Valentine John Bishop

(a) RESIDENCE NO. 2244 Bank ST., 1 WARD

(Usual place of abode)

Length of residence in city or town where death occurred left yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Agatha Teresa Bishop

6 DATE OF BIRTH (month, day, and year): Aug 12, 1866

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
61	6	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist

(b) General nature of industry, business, or establishment in which employed (or employer): Car Factory

(c) Name of employer: Southern Car Co.

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Geo. Adam Bishop

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Anna M. Michael

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mrs. Agatha Bishop 2244 Bank St

15 Filed , 19 HAMPSON JONES, M.D. Registrar

6 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 14, 1928

17 I HEREBY CERTIFY, That I attended deceased from May 6, 1926 to Feb 14, 1928.

that I last saw him alive on Feb 1, 1928

and that death occurred, on the date stated above, at 2 15 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Myo - + endo - carditis

Chr. nephritis

Chr. Arthritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation (duration) few yrs. minutes mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Evidence

(Signed) Bro. B. Dybert, M. D.

, 19 (Address) 2402 Harford Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery

DATE OF BURIAL: Feb 18 1928

20 UNDERTAKER: Lilly & Zeller

ADDRESS: 403 S Wolfe St

Spec.—1-12-23—M&T—500 Bks.

(Munzer)

HEALTH DEPARTMENT—CITY OF BALTIMORE

30644 E 30644

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) Balto City Hospital (WARD) 4-17

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Munzer

(a) RESIDENCE NO. 1633 N Spring ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed or divorced HUSBAND of (or) WIFE of: Johanna M. Munzer

7 DATE OF BIRTH (month, day, and year): May 11-1875

8 AGE: Years 73 Months 9 Days 4 If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED: (a) Trade, profession or particular kind of work: Watchman

(b) General nature of industry, business, or establishment in which employed (or employer): Lumber

(c) Name of employer: James Lumber Co

BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: Abraham Munzer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Minnie

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Herman Poske

(Address) 2107 Gibbons Ave

Filed 1928 . 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-15- 1928

17 I HEREBY CERTIFY, That I attended deceased from 2-1- , 1928 to 2-15- , 1928

that I last saw h[illegible] alive on 2-15- , 1928

and that death occurred, on the date stated above, at 2.15 P m.

The CAUSE OF DEATH* was as follows: Coronary Thrombosis

Contributory mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 2-1-28

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) W. Burke M. D.

7/5, 1928 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Pk Cemetery — DATE OF BURIAL: Feb 17 1928

20 UNDERTAKER: Jno J Jackson, Jono — ADDRESS: 2 La Ave

Cor.—12-9-25—A Co.—200 Bks.

E 30645

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-007

E 30645

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 110 So. Stockton St. (Ward) 18-29

2-FULL NAME Jennie Neal

(a) RESIDENCE NO. 110 So. Stockton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Neal

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	47	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER Frank Wade

11 BIRTHPLACE OF FATHER (city or town) Unknown

(State or country)

12 MAIDEN NAME OF MOTHER Lizzie Black

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Jacob Neal

(Address) 110 So. Stockton St

Filed 1928 C. HAMPSON JONES, M. D.

By Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Feb 15 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, and from the autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Broncho-Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

Feb 16 1928 (Signed) Thos. B. Horton M. D. (Coroner) (Address) Curtis Bay Md

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial Feb 17 1928

20 UNDERTAKER Daniel Carter ADDRESS 916 Ga Ave

Spec.—1-12-23—M&T—500 Bks.

E 30646 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30646

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 630 Bond East 12-30 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hanna Wilson

(a) RESIDENCE NO. 1830 Bond East ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Col	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	47	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Emma Wilson

(Address) 630 Bond East

Filed ... 6 1928 ... 19 ... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-16 1928

17

I HEREBY CERTIFY, That I attended deceased from 2-11-, 19 28, to 2-16-, 19 28,

that I last saw h— alive on 2-16, 19 28

and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia
acute dilatation of
heart

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C. H. Carlson, M. D.

2/16 19 28 (Address) 808 Wendover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Feb 17 1928

20 UNDERTAKER Hamp Gordon ADDRESS 946 Park

Spec.—1-12-23—M&T—500 Bks.

E 30647 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30647

CERTIFICATE OF DEATH.

REGISTERED NO. 29

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2122 Brunt ST. 14-59 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John W. Johnson

(a) RESIDENCE No. 2122 Brunt ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Johnson

6 DATE OF BIRTH (month, day, and year) 1889

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
39	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto City

10 NAME OF FATHER Robt Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Harriet Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Sarah Johnson

15 Address 2122 Brunt St

16 Filed 1928, 19 RRR Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/15 — 1928

17 I HEREBY CERTIFY, That I attended deceased from 2/13, 1928, to 2/15, 1928, that I last saw h[illegible] alive on 2/14, 1928, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Influenza Hemorrhagic Pneumonia — (over)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Benj Rhetts, M. D.

2/15 1928 (Address) 2134 O.T. Ln

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL 2/17 — 1928

20 UNDERTAKER Daniel Easton — ADDRESS 916 Eutaw

J. HARRISON JONES, M. D.

Spec.—1-10-21 M&T 1500 Bks.

E 30648

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 30648

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2508 (ST.) Lanetta ave (WARD) 90-64 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Wagner

(a) RESIDENCE NO. 2808 (ST.) Lanetta ave (WARD)

(Usual place of abode)

Length of residence in city or town where death occurred 79 yrs. 4 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of of the late Julius F. Wagner

6 DATE OF BIRTH (month, day, and year) Sept 20 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	79	4	16 15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Christian Eigenbrote

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline Betz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Bernard E Haig (Address) 2508 Lanetta ave

15 Filed FEB 16 1928, 19 RRH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 15 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1927, to February 15, 1928, that I last saw h-d alive on February 15, 1928, and that death occurred, on the date stated above, at 3:45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral softening, Senility, Cerebral softening Endocarditis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Robert E Kikels M. D.

2/15, 19 (Address) 2507 Nelson ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL 2/17/28

20 UNDERTAKER Geo. Kobert & Son — ADDRESS 2503 Edmondson

PTION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 30649 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 30649

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hospitals (St.) 16-37 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Victoria Lemley

(a) RESIDENCE NO. Edgewood Sparrows Point (Ward)

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Stephen Lamley

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 64; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: Paul Polenberg

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Rose Stepanska

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Stephen Lamley

(Address): Edgewood Sparrows Pt Md

15 Filed 6 1928 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 14 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 10, 1928. to Feb 14 1928.

that I last saw h[illegible] alive on Feb 14 1928

and that death occurred, on the date stated above, at 3 30 m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis. Cholangitis

Generalized Osteosclerosis

Duration mos. ds.

CONTRIBUTORY (Secondary): Myocardial Insufficiency

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) [illegible], M. D.

2/15 1928 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary

DATE OF BURIAL: 2/17 1928

UNDERTAKER: W. Fiaelforth

ADDRESS: 1618 Eastern

Spec.–7-17-26—A Co.—200 Bks.

E 30650

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 30650

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 106 S. Poppleton St., 14-29 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah A Burgess,

(a) RESIDENCE NO. 106 S. Poppleton St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow,

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 30. 1847

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	80	10	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) none,

(c) Name of employer none.

9 BIRTHPLACE (city or town)

(State or country) Washington D C

PARENTS

10 NAME OF FATHER James Mason,

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Mary Mathison,

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Washington, D. C.

14 Informant John F. Burgess

(Address) 106 S. Poppleton St

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

Bur

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Feb. 13, 1928.

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 19 28, to Feb. 13. 19 28

that I last saw her alive on Feb. 13, 19 28,

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

(duration) 1 yrs. 5 mos. 2 ds.

CONTRIBUTORY (Secondary) None,

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Clinic Analysis Etc

(Signed) John F. Burgess, M. D.

2/15. 1928 (Address) 888 W Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — Date of Burial Feb-17 1928

20 UNDERTAKER George J Smith — ADDRESS 1532 Hollins

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 30651

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30651

CERTIFICATE OF DEATH.

1484

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Women's Hospital ST. 10 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Louise Sullivan

(a) RESIDENCE NO. 2224 E. Fayette ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. 10 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married.

5a If ~~married, widowed, or divorced~~ HUSBAND of or) WIFE of Mr. Thos. B. Sullivan

6 DATE OF BIRTH (month, day, and year) March 7, 1911

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	16	10	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Mr. Frank Reilly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Sophie Simbrock

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mrs. Thos. B. Sullivan
(Address) 2224 E. Fayette St.

15 6 1928 19 Filed C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 15 1928

17

I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1928, to Feb. 15, 1928, that I last saw her alive on Feb. 13, 1928, and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH* was as follows:

Syphilis

(duration) yrs. mos 24 ds.

CONTRIBUTORY (Secondary) Pregnancy

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? Yes Date of Feb. 13, 1928

Was there an autopsy? No.

What test confirmed diagnosis? Wassermann

(Signed) Francis H. Langley, M. D.

, 19 (Address) Woman's Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cem. DATE OF BURIAL Feb. 18 1928

20 UNDERTAKER Wm. C. Black ADDRESS 927 N. Broadway

Note: It is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 30652

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30652

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 N. Broadway · ST. 8-17 · WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Lee Richardson

(a) RESIDENCE NO. 1810 N. Broadway · ST., · WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	N	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma B Richardson

6 DATE OF BIRTH (month, day, and year) Oct 15 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	58	4	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mortgage

(b) General nature of industry, business, or establishment in which employed (or employer) & Loan

(c) Name of employer Co

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER James H Richardson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Courtney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Emma B Richardson

(Address) 1810 N Broadway

15 6 1928 C. HAMPSON JONES, M. D. Registrar

Par RRA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928, to Feb 15, 1928, that I last saw him alive on Feb 15, 1928, and that death occurred, on the date stated above, at 6 45 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Asthma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. H. Kenney, M. D.

, 19 (Address) 1812 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pikesville Md

DATE OF BURIAL Feb 17 1928

20 UNDERTAKER Wm Routen

ADDRESS 2238 N Gilmor

TION is very important See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-12-23—M&T—500 Blks.

E 30653

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30653

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 Lyndhurst St. 20-71 WARD) REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Haebel

(a) RESIDENCE NO. 508 Lyndhurst ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? 67 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert Haebel

6 DATE OF BIRTH (month, day, and year): June 20 57

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
69	7	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer): work

(c) Name of employer: at Home

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Henry Glamm

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Ellis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14

Informant: Catherine Haebel

(Address): 508 Lyndhurst

15

Filed Feb 16 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 15 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 21, 1927, to Feb. 15, 1928, that I last saw h[illegible] alive on Feb. 15, 1928, and that death occurred, on the date stated above, at 11 A, m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis Heart disease
Mitral Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Denis Ethelyn Jones M. D.

(Address) 1211 N. Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Chapel Md

DATE OF BURIAL: Feb 18 1928

20 UNDERTAKER: W M Coulson

ADDRESS: 223 N Eutaw Balto

ATION is very important See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30654

CERTIFICATE OF DEATH.

170 E 30654

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (a) 1411 Hollins St. 19-28 (Ward)

2-FULL NAME Francis A. Mercer

(a) RESIDENCE NO. 1411 Hollins St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of [redacted]

6 DATE OF BIRTH (month, day, and year): Aug 21st 1873

7 AGE: Years 54 Months 5 Days 25 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Insurance Agt

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (City or town)

(State or country): Boston

PARENTS

10 NAME OF FATHER: Francis A. Mercer

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Va

12 MAIDEN NAME OF MOTHER: Georgie E. Smith

13 BIRTHPLACE OF MOTHER (City or town)

(State or country): Va

14 Informant: Mrs. Annie O'Neill

(Address) 1924 N. Monroe St.

15 Filed ..., 19 ... C. HAMPSON JONES, M. D. Registrar

16 1928 Per ...

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 15 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry)

find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide - Internal Hemorrhage - Shot self through heart - Instantaneous

CONTRIBUTORY (Secondary)

(Signed) Dr. H. B. Norton C.D.

Feb 16, 1928 (Address) Curtis Bay

*State the Disease Causing Death, or in violent deaths (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem

Date of Burial 2/17 1928

20 UNDERTAKER: [signature]

ADDRESS 500 E. Lafayette

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

E 30655

1-PLACE OF DEATH

REGISTERED NO. E 30655

City of BALTIMORE: (No. 1310 Ashland Avenue St., 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James E. Bond

(a) RESIDENCE NO. 1310 Ashland Avenue St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	76	--	--	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Barnett Bond

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary V. Braden

13 BIRTHPLACE OF MOTHER (city or town) Balto.

(State or country) Maryland

14 Informant Mrs. Georgianna McNulty

(Address) 2111 Robb Street

15 Filed 2-17 1928. E. LAMPTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. H. Callan (Coroner) M. D.

2/16/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cemetery Date of Burial 2/17 19 28

20 UNDERTAKER Henry W. Myers & Sons ADDRESS Baltimore, Md.

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30656

CERTIFICATE OF DEATH.

124 E 30656

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital (Street) 9-18 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sadie Kidwell

(a) RESIDENCE NO. 1217 E. Oliver St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, ~~or Divorced~~ (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Late George C. Kidwell.

6 DATE OF BIRTH (month, day, and year): Aug 21 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	5	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Emanuel Hess.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa.

12 MAIDEN NAME OF MOTHER: Sadie A. Hess.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa.

14 Informant: William A. Kidwell. (Address) 1617 E. Oliver St.

15 Filed: B 7 1928 Registrar: C. HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-16- 1928.

17 I HEREBY CERTIFY, That I attended deceased from 2-11-'28, 19, to 2-16-'28, 19,

that I last saw her alive on 2-16-'28, 19,

and that death occurred, on the date stated above, at 5 A.M. P.M.

The CAUSE OF DEATH* was as follows:

Cholecystitis

Myocarditis

(duration) 48 mos ds.

CONTRIBUTORY (Secondary) Cerebral Embolism

(duration) 3 mos. yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 2-14-28

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) Wm Robertson, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore County. DATE OF BURIAL: Feb 20 1928

20 UNDERTAKER: George J Ruth ADDRESS: 1730 Harford Av

Spec.—1-10-2f—M&T—1500 Bks.

E 30657

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30657

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 900 Montpelier ST. 9-46 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sahrah E. Clark

(a) RESIDENCE NO. 900 Montpelier st ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ~~Life~~ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~F.~~

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, or ~~Divorced~~, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Charles Clark.

6 DATE OF BIRTH (month, day, and year): March 20 1839

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	10 1	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): ~~—~~

(c) Name of employer: ~~—~~

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: John Hall.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Rebecca. Hall.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Mary S Clark. (Address) 900 Montpelier st

15 Filed FEB 17 1928 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 14 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1928, to Feb. 13, 1928, that I last saw h~~er~~ alive on Feb 13, 1928, and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis.

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary): Hypostatic Pneumonia

(duration) yrs. mos. 13 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ~~—~~ Date of

Was there an autopsy? ~~—~~

What test confirmed diagnosis? Clinical

(Signed) H. J. Stricklen Jr., M. D.

2/16 1928 (Address) 634 Fairmount Boulevard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: Feb 17 1928

20 UNDERTAKER: George F. Ruth — ADDRESS: 1735 Harford Av

Spec.—1-12-23—MAT—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30658

CERTIFICATE OF DEATH.

1-001 E 30658

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital (ST.) 23-31 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Louise Monti

(a) RESIDENCE NO. 1214 S. Charles ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anthony Monti

6 DATE OF BIRTH (month, day, and year): July 7, 1899

7 AGE: Years 28 — Months 7 — Days 5 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Martin Hill

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto.

12 MAIDEN NAME OF MOTHER: Mary Gottleman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto.

14 Informant (Address): Martin Hill (Father) 1422 Cookery St

15 Filed FEB 17 1928 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 14 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan - 30, 1928, to Feb - 14, 1928, that I last saw h e alive on Feb - 14, 1928, and that death occurred, on the date stated above, at 2 50 P m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(duration) yrs. 4 weeks ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) H. W. Elkson M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery

DATE OF BURIAL: Feb 17 1928

20 UNDERTAKER: Geo. E. Tragesser

ADDRESS: 103 Hanover St

Spec.—1-12-23—M&T—500 Bks. See Letter in file from Dr. Szymbiski dated 2-17-28

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30659

CERTIFICATE OF DEATH.

57 E 30659

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1924 Eastern Ave ST. 2-4 WARD)

2-FULL NAME Stanislaw Wdziencznny

(a) RESIDENCE No. 1924 Eastern Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): 1853 1858

7 AGE: Years 75 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Mason

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Poland

10 NAME OF FATHER: Wdzienczny

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

Informant: Mary Musial

(Address) 1924 Eastern Ave

Filed ... 19 ... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 15 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1927, to Feb. 15, 1928, that I last saw him alive on Feb. 15, 1928, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary): Diabetic Gangrene of Foot.

(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? P. S. & S. atab.

(Signed) John V. Szymbiski, M. D.

, 19 (Address) 1738 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary — DATE OF BURIAL: Feb 18 1928

20 UNDERTAKER: F W Ozazewski — ADDRESS 1930 Eastern Ave.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30660

CERTIFICATE OF DEATH.

8 E 30660

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2102 E Balto St ST. 6-10 WARD)

2-FULL NAME Hedna Levin

(a) RESIDENCE NO. 2102 E Balto St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? 16 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Levin

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: Years 68; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: old age

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Joseph Levin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Hudson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Max Levin

(Address) 2219 Orleans St

15 Filed 7 1928 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6/2-16 1928

17 I HEREBY CERTIFY, That I attended deceased from May, 1926, to June 15, 1928,

that I last saw h[illegible] alive on June 15 1928

and that death occurred, on the date stated above, at 4-30 P m.

The CAUSE OF DEATH* was as follows:

Paralysis Agitans.

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

19 (Address) 1810 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale

DATE OF BURIAL: 7/7 1928

20 UNDERTAKER: Jacob Louis 1439 Eutaw St

ADDRESS

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30661

CERTIFICATE OF DEATH

90 24-39

E 30661

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 421 E Hamburg St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David W Snyder McKenney

(a) RESIDENCE NO. 421 E Hamburg St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nettie M McKenney

6 DATE OF BIRTH (month, day, and year) Jan 14 1885

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	23	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman for Mfr

(b) General nature of industry, business, or establishment in which employed (or employer) Sewing Machine

(c) Name of employer

9 BIRTHPLACE (city or town) Newark N.J.

(State or country)

PARENTS

10 NAME OF FATHER Edward Snyder

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Jersey City N.J.

12 MAIDEN NAME OF MOTHER Blanch McKenney

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) New York

14 Informant Mrs Walter C McKenney

(Address) 1320 Randolph St Wash DC N.W.

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

B 7 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15 1928 19

17 I HEREBY CERTIFY, That I attended deceased from Dec 1 1927, to Feb 15 1928, that I last saw h alive on February 14 1928 and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(duration) yrs. 3 mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Physical

(Signed) Wm E. Dougherty M. D.

19 (Address) 1602 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
London Park Cemetery	Feb 18 1928
20 UNDERTAKER John F Denny	ADDRESS 715 Light

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30662

CERTIFICATE OF DEATH.

47 E 30662

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 030 N. Stockton ST. (WARD) 16-23

2-FULL NAME Rose E Hall

(a) RESIDENCE NO. 1030 N. Stockton ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced HUSBAND of, (or) WIFE of John H. Hall

6 DATE OF BIRTH (month, day, and year) Mch 3 1876

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	11	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cortret Co

PARENTS

10 NAME OF FATHER Richard Mackall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Isaacs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Charles Hall

(Address) 1030 N. Stockton

15 Filed FEB 17 1928 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1928, to Feb. 16, 1928, that I last saw her alive on Feb. 15, 1928, and that death occurred, on the date stated above, at 6 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Lung following amputation of Breast.

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? yes Date of Mch 1926

Was there an autopsy? No

What test confirmed diagnosis? Microscopical

(Signed) Robert E Blake M. D.

2/16, 1928 (Address) 19 Med Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL Feb 19 1928

20 UNDERTAKER Saml W. Bass Son — ADDRESS Woodlawn

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30663 E 30663

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1522 Riggs Ave St. 16-22 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Basco

(a) RESIDENCE No. 1522 Riggs Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Colored 5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	—	—	—

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER James Basco

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Isabella Hawkins (Address) 1522 Riggs Ave

15 Filed FEB 17 1928 LAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15th 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 2 1928 to Feb 15 1928, that I last saw h alive on Feb 15 1928, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation of Heart.

(duration) — yrs. 2 mos — ds.

CONTRIBUTORY (Secondary) not known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Harry F. Brown, M. D.

Feb 16 1928 (Address) 1916 Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL Feb 19 1928

20 UNDERTAKER Wm. H. Chase & Son

ADDRESS Woodlawn

Cor.—12-9-25—A Co.—200 Bks.

E 30664

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 30664

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 916 E. Preston St. 9-18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James N. Orr

(a) RESIDENCE NO. 916 E. Preston St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sallie A. Orr

6 DATE OF BIRTH (month, day, and year) Mar 4/1862

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	65	11	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Harford Co., Md.

PARENTS

10 NAME OF FATHER Samuel Orr

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Harford Co., Md.

12 MAIDEN NAME OF MOTHER Sarah Henry

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) HarfordCo., Md.

14 Informant Miss Stella Orr

(Address) 986 E. Preston St.

15 Filed FEB 17 1928, 19 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency-

Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

(Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Hampden Date of Burial 2/18 1928

20 UNDERTAKER Watts Davis ADDRESS 3307 Paine St

FEB 17 1928 HARRY JOHNS M D

Registrar

Cor.—12-9-25—A Co.—200 Bks.

E 30665

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-081

E 30665

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 244 N. Gilmor St. Ward

2-FULL NAME Maggie Eaton

(a) RESIDENCE NO. 2411 N. Gilmor St Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 Color or Race White

5 Single, Married, Widowed, or Divorced, (write the word) widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1852

7 AGE Years 75 Months — Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country)

PARENTS

10 NAME OF FATHER Jacob Welsh

11 BIRTHPLACE OF FATHER (city or town) Unknown

(State or country)

12 MAIDEN NAME OF MOTHER Anna Whalen

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Informant Samuel Eaton

(Address) 1325 N Fenton

15 Filed Feb 17 1928 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Feb 15th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Inquest

find that said deceased came to death on the day stated above.

(Inquest, autopsy or inquiry.)

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

CONTRIBUTORY (Secondary) (duration) yrs. mos. 7 ds.

(duration) yrs. mos. ds.

Feb 16 1928 (Signed) Thos. B. Foster Coroner

(Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mound Olivet Cem. Date of Burial Feb 18 1928

20 UNDERTAKER Robert Brokerson ADDRESS Cor Eastbourne & Hollins

Spec.–7-17-26—A Co.—200 Bks.

E 30666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

179 E 30666
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hosp St. 712 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Clay Ireland

(a) RESIDENCE NO. 1020 N Wolfe St St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1925

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	3			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Fred. Ireland

11 BIRTHPLACE OF FATHER (City or town) Balto., Md.
(State or country)

12 MAIDEN NAME OF MOTHER Irene Casey

13 BIRTHPLACE OF MOTHER (city or town) Balto, Md.
(State or country)

14 Informant Fred Ireland
(Address) 1020 N. Wolf st.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 14 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1928, to Feb 4, 1928, that I last saw h alive on Feb 14, 1928, and that death occurred, on the date stated above, at 6 0 m.

The CAUSE OF DEATH* was as follows:

Nebulus

accidental

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Tuberculosis Spine Burns
Back and arms

(duration) yrs. 1 mos. 14 ds.

18 Where was disease contracted if not at place of death? 1020 N Wolfe St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Benjamin Adams, M. D.

. 19 (Address) 38 S Caroline St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery — Date of Burial Feb-17 1928

20 UNDERTAKER W. S. & T. L. Rochow — ADDRESS 1413 Eastern Ave

B 7 1928

Spec.—12-9-25—A Co.—200 Blks.

Brown.

E 30667

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

E 30667

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1316 Myrtle Ave St. 2-7-23 Ward

2-FULL NAME Ida Brown

(a) RESIDENCE NO. 1316 Myrtle Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James C Brown

6 DATE OF BIRTH (month, day, and year): 1862

7 AGE: Years 65 (66) | Months ? | Days ? | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town)

(State or country): Talbot Co. Md

10 NAME OF FATHER: John Tyler

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER: Susan Tyler

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Talbot Co. Md

PARENTS

14 Informant: Mrs Hattie

(Address): 1316 myrtle ave

15 Filed FEB 17 1928, HARRISON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 14 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 2, 1928, to Feb 14, 1928, that I last saw her alive on Feb 14, 1928, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary): Acute Bronchitis

(duration) yrs. mos. 16 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Gradwohl, M. D.

2/16, 1928 (Address) 1126 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: mt auburn cemetery

Date of Burial: Feb 17 1928

20 UNDERTAKER: John H Todd

ADDRESS: 1027 Druid Hill Ave

Spec.—1-10-21—M&T—1500 Bks.

30668

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 30668

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2427 Georgetown Rd ST. 25-72 WARD)

2-FULL NAME Rosa Hensler

(a) RESIDENCE NO. 2427 Georgetown Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Adam Hensler

6 DATE OF BIRTH (month, day, and year): July 1. 1868

7 AGE: 59 Years | 7 Months | 15 Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: J. Hensler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mary Kemp (Address) 2427 Georgetown Road

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 16 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 5 1927 to Feb 16 1928.

that I last saw her alive on Feb 16 1928,

and that death occurred, on the date stated above, at 8:30 p. m.

The CAUSE OF DEATH* was as follows: Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical sym

(Signed) M. H. Fuller M. D.

Feb 16 1928 (Address) 2324 Reisterstown Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Feb. 20 1928

20 UNDERTAKER: C. W. Dill

ADDRESS 3109 Frederick Ave.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30669

CERTIFICATE OF DEATH.

143-002

143 E 30669

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bally City Hospital (Ward) 26-37

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elsie Stein

(a) RESIDENCE NO. 704 S 5th St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: William Stein

6 DATE OF BIRTH (month, day, and year): Sept 24, 1901

7 AGE: Years 26 | Months 4 | Days 22 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Maid. 07°

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: Magnus Despermon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Emma Busch

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Magnus Despermon

(Address) 704 S. 5th St

Filed B 17 1928

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-16 1928

17 I HEREBY CERTIFY, That I attended deceased from 2-9- 1928 to 2-16- 1928

that I last saw h[illegible] alive on 2-16- 1928

and that death occurred, on the date stated above, at 10 00 a m.

The CAUSE OF DEATH* was as follows:

Ruptured Ectopic Pregnancy

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary): Labor Pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 2-9-28

Was there an autopsy? no

What test confirmed diagnosis? Operation & Path

(Signed) [illegible], M. D.

, 19 (Address) Bally City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn

DATE OF BURIAL: 2/18 1928

20 UNDERTAKER: W M Cook

ADDRESS: 500 E North Ave

Spec.–7-17-26–1 Co.—200 Bks.

E 30670

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30670

CERTIFICATE OF DEATH

24-081

27-53

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 200 N Hayward St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William A Kyle Sr

(a) RESIDENCE NO. 200 N Hayward St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Roberta A Kyle

6 DATE OF BIRTH (month, day, and year): Dec 7, 187[illegible]

7 AGE: Years 56. Months 2 Days 9 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shipping Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Coggins Owens

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Wm A Kyle

11 BIRTHPLACE OF FATHER (City or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Margaret Perle

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Roberta A Kyle 200 N Hayward St

15 Filed FEB 17 1928 C. HAMPSON JONES, M. D. Registrar

By R.M.L.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-16-1928 February 16th - 1928.

17 I HEREBY CERTIFY, That I attended deceased from Dec. 7th, 1928. to Feb 16, 1928.

that I last saw him alive on Feb 15, 1928.

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. 2 mos. 9 ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical tests.

(Signed) L Sirota, M. D.

2-16 1928 (Address) 2202 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge

Date of Burial: 2/18 1928

20 UNDERTAKER: W M Cook

ADDRESS: 507 E North Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30671

CERTIFICATE OF DEATH.

129 E 30671

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2010 St Paul St. 12-19 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Abel D. Breidenstein

(a) Residence No. 2010 St Paul St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE White

5-CONDITION Single

(Write the word)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Aug 15-1883

7-AGE 44 yrs. 6 mos. 25 ds. If LESS than 1 day hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Wm. E. New Bldg

(c) Name of employer

9-BIRTHPLACE (City or town) (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER Clemens Breidenstein

11-BIRTHPLACE OF FATHER (City or town) (State or Country) Ohio

MAIDEN NAME OF MOTHER Carrie Estelle Sparte

12-BIRTHPLACE OF MOTHER (City or town) (State or Country) Balto Md

14-INFORMANT (Informant) Carrie Breidenstein

(Address) 2010 St Paul St

15-FILED 6 17 1928 192

HAMPSON JONES, M. D. Registrar.

Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 17-28

17- I HEREBY CERTIFY, That I attended deceased from Nov. 5 1927 to Feb. 17 1928 that I last saw h[illegible] alive on Feb. 16 1928 and that death occurred, on the date stated above, at 3.15 A. m.

The CAUSE OF DEATH* was as follows

Chronic Interstitial Nephritis

Arteriosclerosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Degeneration

Coma (Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

2/17/28 (Address) 2757 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery DATE OF BURIAL 2/20 1928

UNDERTAKER Wellman Cook ADDRESS 502 E North

Spec.—1-12 23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30672

CERTIFICATE OF DEATH.

90

E 30672

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 25-37 WARD)

2-FULL NAME Dorothy Gilstin

(a) RESIDENCE No. 654-1 St ST., W WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

7 AGE: Years 54 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Edward Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address) Records

15 Filed FEB 17 1928, 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/16/1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 14, 1927 to Feb. 16, 1928

that I last saw her alive on Feb. 16, 1928

and that death occurred, on the date stated above, at 8:10 A.M.

The CAUSE OF DEATH* was as follows:

Myocarditis chronic acute

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? General Exam

(Signed) E. Nevins Bond, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: Feb 18 1928

20 UNDERTAKER: Jos Joerdens Son — ADDRESS: 2178 Bp

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30673

100-001

E 30673

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Union Memorial Hosp ST. 27-41 WARD)

2-FULL NAME Mina Marie Hagen

(a) RESIDENCE NO. 3919 Ridgecroft Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 29, 1927

7 AGE: Years | Months: 5 | Days: 17 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ✓

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer: ✓

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Albert Hagen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Adele Kennerzell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant (Address) Union Memorial Hosp 33rd St & Guilford Ave

15 Filed FEB 17 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 15 1928

17 I HEREBY CERTIFY, That I attended deceased from 9.45 A.M. Feb. 15, 1928 to 1.30 P.M. Feb. 15 1928.

that I last saw her alive on 1.00 P.M. - Feb. 15, 1928

and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (broncho)

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wallace R Armistead M. D.

, 19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn

DATE OF BURIAL: 2/17 1928

20 UNDERTAKER: Phelps Sons

ADDRESS: Calvert

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30674

CERTIFICATE OF DEATH.

74-08-1 E 30674

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1918 Kennedy Ave St., 9-18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John T. Stammel

(a) RESIDENCE NO. 1918 Kennedy Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Pattie V. Stammel

6 DATE OF BIRTH (month, day, and year): Sept 2 1849

7 AGE: Years 78 | Months 5 | Days 13 | IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Conductor

(b) General nature of industry, business, or establishment in which employed (or employer): Penna. RR. Co

(c) Name of employer

9 BIRTHPLACE (city or town): York

(State or country) Pa.

PARENTS

10 NAME OF FATHER: Daniel Stammel

11 BIRTHPLACE OF FATHER (city or town): York

(State or country) Pa.

12 MAIDEN NAME OF MOTHER: Catherine —

13 BIRTHPLACE OF MOTHER (city or town): York

(State or country) Pa.

14 Informant: Pattie V. Stammel

(Address) 1918 Kennedy Ave

15 Filed FEB 17 1928

CHAMPION JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 15 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 15 1927, to Feb 16, 1928, that I last saw h.is alive on Feb 15, 1928, and that death occurred, on the date stated above, at 6.40 A m.

The CAUSE OF DEATH* was as follows:

Paralysis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) 4 yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jacob Fisher, M. D.

2/16 1928 (Address) 1823 N. Nast St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cem. Date of Burial 2/19 1928

20 UNDERTAKER: Phelps Stevens ADDRESS 2016 Orleans

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30675

CERTIFICATE OF DEATH

113 E 30675

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Sydenham Hospital St. 1859 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Elaine Brown

(a) RESIDENCE NO. 2312 McCulloh St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 7, 1926

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	1	9	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Clark Newton

11 BIRTHPLACE OF FATHER (City or town) Baltimore

(State or country) Md.

12 MAIDEN NAME OF MOTHER Carrie Brown

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Md.

14 Informant Carrie Brown

(Address) 2312 McCulloh St.

15 Filed 17 1928 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Feb. 15, 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 14, 19 28 to Feb. 15, 19 28,

that I last saw her alive on Feb. 15, 19 28,

and that death occurred, on the data stated above, at 4 25 p. m.

The CAUSE OF DEATH* was as follows:

Diarrhea and Enteritis

7 Infancy

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Tetany

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) J. L. Levin, M. D.

Feb 17 19 28 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [redacted] Cathedral

Date of Burial 2/17/ 19 28

20 UNDERTAKER Mrs. Geo. H. Holland

ADDRESS 1601 Dru[illegible]

Spec.—1-12-23—M&T—500 Bks.

E 30676

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 E 30676

REGISTERED NO.

1-PLACE OF DEATH Hebrew Aged Home. Levindale

CITY OF BALTIMORE: (NO. 27-54 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gittle Goldman

(a) RESIDENCE NO. Hebrew Aged Home ST., Levindale, Belvidere Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? 3 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	W

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Velva Goldman

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

8 OCCUPATION OF DECEASED none

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Russia (State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) unknown (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) Russia (State or country)

14 Informant Samuel Goldman (Address) 3914 Park Heights Ave

15 Filed ... 19... C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 17. 1928

17

I HEREBY CERTIFY, That I attended deceased from July, 1927, to Feb 17, 1928, that I last saw her alive on Feb 16, 1928, and that death occurred, on the date stated above, at 10 15 A m.

The CAUSE OF DEATH* was as follows:

1. Cancer of stomach
2. myocarditis
3. hypotension

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) 2 & 3 (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinically

(Signed) Samuel Goldman, M. D.

, 19 (Address) 3914 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Rosedale	2/19 19 28
20 UNDERTAKER Jack Levy	ADDRESS 1439 E Baltimore

E 30677

HEALTH DEPARTMENT—CITY OF BALTIMORE

181-001 E 30677

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 909 N. Appleton St. (WARD) 16-22 REGISTERED No. C

2-FULL NAME Emma Estella Morgan

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 909 N. Appleton St. St.; yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): married

6-DATE OF BIRTH, May (Month) 21 (Day), 1906 (Year)

7-AGE, 21 yrs. 9 mos. 2 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Louis Walgar

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Clarissa Hack

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nelson B. Morgan

(Address) 909 N. Appleton St.

15-

Filed ....., 191.... C. HAMPSON JONES, M. D. Registrar.

FEB 17 1928

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 16 (Day), 1928 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:

Coronary Thrombosis

Gas Poisoning Self

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Asphyxia

(Duration) ....yrs. ....mos. ....ds.

2/16/28 (Signed) J. C. Wade M. D. (Coroner)

191... (Address) 143 N. Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet — DATE OF BURIAL, Feb. 18, 1928

20-UNDERTAKER Josiah Pfeffer — ADDRESS 1600 N. Nor[illegible] ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30678

CERTIFICATE OF DEATH.

160 E 30678

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 1243 E. Oliver St. 9-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gerard E. Lutz

(a) RESIDENCE NO. 1243 E Oliver St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	S.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 25/28

7 AGE	Years	Months	Days 21	IF LESS than 1 day.....hrs. or.....min.
			22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Joseph Lutz

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Md.

12 MAIDEN NAME OF MOTHER Emma Mosher

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Md.

14 Informant Joseph Lutz

(Address) 1243 E Oliver St

15 Filed FEB 17 1928 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Malnutrition

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. H. Mills M. D.

(Coroner)

2/17/28 (Address) 508 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Vincents — Date of Burial Feb 17th 1928

20 UNDERTAKER Leo G. Cook — ADDRESS 1723 Pratt St

Spec.—1-12-23—M&T—500 Blks.

E 30679

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30679

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital 5-16 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes Griffith

(a) RESIDENCE NO. 2109 Sinclair Lane WARD Harrisburg Pa

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 6, 1908

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min
19	5	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: James E Griffith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Ursula Stallings

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: James E Griffith

(Address) 2109 Sinclair Lane

Filed 1928 C. HAMPSON JONES, M. D. Registrar

Per ARB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/16/28 19

17 I HEREBY CERTIFY, That I attended deceased from 2/13/28, 19 , to 2/16/28, 19 , that I last saw h[illegible] alive on 2/16/28, 19 , and that death occurred, on the date stated above, at 12.30P m.

The CAUSE OF DEATH* was as follows: Brain abscess with cerebral softening

(duration) yrs. mos 28 ds.

CONTRIBUTORY (Secondary) Cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Laurence Fahrney, M. D.

, 19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL 2/20 1928

20 UNDERTAKER: William Cook — ADDRESS 1502 E Madison

Spec.—1-12-23—M&T—500 Blks.

30680 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 30680

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSP. ST. 3-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm Edwin E. Wehr

(a) RESIDENCE No. 200 S. Exeter ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): ?

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: ?

DATE OF BIRTH (month, day, and year) ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): 015

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Maryland

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

Informant (Address): Friends

Filed , 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/10/ 1928.

17 I HEREBY CERTIFY, That I attended deceased from Sept. 22, 19 27, to Dec 10, 19 28

that I last saw h[illegible]live on Dec 10, 19 28

and that death occurred, on the date stated above, at 7:20 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis. Incurable, chronic

Contributory

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Gross & Microscopic

(Signed) C. Holmes Dingle M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Feb 20 1928

20 UNDERTAKER: Wm Cook

ADDRESS: 651 E Oliver

Spec. -7-17-26—A Co.—200 Bks.

E 30681

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30681

CERTIFICATE OF DEATH

38

1-PLACE OF DEATH Colonial Hospital

REGISTERED NO.

City of BALTIMORE: (No. 112 N. Mount St. 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Hall

(a) RESIDENCE NO. 1612 W. Lanvale St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alfred Hall

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 42 Months Days IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Tinkam Bradley Deceased

11 BIRTHPLACE OF FATHER (City or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Alfred Hall Baltimore Md.

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

Date 2-18-28

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1928: February 16,

17 I HEREBY CERTIFY, That I attended deceased from 2-2-28, 1928, to 2-16, 1928, that I last saw h[illegible] alive on February 16, 1928, and that death occurred, on the data stated above, at 9 45 P.m.

The CAUSE OF DEATH* was as follows:

(a) Puerperal septicemia (Corr)

following incomplete abortion

(Interval between (a) and (b)) (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Retained placental abscess

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of 2-5-28

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Julius Friedenwald M. D.

, 19 (Address) 1122 N. Mount St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

[illegible] BURIAL, CREMATION OR REMOVAL: [illegible] Col Cem

Date of Burial: 2/19/1928

20 UNDERTAKER: Harrington & Goss

ADDRESS: Lanvale

Spec.-7-17-26—A Co.—200 Bks.

E 30682

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 30682

129

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 537 N. Carrollton St. (Ward) 18-26

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret A. Lefever

(a) RESIDENCE NO. 537 N. Carrollton Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 14 - 1867

7 AGE: Years 60 Months 8 Days 2 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: James Gillchrist

11 BIRTHPLACE OF FATHER (City or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Cecelia Flannigan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Capt. Howard Lefever

(Address): 537 N. Carrollton Ave

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

Prepared

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): February 16th 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1928, to Feb. 16, 1928, that I last saw her alive on Feb. 15, 1928, and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis.

(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Ex

(Signed) J. M. Lindsay M. D.

Feb 17 1928 (Address) 3407 Gallaway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

Date of Burial: 2/20 1928

20 UNDERTAKER: Chas. R. Traustson

ADDRESS: 1130 Park Ave

Spec.—1-12-23—M&T—500 Bks.

2 Fb 30683 (57)

HEALTH DEPARTMENT—CITY OF BALTIMORE E 30683

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSP. ST. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Luccitti

(a) RESIDENCE NO. Watson, W. Va ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of): Rose

DATE OF BIRTH (month, day, and year): 1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
39				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Miner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Italy

10 NAME OF FATHER: Salvatore Luccitti

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Rose Meles

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

Informant: Records

(Address) JOHNS HOPKINS HOSP.

Filed 7 1928 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb-16 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 17 1928 to Feb-16 1928, that I last saw h[illegible] alive on Feb-16 1928, and that death occurred, on the date stated above, at 12 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma Tonsil

Metastasis to Lung and Lungs

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 7 26 1918

Was there an autopsy? Yes

What test confirmed diagnosis? Operation Laparotomy

(Signed) F D Cowan, M. D.

1928 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fairmont W Va — DATE OF BURIAL: 2/17/28

20 UNDERTAKER: Joseph Ahrens — ADDRESS: 221 Busy

FRANKLIN LEE LUCENTE	*	IN THE
Petitioner	*	CIRCUIT COURT FOR
V.	*	BALTIMORE COUNTY
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE DEPARTMENT OF VITAL STATISTICS	*	
	*	Case No. 03-C-12-012148 OC
Respondent	*	

* * * * * * * * * * * * * *

ORDER

Upon consideration of the Petition for Correction of Death Certificate filed in these proceedings by Franklin Lucente and upon consideration of the Answer filed on behalf of the Defendant, State of Maryland Department of Health and Mental Hygiene, and it appearing that the Petitioner is entitled to the relief sought and that the relief is not opposed by the Defendant, it is therefore, this 8th day of January, 2013, by the Circuit Court for Baltimore County, ordered, that:

1. That the Petition for Correction of Death Certificate be and the same is hereby granted and the Petitioner is afforded the following relief:

2. The Defendant, the Department of Health and Mental Hygiene, Division of Vital Statistics, be and is hereby authorized, upon the payment of appropriate fees, to amend the death certificate of Frank Lucente, attached as Exhibit C, in the following manner:

1. Changing the name from Frank Lucente to Francesco Lucente
2. Changing the age at the date of death to 41 years of age
3. Changing date of birth to August 16, 1886.

FILED JAN 15 2013

3. ORDERED, pursuant to Court Rule 16-1006(i)(1) and 16-1007(c), the Clerk shall deny inspection of this court record because it contains confidential medical record and social security information.

Judge

True Copy Test
JULIE L. ENSOR, Clerk
Per
Assistant Clerk

Spec.—1-12-23—M&T—500 Bks.

Amend Items 2 & 7 per Ct Order G937 3/12/13dk

2 Fb 57 Fb 30683

HEALTH DEPARTMENT—CITY OF BALTIMORE E 30683

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS H ST. 24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Francesco Lucente

2-FULL NAME ~~Frank Lucente~~

(a) RESIDENCE NO. Watson, W. Va ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~ Married, ~~Widowed~~, or Divorced. (Write the word): Married

6 If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~): Rose

DATE OF BIRTH (month, day, and year): [illegible] 8/16/1886

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
39				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Miner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Italy

10 NAME OF FATHER: Salvatore Lucente

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Rose Meles

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

Informant: Records

(Address) JOHNS HOPKINS H

Filed 7 1928 C. HAMPSON JONES, M. D.

Per [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb-16 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 17 1928 to Feb-16 1928, that I last saw h[illegible] alive on Feb-16 1928, and that death occurred, on the date stated above, at 12 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma Tonsil

Metastasis to Lung and Lungs

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary): Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? yes Date of 7 26 1918

Was there an autopsy? yes

What test confirmed diagnosis? Laparotomy Laparotomy

(Signed) F D Conan, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fairmont W Va

DATE OF BURIAL: 2/17/28

20 UNDERTAKER: Joseph Ahrens

ADDRESS: 221 Bway

Spec.—1-12-23—M&T—500 Bks.

2 10746
E 30684

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30684

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH JOHNS HOPKINS

CITY OF BALTIMORE: (No. ST. 9-46 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Palmisano

(a) RESIDENCE NO. 900 E Homestead ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred > 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

6 If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Grace

DATE OF BIRTH (month, day, and year) 1-17-96

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	32			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Truck driver

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Sam Palmisano

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Marie Catalano

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

Informant Rel

(Address)

Filed 2 24, 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1928, to Feb 16, 1928;

that I last saw h-- alive on Feb 16, 1928

and that death occurred, on the date stated above, at 11:45 p m.

The CAUSE OF DEATH* was as follows:

Lymphosarcoma

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No. Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy. Biopsy

(Signed) Lyman Meyer, M. D.

2-17, 1928 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Vincents Cem DATE OF BURIAL 2/20/28

20 UNDERTAKER Joseph ahrens ADDRESS 221 Bway

Spec.—1-12-23—M&T—500 Bks.

E 30685

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30685

CERTIFICATE OF DEATH.

11-861 Roseburg

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin and Radecke Aves ST., 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elmer H. Christ

(a) RESIDENCE No. Franklin and Radecke Aves. ST., Roseburg WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 14 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	9	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

10 NAME OF FATHER Charles H. Christ

11 BIRTHPLACE OF FATHER (city or town) Balto. Co. (State or country) Maryland

12 MAIDEN NAME OF MOTHER Catherine E. Lutz

13 BIRTHPLACE OF MOTHER (city or town) Balto. Co. (State or country) Maryland

Informant Charles H. Christ (Address) Franklin & Radecke Aves.

Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 16 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 16, 1928, to Feb 16, 1928, that I last saw h— alive on Feb 16, 1928, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs & symptoms

(Signed) Edw. H. Herod, M. D.

2/17, 1928 (Address) Overlea Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Feb. 18 1928
20 UNDERTAKER	ADDRESS
Frederick Grossmuller Sons	E. Merton

Spec.—1-12-23—M&T—500 Blks.

E 30686

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30686

CERTIFICATE OF DEATH.

X 118-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-30 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Glennon

(a) RESIDENCE NO. Donaldson school, Glen Chester, md ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) June 4 1912

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer) Donaldson School

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Glen Field Pa

10 NAME OF FATHER Thomas C. Glennon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Glen Field Pa

12 MAIDEN NAME OF MOTHER Vera Cavanaugh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Sylvan Ohio

Informant Thos. C. Glennon

(Address) Glen Field Pa.

Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-17 1928

17 I HEREBY CERTIFY, That I attended deceased from 1-29-28, 19 , to 2-17-28, 19 , that I last saw him alive on 2-17-28, 19 , and that death occurred, on the date stated above, at 12:40 P.M.

The CAUSE OF DEATH* was as follows:

3 attacks of clutes tinal obstruction,

(duration) yrs. mos 18 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 1-28-28 2-12-28

Was there an autopsy? Yes.

What test confirmed diagnosis? Operation

(Signed) Sherman S. Jarrett, M. D.

17 1928 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dewickley Pa — DATE OF BURIAL Feb. 17 1928

20 UNDERTAKER Margaret E. Flynn — ADDRESS 1402 Light St.

Spec.–7-17-26—A Co.—200 Bks.

E 30687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

154-02

E 30687

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1105 S. Charles St. 23-33 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William J. McNeal

(a) RESIDENCE NO. 1105 S. Charles St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 25/28

7 AGE Years Months 22 Days IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.

(State or country)

PARENTS

10 NAME OF FATHER Michael J. McNeal

11 BIRTHPLACE OF FATHER (City or town) Baltimore, Md

(State or country)

12 MAIDEN NAME OF MOTHER Margaret Welsh

13 BIRTHPLACE OF MOTHER (city or town) Baltimore, Md.

(State or country)

14 Informant Michael J. McNeal (Father)

(Address) 1105 S. Charles St

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 17th 19 28.

17 I HEREBY CERTIFY, That I attended deceased from Feb 12, 1927, to Feb 17, 1928.

that I last saw him alive on Feb 17, 1928.

and that death occurred, on the date stated above, at 12.10 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Malnutrition.

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John C. Johnson M. D.

19 (Address) 1337 S. Charles Dr.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Holy Cross Cem.	Feb. 15 19 28
20 UNDERTAKER Margaret A. Flynn	ADDRESS 1422 Light

Spec.—1-12-23—M&T—500 Bks.

E 30688

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30688

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St. 6-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Corrie Gray -

(a) RESIDENCE NO. 5 N Dallas ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Colored.

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1868

AGE: Years 60 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER James Gray

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER Annie -

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

Informant Agnes Gladney

(Address) 5 N. Dallas St

FILED 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-16-1928

17

I HEREBY CERTIFY, That I attended deceased from 11-16, 1927, to 2-16-1928

that I last saw h alive on 2-16, 1928

and that death occurred, on the date stated above, at 9 05 m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) hours ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Balfour M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary

DATE OF BURIAL: Feb 17 1928

20 UNDERTAKER: David Carton

ADDRESS: 946 Ca Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30689 E 30689

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 3033 Freak Ave ST.) 20-20 (WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret L Barron

(a) RESIDENCE NO. 3063 Freak Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced. (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo T Barron Jr

6 DATE OF BIRTH (month, day, and year) Sept 2 1902

7 AGE Years 25 Months 6 Days 10 If LESS than 1 day, hrs. or min. 13

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Enge Eberwein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Rose Shoemaker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Geo T Barron Jr
(Address) 3033 Freak Ave

Filed 1928 C. HAMPSON JONES, M. D. Registrar
By R B H

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1927, to Feb 15, 1928, that I last saw h alive on Feb 15, 1928, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs 4 mos ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Same.

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Cl & Phy Exam

(Signed) Fred T. Kyser M. D.

, 19 (Address) 3321 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem — DATE OF BURIAL 2/18 28

20 UNDERTAKER Enge & Farley — ADDRESS Fulton & Fayette

Cor.—13-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30690

CERTIFICATE OF DEATH.

90 E 30690

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 651 W. Lexington St. 425 Ward)

2-FULL NAME William Geyser

(a) RESIDENCE NO. 651 W. Lexington St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown.

6 DATE OF BIRTH (month, day, and year) Mo. and day unknown. Year 1870

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
57	57	Unknown.		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stitcher

(b) General nature of industry, business, or establishment in which employed (or employer) Embroidery Plant.

(c) Name of employer Southern Embroidery Co.

9 BIRTHPLACE (city or town)

(State or country) Switzerland.

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown.

14 Informant Mrs. Bernadine Graney

(Address) 1710 W. Fayette St.

15 Filed 1928 C. HAMPSON JONES, M. D.

By Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 15. 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Acute Dilatation of the Heart.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Probably Chronic Myocarditis. (duration) ..... yrs. ..... mos. ..... ds.

(Signed) Eugene Zellers, M. D. (Coroner)

2/16 1928 (Address) 2730 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park. Date of Burial 2-18 1928

20 UNDERTAKER Geo. A. Farley ADDRESS 1800 W. Fayette St.

Spec.—1-12-23—M&T—500 Bks.

E 30691 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30691

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. 16-22 WARD)

2-FULL NAME Frank Smith

(a) RESIDENCE No 1028 Wheatsheaf ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Unknown

6 If married, widowed, or divorced HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, and year) Unk

AGE 75 Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) md

10 NAME OF FATHER Geo W. Morgan

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Liza Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

Informant Record

(Address)

FILED 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-11 1928

17 I HEREBY CERTIFY, That I attended deceased from 11-24, 1927, to 2-11, 1928

that I last saw h[illegible] alive on 2-11, 1928

and that death occurred, on the date stated above, at 6:00 A m.

The CAUSE OF DEATH* was as follows:

Chr. myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr Infec. Arthritis Arterio-Sclerosis, Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) C Hulings Boyd, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Dale

DATE OF BURIAL 2/13 1928

20 UNDERTAKER [illegible]

ADDRESS 31 Light St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30692

CERTIFICATE OF DEATH.

90 E 30692

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2131 E. North Ave St., 8-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isabelle Connelly

(a) RESIDENCE NO. 2131 E. North Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward J. Connelly

6 DATE OF BIRTH (month, day, and year) July 10/1882

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
45	46	7	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md. 2/17/28

PARENTS

10 NAME OF FATHER Chas. S. Vadgar

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Charleston, S.C.

12 MAIDEN NAME OF MOTHER Ada Ramsey

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Edward J. Connelly

(Address) 2131 E North ave

15 Filed 1928 C. THAMPSON JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Chr Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) [signature] M. D.

(Coroner)

(Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the state yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery Date of Burial Feb 20 1928

20 UNDERTAKER Robt J Turner & Son ADDRESS No 1442 Broadway

Spec.—1-12-23—M&T—500 Bks.

2/1926 64 2/30693

HEALTH DEPARTMENT—CITY OF BALTIMORE E 30693

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS H ST. 7-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ada B. Short

(a) RESIDENCE NO. 5-8 Prairie Ave ST. ... WARD Marjandum Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of George S. Short

DATE OF BIRTH (month, day, and year) 11-12-77

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) West Va.

10 NAME OF FATHER C. C. Wade

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Va.

12 MAIDEN NAME OF MOTHER Alice Bayes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. Va.

Informant (Address) Barnes R. Short, Morgantown W. Va.

Filed 3-8 1926 G. HAMPSON JONES, M. D. Registrar

By ... RCH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 24, 1926, to Feb 17, 1926

that I last saw her alive on Feb 17, 1926

and that death occurred, on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Fundus uteri.

(duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Post-Operative B. Coli Peritonitis (duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? Yes Date of Jan 24 Feb 17

Was there an autopsy? Yes

What test confirmed diagnosis? Cultures & Organisms.

(Signed) Robt. L. Faulkner, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn, Md.

DATE OF BURIAL Feb 19 1926

20 UNDERTAKER

ADDRESS

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30694

CERTIFICATE OF DEATH.

12 9 E 30694

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2900 Bernard St. 12-51 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joanna Hewitt

(a) RESIDENCE NO. 2900 Bernard St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. — mos. — ds. How long in U. S., if of foreign birth? 10 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced (or) WIFE of: Joseph Hewitt

6 DATE OF BIRTH (month, day, and year): June 16 1869.

7 AGE: Years 59 | Months 8 | Days — | If less than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: house wife 37

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town): Belmaford

(State or country): Canada

PARENTS

10 NAME OF FATHER: John Shortill

11 BIRTHPLACE OF FATHER (city or town): [illegible]

(State or country): Canada.

12 MAIDEN NAME OF MOTHER: Sarah Henderson.

13 BIRTHPLACE OF MOTHER (city or town): —

(State or country): Canada.

14 Informant: Joseph Hewitt

(Address): 2900 Bernard St.

15 Filed 1928 C. HAMPSON JONES, M. D., Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 11 1928

17

I HEREBY CERTIFY, That I attended deceased from January 2 1927, to Feb 11 1928, that I last saw h[illegible] alive on Feb 14 1928, and that death occurred, on the date stated above, at 1:30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Organic Heart Disease

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted (if not at place of death)? —

Did an operation precede death? YYY Date of

Was there an autopsy? no

What test confirmed diagnosis? [illegible]

(Signed) Chester Riland, M. D.

2-11-1928 (Address) 254 E. Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem

Date of Burial: Feb 15 28

UNDERTAKER: Chenoweth Son

ADDRESS: 3401 Edmondson Ave

Spec.—1-12-23—M&T—500 Bks.

E 30695

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30695

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 527 W 27th St (St.) 13-51 (Ward)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sofrona Robinson

(a) RESIDENCE No. 3222 Cedar Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Fredrick Robinson

DATE OF BIRTH (month, day, and year): May 30 1861

AGE: Years 66 Months 8 Days 16 10 LESS than 1 day, hrs or min

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): md.

10 NAME OF FATHER: Samuel Eaton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Mary Carr

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

Informant: Fredrick Robinson

(Address) 3222 Cedar Ave

Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 14, 1928

17

I HEREBY CERTIFY, That I attended deceased from Feb 10th 1928. to Feb 16th 1928.

that I last saw he alive on Feb 16th 1928

and that death occurred, on the date stated above, at 9 20 Pm.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage.

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis - High Blood Pressure - (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? York Penna.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Physical Signs

(Signed) H. A. Friend, M. D.

2/18, 1928 (Address) 3611 Fox Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Hampden

DATE OF BURIAL: Feb 20 1928

20 UNDERTAKER: Brunow & Son

ADDRESS: 3615 Elliott Ave

Spec.—1-12-23—M&T—500 Bks.

E 30696 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30696

CERTIFICATE OF DEATH. 215

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSP. ST. 17-50 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lenard Guerin

(a) RESIDENCE NO. 412 E. 28th ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) July 11 / 1926

AGE: Years 1 Months 6 Days 7 4 If LESS than 1 day, hrs or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (City or town) (State or country) Md -

10 NAME OF FATHER Joseph Guerin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md -

12 MAIDEN NAME OF MOTHER Carthrie Tippet - Md

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md -

Informant Records - JOHNS HOPKINS HOSP.

(Address)

Filed 1928 19 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15 - 1928

17

I HEREBY CERTIFY, That I attended deceased from Feb 3 , 1928 to Feb 15 1928.

that I last saw him alive on Feb - 15 - 1928

and that death occurred, on the date stated above, at 3 P. M. m.

The CAUSE OF DEATH* was as follows:

Empyema, secondary to measles, pneumonia and atelectasis of right lung.

(duration) yrs mos 14 ds

CONTRIBUTORY (Secondary) (Mongolian Idiot) (duration) 14 mos ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of Feb 2, 1928

Was there an autopsy? Yes

What test confirmed diagnosis? Culture of lung & autopsy

(Signed) J. T. Bennett, M. D.

(Address) Johns Hopkins Hospital Feb 16 1928

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL Feb 18 1928

20 UNDERTAKER George J. Rust

ADDRESS 1735 Harford Ave.

Spec.—1-12-23—M&T—500 Bks.

30697

HEALTH DEPARTMENT—CITY OF BALTIMORE

30697

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2124 St Paul St. (ST.) 17 (WARD) 7

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dr. Frank Bennett Adams

(a) RESIDENCE NO. 2124 St. Paul St ST. 17 WARD Resident

(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 76 yrs. 5 mos. 4 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Blackford Adams

6 DATE OF BIRTH (month, day, and year) Sept-13-1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	76	5	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician 054

(b) General nature of industry, business, or establishment in which employed (or employer) Medicine

(c) Name of employer Self

BIRTHPLACE (city or town) (State or country) Charles Co. Maryland.

10 NAME OF FATHER Saml. W. Adams

11 BIRTHPLACE OF FATHER (city or town) Charles Co. (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Dyson

13 BIRTHPLACE OF MOTHER (city or town) Charles Co. (State or country) Maryland.

Informant Frank B. Adams - (Son)

(Address) 7 Scott St. Cabl.

Filed 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 17 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 1924 to Feb 17 1928

that I last saw h/ alive on Feb 17 1928

and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach, liver & intestines,

(duration) — yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) none

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? X ray Stomach analysis

(Signed) Nathaniel M Beck, M. D.

19 (Address) 100 E. 23rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	Feb 20 1928
20 UNDERTAKER	ADDRESS
Stewart & Moreno	Balto.

Spec.—1-12-23—M&T—500 Blks.

30698

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 30698

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2000 Park Av ST. 14-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kate Stawley Cochran

(a) RESIDENCE NO. 2000 Park Av ST. WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 7 mos. 28 ds. How long in U. S., if of foreign birth? 75 yrs. 7 mos. 28 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of George T. Cochran

6 DATE OF BIRTH (month, day, and year) June 18 1852

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min
75	7	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland.

10 NAME OF FATHER R. N. Stawley

11 BIRTHPLACE OF FATHER (city or town) Glens Falls

(State or country) New York

12 MAIDEN NAME OF MOTHER Mrs Talmage

13 BIRTHPLACE OF MOTHER (city or town) Glens Falls

(State or country) New York

Informant Geo. T. Cochran (Husband)

(Address) 2000 Park Ave.

Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2. 16. 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 5 1927 to Feb. 16 1928, that I last saw her alive on Feb. 16 1928 and that death occurred, on the date stated above, at 7.20 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis (chronic)

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cystitis - chronic

(duration) 5 yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thomas C. Clarke, M. D.

Feb 17, 1928 (Address) 2 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL Feb 18 1928

20 UNDERTAKER Stewart & Co — ADDRESS Balto.

Spec.—1-10-21—M&T—1500 Blks.

E 30699

E 30699 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 Grantley ST., 16-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susanna Herrera

(a) RESIDENCE NO. 610 Grantley ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of: John Herrera

6 DATE OF BIRTH (month, day, and year): April 11 1846

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
81	10	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stone cutter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Co. Md

10 NAME OF FATHER: Henry Herrera

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Co Md

12 MAIDEN NAME OF MOTHER: Betsy Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Co Md

PARENTS

14 Informant: Miss D. Della Herrera

(Address): 610 Grantley St

15 FEB 18 1928 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): FEB 18 1928

17 I HEREBY CERTIFY, ~~That~~ I attended deceased from May, 1927, to Feb 17, 1928, that I last saw her alive on Feb. 17, 1928, and that death occurred, on the date stated above, at 1:00 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis - Interstitial

(duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary): Senile Pneumonia

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death?: —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Geo W Kemmeter, M. D.

FEB 18 1928 (Address) 3002 Garrison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wards Chapel

DATE OF BURIAL: FEB 19 1928 19

UNDERTAKER: Geo R Little

ADDRESS: 1000 Hanover St

Spec.—1-12-23—M&T—500 Blks.

E 30700 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30700

CERTIFICATE OF DEATH. 57

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 Peach Alley ST. 23 31 WARD)

2-FULL NAME Loretta Elder

(a) RESIDENCE NO. 1118 Peach Alley ST., 23 WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) July 4 1891

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	7	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) Dressmaker OH!

(c) Name of employer

BIRTHPLACE (city or town) (State or country) West Minster Md

10 NAME OF FATHER Samuel Elder

11 BIRTHPLACE OF FATHER (city or town) (State or country) West Minster Md

12 MAIDEN NAME OF MOTHER Laura Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Parkton Md

Informant William Snowden
(Address) 1118 Peach alley

Filed FEB 18 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/15/1928

17

I HEREBY CERTIFY, That I attended deceased from 2/11, 1928 to 2/15, 1928, that I last saw h. er alive on 2/15/1928, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac Coma,
Myocarditis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Diabetes

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical & Coma

(Signed) Wm. E. Kemp, M. D.

, 19 (Address) 707 S. Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cemtery DATE OF BURIAL 2/18 1928

UNDERTAKER Walter B. Griggs ADDRESS 1894 Hamburg Street

pec.—1-12-23—M&T—500 Blks.

E 30701 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30701

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2607 E Hamilton ave ST. 27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Juliette C Mitchell

(a) RESIDENCE NO. 2607 E Hamilton ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced
HUSBAND of
or) WIFE of

DATE OF BIRTH (month, day, and year) Jan 17th 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	1		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Capt John Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Ann R. Strutsoff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant James H Mitchell

(Address) 2607 E Hamilton ave

Filed FEB 18 1928 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 17th 1928

17

I HEREBY CERTIFY, That I attended deceased from April 25, 1927, to Feby 16, 1928,

that I last saw her alive on Feby 16, 1928

and that death occurred, on the date stated above, at 5 30 A m.

The CAUSE OF DEATH* was as follows:

Mitral Reg. Heart

I dont Know (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) decompensation

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) R G Davis, M. D.

19 (Address) 1509 N Carolin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL Feby 20 1928

20 UNDERTAKER George Schilling & Sons — ADDRESS 1126 E Monument St

Cor.—12-9-25—A Co.—200 Bks.

E 30702

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

199 E 30702

REGISTERED NO. 23534

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William L. Davis.

(a) RESIDENCE NO. 1724 Light St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. --- mos. --- ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6 DATE OF BIRTH (month, day, and year) August 11, 1916.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	11	6	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work News boy.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) West Virginia.

PARENTS

10 NAME OF FATHER James S. Davis.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) West Virginia.

12 MAIDEN NAME OF MOTHER Frances Yoak.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) West Virginia.

14 Informant Frances Davis, (mother)
(Address) 1724 Light St.

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 15, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured neck & Internal injuries
Struck , knocked down & run over
by Automobile carelessly driven
Homicide (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) (duration) ....yrs. ....mos. ....ds.

(Signed) Thos. M. Finnard M. D. (Coroner)

2/18 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Light & Wells Sts. Feb. 15, 1923.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem Date of Burial 2/18 1928

20 UNDERTAKER L. Tew McCully ADDRESS 130 E. Fort

Spec.—1-10-21—M&T—1500 Bks.

E 30703 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30703

90 v

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Calhoun & Fayette ST. 19-28 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin F. Ellers

(a) RESIDENCE NO. 1618 Frederick Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sallie L. Ellers

6 DATE OF BIRTH (month, day, and year) Sept 13th 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	5	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Frederick M. Morton

9 BIRTHPLACE (city or town) (State or country) Queen Anne's Co. Md

10 NAME OF FATHER James M Ellers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Queen Anne's Co, Md

12 MAIDEN NAME OF MOTHER Sarah E. Higgins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Queen Anne's Co, Md

14 Informant Son. — B. Frank Ellers.

(Address) 9 Glenwood ave Catonsville Md

Filed 1928

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 16 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 14, 1928, to Feb 16, 1928, that I last saw him alive on Feb 16, 1928, and that death occurred, on the date stated above, at 12:30 P. m.

The CAUSE OF DEATH* was as follows:

Generalized artero-sclerosis with hypertension, cerebral hemorrhage with left side hemiplegia (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Elizabeth B Sherman, M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery DATE OF BURIAL 2/20/1928

20 UNDERTAKER Geo. Weber & Son ADDRESS 2503 Edmondson ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30704

E 30704

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 E. Hoffmann St. 8-17 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME JACOB OCHSE

(a) RESIDENCE No. 1516 E. Hoffmann ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Ochse

DATE OF BIRTH (month, day, and year) January 26, 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	0	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Auditor

(b) General nature of industry, business, or establishment in which employed (or employer) City Hall

(c) Name of employer Baltimore City

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Henry Ochse

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Barbara Eberle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mrs. Anna Ochse (widow)

(Address) 1516 E. Hoffmann St.

Filed FEB 18 1928 G. HAMPSON JONES, M. D. Registrar

By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 16, 1928

17

I HEREBY CERTIFY, That I attended deceased from October 10, 1927, to February 15, 1928, that I last saw him alive on February 15, 1928, and that death occurred, on the date stated above, at 1.30 a. m.

The CAUSE OF DEATH* was as follows:

Laryngeal Carcinoma

with Cervical metastases

(duration) yrs. 11 mos ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J. Ayd, M. D.

Feb 16, 1928 (Address) 2005 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — DATE OF BURIAL Feb 20 1928

20 UNDERTAKER Henry Sander & Sons Inc — ADDRESS 1710 Fleet St.

Spec.-7-17-26—A Co.—200 Bks.

E 30705

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30705

CERTIFICATE OF DEATH

100-90'

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 522 W. Lee St. 22-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Genera Jenkins

(a) RESIDENCE NO. 522 W. Lee St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 3 mos. 11 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov-5-1927

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	—	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland.

PARENTS

10 NAME OF FATHER Charlie Williams

11 BIRTHPLACE OF FATHER (City or town)

(State or country) N. Carolina

12 MAIDEN NAME OF MOTHER Alice Reed.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) N. Carolina

14 Informant Mabel Jenkins

(Address) 522 W. Lee St.

15 Filed 1928

16 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/16 1928

17 I HEREBY CERTIFY, That I attended deceased from 2/10, 1928, to 2/16, 1928, that I last saw h[illegible] alive on 2/15 1928, and that death occurred, on the date stated [illegible], at 9:30 a. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

Pneumonia

Primary.

(duration) — yrs. — mos. 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Dan Trunkin, M. D.

2/16, 1928 (Address) 1222 W Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. Date of Burial 2/18 1928

20 UNDERTAKER Samuel J. Hemsley 1 N. Eddy

Spec.–7-17-26—A Co.—200 Bks.

E 30706

HEALTH DEPARTMENT—CITY OF BALTIMORE

10 E 30706

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Sydenham Hospital St. 8-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Ellis Webster

(a) RESIDENCE NO. 2223 Preston Place St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 7, 1925

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	2	3	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 00

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Artie L. Webster

11 BIRTHPLACE OF FATHER (City or town) Cambridge

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Reita L. Webster

13 BIRTHPLACE OF MOTHER (city or town) Crisfield

(State or country) Maryland

14 Informant Artie L. Webster

(Address) 2223 Preston Place

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Feb 17, 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1, 19 28 to Feb 17, 19 28

that I last saw him alive on Feb 17, 19 28

and that death occurred, on the date stated above, at 1.40 p. m.

The CAUSE OF DEATH* was as follows:

Diphtheria - Toxaemia.
Pharyngeal & Laryngeal

(duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted

If not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Bacteriological

(Signed) J. L. Levin, M. D.

Feb 17 19 28 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem. Date of Burial 2/18 19 28

20 UNDERTAKER Emil J. Herrig ADDRESS 2016 Orleans

Spec.—1-12-23—M&T—500 Bks.

E 30707 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30707

CERTIFICATE OF DEATH.

REGISTERED NO. 99

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 814 E. Fort St. 24 33 WARD)

2-FULL NAME Rosa Meyers

(a) RESIDENCE No. 814 E. Fort ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
Female	White	Married

6 If married, widowed, or divorced ~~HUSBAND OF~~ or) WIFE of Henry Meyers

DATE OF BIRTH (month, day, and year) Aug 18 - 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	5	30	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Martin Engelbright

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Zeller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mary Kirk

(Address) 24 Old Eastern Place

Filed Oct 19 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/27 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 9 1928 to Sept 27 1928

that I last saw h alive on Sept 26 1928

and that death occurred, on the date stated above, at 8 A. M.

The CAUSE OF DEATH* was as follows:

Cardiac Hemiplegia

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Hamburger M. D.

(Address) 1 W Mulberry St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery DATE OF BURIAL Sept 29 1928

20 UNDERTAKER Mrs C Miller & Son ADDRESS 2364 Jeff St

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30708

CERTIFICATE OF DEATH.

16 E 30708

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 3722 Towne (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Evans Died 2 hours after birth

(a) RESIDENCE. No. 3722 Towne St. 2 hours Ward

(Usual place of abode)

Length of residence in city or town where death occurred ___ yrs. ___ mos. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Baby

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6 DATE OF BIRTH (month, day, and year): Feb 17 '28

7 AGE: Years ___ Months ___ Days ___ If LESS than 1 day, ___ hrs. or ___ min.: 2 hrs

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer): ___

(c) Name of employer: ___

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Joseph Evans

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Mrs Ida Russell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Father 722 Towne St

15 Filed 8 1928

C. HAMPSON JONES, M. D. Registrar

By ___

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 17 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 16 1928 to Feb 17 1928

that I last saw h[illegible] on Feb 17 1928

and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Delayed birth from Exposure Large Head which was stuck in delivery (duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) ___ (duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death? ___

Did an operation precede death? No Date of ___

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Bernard Kobrin M. D.

19 (Address) 100 N Linwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery

DATE OF BURIAL: Feb 18 1928

UNDERTAKER: Wm C Miller & Son

ADDRESS: 1-3-5 Jefferson

Spec.—1-10-21—M&T—1500 Bks.

30709

HEALTH DEPARTMENT—CITY OF BALTIMORE

30709

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 N. Eden St. 16-9 WARD)

2-FULL NAME Georgia Patterson

(a) RESIDENCE NO. 605 N. Eden ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1850

7 AGE: Years 78 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

10 NAME OF FATHER: David Patterson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Elizabeth Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md

PARENTS

14 Informant (Address): Jacob Steward 925 N. Eden St.

15 Filed 1928, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 16 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 13, 1928, to Feb. 16 1928, that I last saw h[illegible] alive on Feb 16 1928 and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Cerebral clots

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Robert J. Green M. D.

2-17. 1928 (Address) 120 August St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemty — DATE OF BURIAL: Feb 20 1928

20 UNDERTAKER: Lottie Gross — ADDRESS: 1705 McElderry St

Spec.—1-12-23—M&T—500 Bks.

E 30710

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30710

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 22-31 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Steven W Swenson

(a) RESIDENCE No. 113 W. Hill ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	?

If married, widowed, or divorced HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, and year) ?

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	60			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stabler

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 0-6

BIRTHPLACE (city or town) (State or country) Kentucky

10 NAME OF FATHER Paulson Wilkerson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kentucky

12 MAIDEN NAME OF MOTHER married ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Kentucky

Informant

(Address) Baltimore

Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/10/ 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 28, 1927, to Feb 10, 1928,

that I last saw him alive on Feb 10, 1928

and that death occurred, on the date stated above, at 1:30 P m.

The CAUSE OF DEATH* was as follows:

Hypertension, chronic myocarditis, arteriosclerosis, hypostatic pneumonia, both lungs.

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? General appearance

(Signed) C. Holmes Berg, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL FEB 13 1928 19

20 UNDERTAKER

ADDRESS

C. HAMPSON JONES, M. D. Commissioner of Health.

By [illegible]

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30711

CERTIFICATE OF DEATH

X 10-002

E 30711

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Sydenham Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen Jane Caples

(a) RESIDENCE NO. Glyndon, Balto. Co. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 17, 1925

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	2	4	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Co.

(State or country)

PARENTS

10 NAME OF FATHER V. T. Caples Jr.

11 BIRTHPLACE OF FATHER (City or town) Balto.

(State or country)

12 MAIDEN NAME OF MOTHER Olga Royston

13 BIRTHPLACE OF MOTHER (City or town) Peter, Balto Co.

(State or country)

14 Informant Mrs. V. T. Caples

(Address) Glyndon Md

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 17 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 15, 1928, to Feb 17, 1928, that I last saw her alive on Feb 17, 1928, and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

Nasal & Pharyngeal Diphtheria

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted

If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron S. Full, M. D.

2/18, 1928 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge

Date of Burial Feb 18 1928

20 UNDERTAKER J. F. Ebrie

ADDRESS Reisterstown Md

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

21 1/2 E 30712

CERTIFICATE OF DEATH.

14 E 30712

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOS ST. 12-50 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Victoria Ward

(a) RESIDENCE NO. 2201 Hunter ST ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Col

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Hazel Ward

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	20			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): North Carolina

10 NAME OF FATHER: John Shiled

11 BIRTHPLACE OF FATHER (city or town) (State or country): North Carolina

12 MAIDEN NAME OF MOTHER: Susie Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. Carolina

Informant: Records

(Address) JOHNS HOPKINS HOSP

Filed: 3 18 1928 H. [illegible] (Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 17 1928

17

I HEREBY CERTIFY, That I attended deceased from Feb 16, 1928, to Feb 17, 1928, that I last saw h[illegible] alive on Feb 17, 1928, and that death occurred, on the date stated above, at 5:35 P m.

The CAUSE OF DEATH* was as follows:

Puerperal Peritonitis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home - Premature

Did an operation precede death? yes Date of 2-15-28

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Charles H Peckham, M. D.

Feb, 1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Weldon N. C.

DATE OF BURIAL: 2/18/1928

20 UNDERTAKER: Mrs. George H. Holland

ADDRESS: 1018 Druid Hill Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 30713 — 131 E 30713

1-PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. Sinai Hospital St. 19-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jack Tolkin (Talkin)

(a) RESIDENCE NO. 401 N. Stricker St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? 24 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Dora Tolkin

DATE OF BIRTH (month, day, and year): 1892

AGE: Years 36 — Months — — Days — If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Russia

10 NAME OF FATHER: Hyman Tolkin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Eva

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

Informant (Address): L. A. Weinstein 521 N. Charles St.

Filed ... 19... Registrar ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-17 1928

17

I HEREBY CERTIFY, That I attended deceased from 2-12, 1928, to 2-17, 1928,

that I last saw h[illegible] alive on 2-17, 1928

and that death occurred, on the date stated above, at 11:20 A m

The CAUSE OF DEATH* was as follows:

Thrombosis of femoral Vessels

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Pyo Nephritis (Right)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 2-14-28

Was there an autopsy?

What test confirmed diagnosis? clinical test

(Signed) Harry Weinstein, M. D.

2/17, 1928 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel Cem. Co.

DATE OF BURIAL: 2/19 1928

20 UNDERTAKER: Jack Lewis 1929 E. Baltimore St.

ADDRESS

FEB 19 1928 [illegible]

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30714

CERTIFICATE OF DEATH.

E 30714

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Sinai Hosp

CITY OF BALTIMORE: (No. Monument ST. 7-50 WARD)

2-FULL NAME David Bernstein

(a) RESIDENCE NO. 313 E. 25th ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND (or) WIFE Rachael Bernstein

DATE OF BIRTH (month, day, and year) Jan 8 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	1	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance

(b) General nature of industry, business, or establishment in which employed (or employer) agent

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Harry Shapiro
(Address) 313 E 25 St

Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

17 I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1928, to Feb 17, 1928

that I last saw him alive on Feb. 17, 1928

and that death occurred, on the date stated above, at 9.37 A. m.,

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Respiratory failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Wm Schuman M. D.

2-17, 1928 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Nebo Cemetery | DATE OF BURIAL 2/19/28 19

20 UNDERTAKER Jacob Levin & Sons | ADDRESS

E. [illegible] JONES, M. D.

pec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30715

CERTIFICATE OF DEATH.

31 E 30715

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2623 Loyola Southway ST.) 15-56 (WARD)

2-FULL NAME Joseph Sacks

(a) RESIDENCE NO. 2623 Loyola Southway ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced (HUSBAND of or) WIFE of Sarah Sacks

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Sarah Sacks

(Address) 2623 Loyola Southway

Filed FEB 19 1928 G. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 18 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 10, 1927, to Feb 18, 1928

that I last saw h~~im~~ alive on Feb 17, 1928

and that death occurred, on the date stated above, at 2 30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

from history 2 or 3 yrs

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis from history about 2 or 3 yrs

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) W. S. Hulett, M. D.

Feb 19 1928 (Address) 2220 Garrison ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holdern Herman Park	Feb 20 1928
UNDERTAKER Jack Levin	ADDRESS 1405 Eutaw

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

2/11/21 E 30716

CERTIFICATE OF DEATH.

101-001 E 30716

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) JOHNS HOPKINS HOSPITAL ST. 15-68 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Goldie Saidman

(a) RESIDENCE NO. 1737 Hamilton ST. Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. — mos. — ds. How long in U. S., if of foreign birth? 15 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Saidman

DATE OF BIRTH (month, day, and year) [illegible]

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Poland.

10 NAME OF FATHER Lewis Liptsch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Celia Fan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

Informant Friends

(Address) JOHNS HOPKINS HOSPITAL

Filed [illegible] 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 17 1925

17 I HEREBY CERTIFY, That I attended deceased from Feb 13, 1925, to Feb 17, 1925, that I last saw her alive on Feb 17, 1925, and that death occurred, on the date stated above, at 10 5 a.m.

The CAUSE OF DEATH* was as follows:

Acute lobar pneumonia

(duration) yrs. — mos. 8 ds.

CONTRIBUTORY (Secondary) Acute lower genital tract infection acute pulmonary edema

(duration) yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) JS Conman M. D.

2/19 1925 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herring Run

DATE OF BURIAL 2/19 1925

20 UNDERTAKER [illegible] Funeral Home

ADDRESS 1127 E Baltimore St

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 30717 — REGISTERED NO.

E 30717 — 1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1628 Eutaw Place (ST.) 14-20 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine N. McLean

(a) RESIDENCE. NO. 1628 Eutaw Place ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fmal

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) April 10 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	10	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Ireland

10 NAME OF FATHER: Edward Maddy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Sullivan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

Informant: Thos. Maddy

(Address): Richmond Va. City

Filed ....., 19 .....

C. [illegible] JONES, M. D.

P.M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 17 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov-6, 1927, to Feb 17, 1928,

that I last saw h[illegible] alive on Feb 17, 1928,

and that death occurred, on the date stated above, at 1.20 m.

The CAUSE OF DEATH* was as follows:

Primary
Carcinoma Breast
with General Carcinomatosis
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus
(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Diabetes Blood Sugar + Urinalysis

(Signed) Wm. Ely, M. D.

19 (Address) 511 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Feb 20, 1928
20 UNDERTAKER	ADDRESS
Martin Fahy & Sons	1827 W. North

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30718
1-PLACE OF DEATH

CERTIFICATE OF DEATH

90 E 30718
REGISTERED NO.

City of BALTIMORE: (No. Md Gen Hosp St. 1568 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Morris Iceman

(a) RESIDENCE NO. 2028 Sutton Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 10-30-1916

7 AGE	Years	Months	Days	IF LESS than 1 day ..hrs. or ..min..
	11	8	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Chas C. Iceman

11 BIRTHPLACE OF FATHER (City or town) Balto Md
(State or country)

12 MAIDEN NAME OF MOTHER Minnie Roth

13 BIRTHPLACE OF MOTHER (city or town) Balto Md
(State or country)

14 Informant Hospital Records
(Address)

15 Filed JUN 5 1928 19 C. HAMILTON JONES, M. D. Registrar
By R.D.A.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-15-28 19

17 I HEREBY CERTIFY, That I attended deceased from 2-5, 19 28, to 2-15, 19 28,
that I last saw h alive on 2-5, 19 28,
and that death occurred, on the date stated above, at 12 M. m.
The CAUSE OF DEATH* was as follows:

Pleurisy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) [illegible] M. D.
19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Loudon Park Cem	July 20 1928
20 UNDERTAKER Harry W. Ehlen	ADDRESS 1964 W. North Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30719 E 30719

CERTIFICATE OF DEATH.

Registered No. 179

1-PLACE OF DEATH

City of BALTIMORE: (No. 1028 Greenmount St., 16th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Owen L. Mc Adams

(a) Residence No. 1028 Greenmount St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced (Write the word): Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Helen M. Adams

6-DATE OF BIRTH (month, day and year): Nov 11-1891

7-AGE: 35 yrs. 3 mos. 6 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Truck Driver

(b) General nature of industry, business, or establishment in which employed (or employer): Balto Transfer Co

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto Md

10-NAME OF FATHER: Peter Mc Adams

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Balto Md

12-MAIDEN NAME OF MOTHER: Cecelia Donohowe

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Balto Md

(Informant): Cecelia Mc Adams

(Address): 1028 Greenmount St.

Filed, 192 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Feb 17-26

17-I HEREBY CERTIFY, That I attended deceased from July 3 1926 to July 17 1926

that I last saw him alive on July 17 1926

and that death occurred, on the date stated above, at 2:15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

(Duration) yrs. 3 mos. ds

CONTRIBUTORY (Secondary): Hypostatic Pneumonia

(Duration) yrs. mos. 1 ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. D. Duncan M.D.

2/7 1926 (Address) 1211 Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: 2/21 1926

20-UNDERTAKER: William Cook

ADDRESS: 537 E Fayette

pec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30720

CERTIFICATE OF DEATH.

E 30720

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2824 Harford Ave ST., 9-46 WARD)

2-FULL NAME Metta Pierce Humphreys

(a) RESIDENCE NO. 2820 Harford Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX F | 4 COLOR OR RACE W. | 5 Single, Married, Widowed, or Divorced, (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Humphreys

DATE OF BIRTH (month, day, and year) Aug 20, 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	5	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ga

10 NAME OF FATHER Berry O Garrison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ga

12 MAIDEN NAME OF MOTHER Rosanna Killum

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ga

Informant Mrs Russell Monger

(Address) 2825 Reed St

Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 13, 1928, to Feb 18, 1928, that I last saw her alive on Feb 17, 1928, and that death occurred, on the date stated above, at 5:20 A m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos 32 ds.

CONTRIBUTORY (Secondary) Uterine adenoma

(duration) 15 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W S Dorsey M. D.

2/18, 1928 (Address) 720 N Howard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 2/21 1928

UNDERTAKER [illegible]

ADDRESS [illegible]

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30721

CERTIFICATE OF DEATH.

28 E 30721

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 104 N. Howard St. (Ward) 25

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jeotsos Kolsonis

(a) RESIDENCE NO. 104 N. Howard St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? 8 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov 17 1917

7 AGE: Years 8 Months 11 Days 1 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore Md

(State or country)

10 NAME OF FATHER Peter Kolsonis

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Greece

12 MAIDEN NAME OF MOTHER Rose Preon

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Greece

14 Informant Peter Kolsonis

(Address) 104 N. Howard St

FEB 9 1928 Filed ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 18. 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic enteritis / pulmonary tuberculosis

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Eugene Gilbert M. D. (Coroner)

2/8. 1928 (Address) 2739 Edelen Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Date of Burial 2/20 1928

20 UNDERTAKER J. Cook ADDRESS 502 E. Baltimore

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30722

CERTIFICATE OF DEATH.

191 E 30722

1-PLACE OF DEATH

City of BALTIMORE: (No Colonial Hospital St., 8-17 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Claytonia S. Bond

(a) RESIDENCE NO. 1802 E North Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Bond

6 DATE OF BIRTH (month, day, and year): May 1, 1904

7 AGE: Years 23 Months 9 Days 14 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Mechanic

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer: Self

9 BIRTHPLACE (city or town): Balto

(State or country): Md

10 NAME OF FATHER: Samuel W. Bond

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Cora Brown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md.

14 Informant (Address): Mrs Cora Bond 1802 E North Ave

15 Filed ..... 19.. C. HAMPTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 15 25

17 I HEREBY CERTIFY, that I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon, and from the evidence obtained by said Autopsy (Coroner, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Homicide

Gun Shot wound

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Shock

(Duration) yrs. mos. ds.

Feb 17 25 (Date) G. C. Hades M. D. (Address) 143 W Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Stone Chapel Date of Burial 2/19 1925

20 UNDERTAKER: Jno Cook ADDRESS 522 E Madison

Spec.—1-12-23—M&T—500 Blks.

E 30723

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30723

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Baltimore City Hospitals ST. 17-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Upshur

(a) RESIDENCE NO. 707 Dolphin st. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 070

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER Frank Anthony

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary Upshur

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

Informant Hospital Records
(Address)

Filed FEB 19 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 15 19 28

17 I HEREBY CERTIFY, That I attended deceased from Jan. 31 19 27, to Feb. 15 19 28,

that I last saw her alive on Feb. 15 19 28,

and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs mos ds

CONTRIBUTORY (Secondary) Myocardial insufficiency Terminal

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy & Clinical

(Signed) E. H. Madden M. D.

2-17-28 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Crandock, Virginia DATE OF BURIAL Feb 19 1928

UNDERTAKER Samuel J. Hemsley ADDRESS 578 N. Bradd

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30724

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

89 E 30724

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2805 Overland Ave ST. 10-14 WARD)

2-FULL NAME Mary E. Kearney

(a) RESIDENCE No. 1028 Homewood Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Kearney

DATE OF BIRTH (month, day, and year) July 31.1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	6	17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Texas, Md.

10 NAME OF FATHER John Dalton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Mrs. John Rusk

(Address) 2805 Overland Ave

Filed 19 HARRISON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/17 1928

17

I HEREBY CERTIFY, That I attended deceased from 2/16, 1928, to 2/17, 1928, that I last saw h[illegible] alive on 2/17, 1928, and that death occurred, on the date stated above, at 9 m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. Leonard Ross, M. D.

2/19, 1928 (Address) 914 E Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL Feb. 20 1928

20 UNDERTAKER Rita Brideford

ADDRESS 910 Fremont Ave

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30725
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

101-001

E 30725
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 3306 Orlando Ave ST. Hamilton WARD) 3

2-FULL NAME Charles R. Fowble

(a) RESIDENCE No. 3306 Orlando Ave ST., Hamilton WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth A. Fowble

DATE OF BIRTH (month, day, and year) Nov. 10th 1887

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	3	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hardwood Finisher

(b) General nature of industry, business, or establishment in which employed (or employer) Floor Finishing

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Co. Maryland

10 NAME OF FATHER Frederic Fowble

11 BIRTHPLACE OF FATHER (city or town) Balto. Co. (State or country) Maryland

12 MAIDEN NAME OF MOTHER Annie M. Buckingham

13 BIRTHPLACE OF MOTHER (city or town) Carroll Co. (State or country) Maryland

Informant Elizabeth A. Fowble

(Address) 3306 Orlando Ave. Hamilton

Filed Feb 19 1928 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 17 1928

17

I HEREBY CERTIFY, That I attended deceased from Feb 11, 1928, to Feb 17, 1928, that I last saw him alive on Feb 17, 1928, and that death occurred, on the date stated above, at 8a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Acute Nephritis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) A. D. Rebeta, M. D.

, 19 (Address) 6409 Gelman Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pleasant Hill Cemetery — DATE OF BURIAL Feb. 20 1928

20 UNDERTAKER Fredk Lassahn & Sons — ADDRESS Pikesville

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30726

CERTIFICATE OF DEATH.

129 E 30726

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) German Aged Home St. Baltimore and Payson Sts Ward 20-69

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henora Meisner

(a) RESIDENCE NO. German Aged Home St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mr. Meisner

6 DATE OF BIRTH (month, day, and year): December 6 1847

7 AGE — Years: 80 — Months: 2 — Days: 12 — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): [illegible]

(State or country) Germany

10 NAME OF FATHER: Herr[illegible] Dienst Bach

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Germany

12 MAIDEN NAME OF MOTHER: Appard Anna

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Germany

14 Informant (Address) Records German Aged Home Balto and Payson Sts

Filed 2/18 1928 C. HAMPSON JONES, M. D., Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 18th 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1927, to Feb 18, 1928, that I last saw her alive on Feb 17, 1928, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John Hamb, M. D.

2/18, 1928 (Address) 1443 W. Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem Date of Burial Feb 20" 1928

20 UNDERTAKER: Joseph B Cook ADDRESS 1003 N. Gilmor St

Spec.—1-12-23—M&T—500 Bks.

E 30727

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30727

CERTIFICATE OF DEATH.

REGISTERED NO. E 30727

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 727 N Lakewood ST. 6-10 WARD)

2-FULL NAME John P. Limpert

(a) RESIDENCE No. 727 N Lakewood ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Hagedorn

DATE OF BIRTH (month, day, and year) Mar 3/186

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	11	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Messenger 009

(b) General nature of industry, business, or establishment in which employed (or employer): Custom Service

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER Chas Limpert

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Elizabeth Frohlich

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

Informant: Mrs Amelia Limpert

(Address) 727 N Lakewood Av

Filed FEB 19 1928 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/18/1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 11, 1928, to Feb 18, 1928,

that I last saw h[im] alive on Feb 18, 1928

and that death occurred, on the date stated above, at 7:30 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Cerebro arterio sclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Fritz J Kinzer, M. D.

2-18, 1928 (Address) 2700 Hoffman St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: 2/21

20 UNDERTAKER: John Merrick

ADDRESS 2805 Erdman

Spec.—1-12-23—M&T—500 Bks.

30728.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30728

CERTIFICATE OF DEATH.

E 30728

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1683 Darley Ave (WARD) 8-45

2-FULL NAME Lorenz Richter.

(a) RESIDENCE NO. 1683 Darley Ave WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia Richter

6 DATE OF BIRTH (month, day, and year) Nov 9-1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	72	3	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore (State or country)

10 NAME OF FATHER Geo Richter

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Dora Braun

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

Informant Sophia Richter

(Address) 1683 Darley Ave

Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/17 1928

17 I HEREBY CERTIFY, That I attended deceased from Feby 8th 19 28, to Feby 17th 19 28.

that I last saw him alive on Feby 16th 19 28

and that death occurred, on the date stated above, at 3-a m.

The CAUSE OF DEATH* was as follows:

a Mitral Sclerosis

Contributory Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) H. Arnold M. D.

19 28 (Address) 624 E. Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL Feby 20 1928

20 UNDERTAKER John Lewis

ADDRESS 2208 Orleans

Spec.—1-12-23—M&T—500 Bks.

E 30729 HEALTH DEPARTMENT—CITY OF BALTIMORE 30729

CERTIFICATE OF DEATH. 129 E 30729

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1727 Hanover St. 23-32 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah E. Clipper

(a) RESIDENCE NO. 1727 Hanover ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. H. Clipper

DATE OF BIRTH (month, day, and year) June 1, 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	5	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md

10 NAME OF FATHER John Raymond

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Louise Hurley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

Informant George Clipper

(Address) 1727 Hanover St.

Filed FEB 19 1928 R. L. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 16 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1928, to Feb 16, 1928, that I last saw her alive on Feb 16, 1928, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

(duration) yrs. mos. 1 0 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. L. Abell Kress M. D.

2/21/1928 (Address) 1 E Pleasant St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem DATE OF BURIAL Feb. 20 1928

20 UNDERTAKER Margaret L. Flynn ADDRESS 1432 Light St

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

30730

90 E 30730

E 30730

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 137 London ave St. 30-71 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kate E. Marriott

(a) RESIDENCE NO. 137 London St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white.	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joel B. Marriott

6 DATE OF BIRTH (month, day, and year) April 5. 1845

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min..
	82	10	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto., Md.

(State or country)

10 NAME OF FATHER John W. Rogers

11 BIRTHPLACE OF FATHER (City or town) Phila., Pa.

(State or country)

12 MAIDEN NAME OF MOTHER Mary Moore

13 BIRTHPLACE OF MOTHER (city or town) Port Moore

(State or country)

PARENTS

14 Informant Mrs. Nicholas Lefors daughter

(Address) 137 London ave.

15 Filed ... 19 ... Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Feb. 16. 28

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1. 28, to Feb. 16 28,

that I last saw h alive on Feb. 15. 28,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Old Age.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Wm. A. Blake M. D.

, 19 (Address) 719 Med. Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — Date of Burial Feb. 20 1928

20 UNDERTAKER Margaret L. Byrnes — ADDRESS 1424 Light St.

E. HAMPSON JONES, M. D. Registrar

Spec.—1-12-23—M&T—500 Bks.

✓ 30731

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30731

CERTIFICATE OF DEATH.

179 E 30731

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 318 N Carey · ST. 14-26 (WARD)

2-FULL NAME Morris Evans

(a) RESIDENCE No. 318 N. Carey ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Kate T Evans

DATE OF BIRTH (month, day, and year) June 28 50

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	77	7	19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work U S 09

(b) General nature of industry, business, or establishment in which employed (or employer) Govenment

(c) Name of employer Internal Rev

BIRTHPLACE (city or town) (State or country) Pa.

10 NAME OF FATHER Evan Evans

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Myers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

Informant Mrs Emily E Sheldon

(Address) Ithaca N.Y.

Filed ..., 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 17 1928

17

I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1928, to Feb. 17, 1928, that I last saw h— alive on Feb. 17, 1928 and that death occurred, on the date stated above, at 1 P. m

The CAUSE OF DEATH* was as follows:

Uraemic Coma

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial nephritis (duration) Unknown mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James S Ashcraft, M. D.

19— (Address) 4012 Park Heights av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Easton Pa

DATE OF BURIAL Feb 20 1928

20 UNDERTAKER H M Rowlett

ADDRESS 2208 N Mth

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30732

CERTIFICATE OF DEATH.

3E 30732

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 9-47 WARD)

2-FULL NAME Margaret Fisher

(a) RESIDENCE NO. 614 37th ST ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed,~~ or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Jan 12 1911

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	1	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER William Fisher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Idell H. Lowry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

Informant Beards (Address) JOHNS HOPKINS HOSPITAL

Filed 2-20 1928 S. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb-17 1928

17 I, HEREBY CERTIFY, That I attended deceased from Feb 11 1928 to Feb-17 1928 that I last saw h(er) alive on Feb-17 1928 and that death occurred, on the date stated above, at 11:50 P m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) yrs. mos 20 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home - Hopkins Hosp

Did an operation precede death? Yes Date of 2-17-28

Was there an autopsy? Yes

What test confirmed diagnosis? Lumbar Puncture

(Signed) Charles H. McKhann, M. D.

2-18-1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Faith Presby Church Cem

DATE OF BURIAL 2/21 1928

20 UNDERTAKER Philip Henry

ADDRESS 2016 Orleans St

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30733

CERTIFICATE OF DEATH

179 E 30733

REGISTERED NO.

1-PLACE OF DEATH 2nd

City of BALTIMORE: (No. 211 N. Chester St. 6-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barbara Finck

(a) RESIDENCE NO. 23 N. Belnord Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth 50 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
F	W	Widowed

5a If married, widowed, or divorced (or) WIFE of Simon Finck

6 DATE OF BIRTH (month, day, and year) Nov 20/65

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	62	2	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Emerine

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Alphonsus Finck

(Address) 23 N. Belnord Ave

15 Filed FEB 20 1928 C. HAMILTON JONES, M. D. Registrar

Per R.W.R.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 17 28 19

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 19 28 to Feb. 17 19 28

that I last saw h[illegible] alive on Feb. 16 19 28

and that death occurred, on the date stated above, at 5:45 P m.

The CAUSE OF DEATH* was as follows:

Chr. myocarditis – chr. Nephritis arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Joseph Tarter M. D.

19 (Address) 800 S. Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial 2/21 19 28

20 UNDERTAKER Emily Herwig ADDRESS 2016 Eutaw

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

00-001

E 30734

CERTIFICATE OF DEATH.

E 30734

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1707 Jefferson St. 69 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph H. Lohmann

(a) RESIDENCE NO. Stemmers Run St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Lohmann

DATE OF BIRTH (month, day, and year) Oct 6th 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	4	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Truck Farm

(c) Name of employer

BIRTHPLACE (city or town) Balto. Co.

(State or country) Maryland

10 NAME OF FATHER John C. Lohmann

11 BIRTHPLACE OF FATHER (city or town) Unknown

(State or country) Germany

12 MAIDEN NAME OF MOTHER Wilhelmina Pierce

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country) Germany

Informant Louis Schweitzer

(Address) 1707 Jefferson St.

1928 C. HAMPSON JONES, M. D. Registrar

Filed

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 18 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1927, to Feb. 18, 1928,

that I last saw him alive on Feb. 18, 1928,

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Purpura Hemorrhagica

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Stemmers Run, Balto Co

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Geo. A. Lippy, M. D.

, 19 (Address) 422 S. Patterson Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Josephs Cemetery	Feb. 22, 1928
20 UNDERTAKER	ADDRESS
Frederick Loeschner	Ford Baltimore

Spec.—1-12-23—M&T—500 Blks.

911002 Smq

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30735

CERTIFICATE OF DEATH.

REGISTERED NO. E 30735

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 27-54 St. WARD)

2-FULL NAME William J - Chenoweth

(a) RESIDENCE No. Linwood & Rush Sts. WARD Md - Wash - Md -
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary B -

DATE OF BIRTH (month, day, and year) 7-28-73

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	6	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Travelling Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) 066

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md -

10 NAME OF FATHER Albert Chenoweth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md -

12 MAIDEN NAME OF MOTHER Martha Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md -

Informant Records -
(Address) JOHNS HOPKINS HOSPITAL

Filed FEB 20 1928 19 RAMON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 18 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 28 1928 to Feb. 18 1928, that I last saw him alive on Feb - 18 1928, and that death occurred, on the date stated above, at 9 45 a - m.

The CAUSE OF DEATH* was as follows:

Carcinoma of small intestine

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Pneumonia bronchopneumonic

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes No Date of 2-10-28

Was there an autopsy?

What test confirmed diagnosis?

(Signed) I Ridgeway Trimble M. D.

Feb 18 1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Park DATE OF BURIAL Feb 20, 28

UNDERTAKER Chenoweth & Son ADDRESS 3617 Chestnut

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30736

118-002

CERTIFICATE OF DEATH

E 30736

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2648 Bernard St. 17-51 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine L. Kemp.

(a) RESIDENCE No. 2648 Bernard St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of: Child

DATE OF BIRTH (month, day, and year): Jan 24, 1927

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1		24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): md.

10 NAME OF FATHER: Rufus Kemp.

11 BIRTHPLACE OF FATHER (city or town) (State or country): md.

12 MAIDEN NAME OF MOTHER: Ruth Fair

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md.

Informant: Ruth Kemp.

(Address) 2648 Bernard St

Filed 1928. HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 18 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1928, to Feb 18, 1928.

that I last saw h W alive on Feb 18 1928

and that death occurred, on the date stated above, at 5.05 P. m.

The CAUSE OF DEATH* was as follows:

1. Bronchial Pneumonia (duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) H. L. Barley, M. D.

, 19 (Address) Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's Hampden

20 UNDERTAKER: Clemens Elson

DATE OF BURIAL: Feb 20, 1928

ADDRESS: 901 Edmondson Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30737

CERTIFICATE OF DEATH.

1352 12 9 E 30737

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 722 W 34th St. (ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rachel R. Little

(a) RESIDENCE NO. 722 W 34th St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert Little

DATE OF BIRTH (month, day, and year): Dec 18 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	69	2	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): md.

10 NAME OF FATHER: Thomas E Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): md.

12 MAIDEN NAME OF MOTHER: Elizabeth Cresswell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md.

Informant (Address): Robert Little 722 W 34th St

Filed JAN 29 1928 HAMPSON JONES, M. D., Registrar

Dur

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 19, 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 1 1928 to Feb 19 1928, that I last saw h[illegible] alive on Feb 19 1928, and that death occurred, on the date stated above, at 7 30 P. m.

The CAUSE OF DEATH* was as follows:

Coma

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary): Chron Interstitial Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. C. Koons, M. D.

2-9 1928 (Address) 5600 York Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Taylorsville md.

DATE OF BURIAL: Feb 22, 1928

20 UNDERTAKER: Shenowethson

ADDRESS: 3615 Harford ave

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30738

CERTIFICATE OF DEATH.

44 E 30738

1-PLACE OF DEATH St Josephs Hospital

CITY OF BALTIMORE: (No. 10-15 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Sweeney.

(a) RESIDENCE No. 1118 Forest Pk. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Sweeney

DATE OF BIRTH (month, day, and year) 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER Patrick Sweeney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Kath. Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Thos. Sweeney

(Address) 1008 N. Forest Park Ave

Filed C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 17 1925

17

I HEREBY CERTIFY, That I attended deceased from Jan 3, 1925, to Feb 17, 1925,

that I last saw h[illegible] alive on Feb. 17, 1925,

and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Jan 4, 1925.

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. L. Fetterman, M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Interred Baltimore

DATE OF BURIAL 2/20 1925

20 UNDERTAKER J. D. Moran

ADDRESS 3000 E Balto

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

56 E 30739

E 30739

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Sydenham Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elmer Brown, Jr.

(a) RESIDENCE NO. 512 N. Fremont St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 11, 1926

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min..
	1	2	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Elmer Brown, Sr.

11 BIRTHPLACE OF FATHER (City or town) Baltimore

(State or country) Md.

12 MAIDEN NAME OF MOTHER Elsie Parks

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Md.

14 Informant Elmer Brown Sr.

(Address) 512 N. Fremont St.

15 Filed FEB 1928 C. HAMPSON JONES, M. D. Registrar

By RUH.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Feb. 18, 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb. 17, 19 28, to Feb 18, 19 28,

that I last saw h. m alive on Feb 17, 19 28,

and that death occurred, on the data stated above, at 3 40 a. m.

The CAUSE OF DEATH* was as follows:

Encephalitis

(duration) yrs. mos. 3

CONTRIBUTORY Rickets

(Secondary)

(duration) yrs. mos. 7 ds.

18 Where was disease contracted

If not at place of death? At home

Did an operation precede death? No Data of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) I. L. Levin, M. D.

Feb 18, 19 28 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt Ziare	Feb 20 19 28
20 UNDERTAKER Leonard Whalen Service	ADDRESS 69 [illegible]

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30740

CERTIFICATE OF DEATH.

100-001

E 30740

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1425 Madison ave ST., 14 WARD)

2-FULL NAME Connie Harris

(a) RESIDENCE NO. 1426 Madison ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Harris

DATE OF BIRTH (month, day, and year) 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	76			

OCCUPATION OF DECEASED None

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Stephen Riley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Martha Neal

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Ida Henry

(Address) 1425 Madison ave

Filed 1928 19 HAMPTON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 17 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 3, 1928, to Feb 17, 1928, that I last saw h[illegible] alive on Feb 17, 1928, and that death occurred, on the date stated above, at 11 30 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia following General debility and acute pleurisy and Bronchitis (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acute pleurisy

Bronchitis (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) G. F. Tidell, M. D.

, 19 (Address) 426 E 23rd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL 2/20/28

20 UNDERTAKER Samuel H Smedley ADDRESS 426 Biddle

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30741

CERTIFICATE OF DEATH.

129

E 30741

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1337 N. Stricker St. 15-22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Victoria Kent

(a) RESIDENCE NO. 1337 N. Stricker St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: C

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Walter Kent

6 DATE OF BIRTH (month, day, and year): 1878

7 AGE: Years 50 | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country) Balto Md

10 NAME OF FATHER Wesley Whittington

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Md.

12 MAIDEN NAME OF MOTHER Louise Morris 2/20, 1928

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Va

14 Informant Walter Kent

(Address) 1337 N. Stricker St

15 Filed 2/20 1928 C. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/17/ 1928

17 I HEREBY CERTIFY, That I attended deceased from 2/13/ 1928, to 2/17/ 1928, that I last saw h.. alive on 2/17/ 1928, and that death occurred, on the date stated above, at 11.55 A.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Bright's Disease (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. H. Jones M. D.

(Address) 912 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn cemetery — Date of Burial 2/20 1928

20 UNDERTAKER: Thomas B. Nelson — ADDRESS 1303 Pennsylvania Ave

pec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30742

CERTIFICATE OF DEATH.

38 E 30742

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital ward 27-47 St., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harrison Sturgis

(a) RESIDENCE NO. 1207 Arlington Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Single

If married, widowed, or divorced HUSBAND of or) WIFE of —

DATE OF BIRTH (month, day, and year) 1891

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER John Sturgis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Josephine Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

Informant (Address) 1207 Arlington ave

Filed FEB 20 1928 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 18 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1927, to Feb 18, 1928, that I last saw him alive on Feb 17, 1928 and that death occurred, on the date stated above, at 6.35 A. m.

The CAUSE OF DEATH* was as follows:

General paralysis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Rectic Infection

Unknown mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Philip Pearlstein, M. D.

2/18, 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury cemetery

DATE OF BURIAL Feb 21 1928

20 UNDERTAKER Edward Bryan

ADDRESS 1691 Orleans St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30743

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

100 E 30743

REGISTERED NO. C

CITY OF BALTIMORE (No. 828 S Luzerne Ave ST. 1-3 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Czeslaw Radecki Jr

(Residence in Baltimore: No. 828 S Luzerne Ave

St.: yrs. 1/1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Child

6-DATE OF BIRTH, Jan (Month) 14 (Day), 1928 (Year)

7-AGE, ...yrs. 1 mos. 19 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER. Czeslaw Radecki Sr

11-BIRTHPLACE OF FATHER (State or Country). Poland

12-MAIDEN NAME OF MOTHER. Dominika Kaczek

13-BIRTHPLACE OF MOTHER (State or Country). Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Czeslaw Radecki Sr

(Address) 828 S Luzerne Ave

15-

Filed ....., 19..... C. HAMPSON JONES, M. D.

FEB 20 1928 Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, February (Month) 19th (Day), 1928 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cap. Bronchitis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 1 ds.

(Signed) G E Blades M. D.

(Coroner) 143 W Lexington

....., 191.. (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Stanislaus Cem. DATE OF BURIAL, Feb 20, 1928

20-UNDERTAKER Stephen F Fiszkowski ADDRESS 1000 Linwood Ave

Cor.—12-9-25—A Co.—200 Bks.

E 30744

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

185 E 30744

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1016 N Mount St. 16-22 Ward)

2-FULL NAME Ruth N Keith

(a) RESIDENCE NO. 1016 N Mount St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. 10 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): April 2. 1919

7 AGE — Years: 8 — Months: 10 — Days: 14 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Schoolgirl

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto

(State or country): md

10 NAME OF FATHER: Geo Keith

11 BIRTHPLACE OF FATHER (city or town): Atlanta

(State or country): Ga

12 MAIDEN NAME OF MOTHER: Daisy Walker

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Va

14 Informant: Daisy Keith

(Address): 1016 N Mount St

15 Filed ... 19 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 16 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was: Acc Fall (Primary)

Fracture of Skull

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Shock

(Duration) yrs. mos. ds.

Filed 2/16/28 19 (Signed) G C Bates (Coroner) M. D.

(Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Calvary — Date of Burial: Feb 20 1928

20 UNDERTAKER: Joseph A Lively — ADDRESS: 489 N Mount Street

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30745

CERTIFICATE OF DEATH.

E 30745

1-PLACE OF DEATH Pronounced dead Emergency Hosp

REGISTERED NO.

City of BALTIMORE: (No. B & O. Train St., 4-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Fraser Fareman

(a) RESIDENCE NO. St. Denis Md St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Virginia Fareman

6 DATE OF BIRTH (month, day, and year): May 19 - 1864

7 AGE — Years: 63 Months: 8 Days: 29 IF LESS than 1 day.....brs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baggage Master

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: B & O - Railway

9 BIRTHPLACE (city or town):

(State or country): Md

PARENTS

10 NAME OF FATHER: Joseph F. Fareman

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Pa

12 MAIDEN NAME OF MOTHER: Mary Foran

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Pa

14 Informant: Mrs. Virginia Fareman

(Address): St Denis Md

15 Filed....., 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb - 18 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Apoplexy

(duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Eugene Grant M. D. (Coroner)

2-18, 1928 Address 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence St Denis Md

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bakers - Aberdeen Md. Date of Burial: Feb 21 1928

20 UNDERTAKER: Joseph Seyfer ADDRESS: 1600 W North

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

159-002

E 30746

CERTIFICATE OF DEATH.

E 30746
1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 888-3rd Ave. Fairfield. St. 25-76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mattie D. Wright. (C)

(a) RESIDENCE NO. 888-3rd Ave. Fairfield, St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred ---yrs.---mos. 28 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	Colored	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) January 27, 1928

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	----------		28 27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None. MD
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Baltimore, Md.

10 NAME OF FATHER Frank Wright. (C)

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Atlanta Ga.

12 MAIDEN NAME OF MOTHER Mattie Raidwatet. (C)

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Atlanta Ga.

14 Informant Frank Wright. (C) father.
(Address) 888-3rd Ave. Fairfield.

15 Filed FEB 20 1928 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 19, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fitsat Insufficiency.
congenital.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)
(duration) ....yrs. ....mos. ....ds.

(Signed) Chas M Reinhardt M. D.
(Coroner)

2/20 1928 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Int Cabary Date of Burial 2/22 1928

20 UNDERTAKER H L Brown Sons ADDRESS

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30747

1 PLACE OF DEATH

CERTIFICATE OF DEATH.

E 30747

Registered No.

City of BALTIMORE: (No. 4221 Vermont Ave. St.) (Ward) 99-71

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George A. Schwabkoff

(a) Residence No. 4221 (Usual place of abode) Vermont Ave. Ward

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word) Married

6-If married, widowed, or divorced HUSBAND of (or) WIFE of

7-DATE OF BIRTH (month, day and year) July 17-1864

8-AGE. 63 yrs. 8 mos. ds. If LESS than 1 day, hrs. or min.?

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Silver &c.

(b) General nature of industry, business, or establishment in which employed (or employer). Smith

(c) Name of employer.

BIRTHPLACE (city or town) (State or Country). Balto. Md.

10-NAME OF FATHER. Emil Schwabkoff

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Mary Bopp

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md.

(Informant) Charles B. Brass

(Address) 4221 Vermont Ave.

Filed 1928 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 17 1928.

17- I HEREBY CERTIFY, That I attended deceased from Aug— 1927 to Feb 17— 1928

that I last saw h— alive on Feb 17— 1928

and that death occurred, on the date stated above, at 11 P— m.

The CAUSE OF DEATH* was as follows:

Malignant Disease of Stomach etc —

(Duration) 2 yrs. 8 mos. — ds.

CONTRIBUTORY (Secondary) General Exhaustion

(Duration) yrs. 1 mos. ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? ✓

What test confirmed diagnosis? ✓

(Signed) Jacob Draper M. D.

, 19 (Address) 125 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. New Catholic Cemetery DATE OF BURIAL. Feb 21 1928

20-UNDERTAKER George L. Schwab ADDRESS 2101 Eutaw Ave

Spec—12-22-21—E.B.R.S.—400 Bks.

Immler.

E 30748

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30748

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 1014 Hollins St. 18-29 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles C Immler

(a) Residence No. 1014 Hollins St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE White

5-Single, Married, Widowed, or Divorced. (Write the word) Married

6-If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Immler

7-DATE OF BIRTH (month, day and year) June 7-1844

8-AGE 83 yrs. 8 mos. 11 ds. If LESS than 1 day hrs. or min.?

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired 88

(b) General nature of industry, business, or establishment in which employed (or employer) Shoe maker

(c) Name of employer

10-BIRTHPLACE (city or town) (State or Country) Balto. Md

10-NAME OF FATHER, Charles A Immler

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Switzerland

12-MAIDEN NAME OF MOTHER, Elizabeth Gerber

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Switzerland

(Informant) Mrs. Caroline Immler

(Address) 1001 Hollins St.

OCT 20 1928 C. HANSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct 18, 1928

17- I HEREBY CERTIFY, That I attended deceased from Oct 16 1928 to Oct 18 1928.

that I last saw him alive on Oct 17 1928.

and that death occurred, on the date stated above, at 4 A M.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Valvular disease of heart

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) James A Hedrick M. D.

Oct 19 1928 (Address) 1124 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park Cemetery

DATE OF BURIAL. Oct. 20 1928

20-UNDERTAKER George L. Schmidt

ADDRESS 910 Eutaw St.

Spec.-7-17-26—A Co.—200 Bks.

Perrin

HEALTH DEPARTMENT—CITY OF BALTIMORE

30749

CERTIFICATE OF DEATH

+ 38 E 30749

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. Gen. Hosp. St. 11-24 Ward) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ralph Perrin

(a) RESIDENCE NO. 1369 Forest Rd. St. Ward Forest, Md.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 19, 1901

7 AGE Years 26 Months 6 Days 29 IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) Bethlehem Steel

(c) Name of employer Steel Wks.

9 BIRTHPLACE (city or town) .....

(State or country) W. Va.

10 NAME OF FATHER W. Perrin

11 BIRTHPLACE OF FATHER (City or town) .....

(State or country) W. Va.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) .....

(State or country) W. Va.

PARENTS

14 Informant Hospital Records

(Address)

Filed ..... 19 C. EARLE JONES, M. D. Registrar

1926 Dept

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-13-26 19

17 I HEREBY CERTIFY, That I attended deceased from 2-10, 19 26, to 2-13, 19 26, that I last saw h[illegible] alive on 2-13, 19 26, and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebro-Spinal Lues

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted Home

If not at place of death?

Did an operation precede death? N Date of

Was there an autopsy? YES

What test confirmed diagnosis? Clinical & Autopsy

(Signed) C. C. Simmons M. D.

19 (Address) Md. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery Date of Burial Feb. 21 1926

20 UNDERTAKER George L. Schmidt ADDRESS 2101 Ludlow St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30750

CERTIFICATE OF DEATH.

197 E 30750

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 18-26 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Hoggord

(a) RESIDENCE NO. 837 W. Saratoga St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred // yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Negro

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louise Hoggord.

6 DATE OF BIRTH (month, day, and year): 1873.

7 AGE — Years: 55 — Months: — Days: — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lunch Room. Waiter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Self.

9 BIRTHPLACE (city or town):

(State or country): N. C.

10 NAME OF FATHER: Unknown.

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Unknown

14 Informant: Ormelda Hoggord

(Address): 837 W. Saratoga St.

15 Filed ..... 19 .....

C. HAMILTON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 17 - 28. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Homicide

Gun-shot wound of intestine.

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) General Peritonitis

(duration) yrs. 3 mos. ds.

(Signed) August Zell M. D. (Coroner)

2/17. 1928 (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. 3 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 837 W. Saratoga St.

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Plymouth N. C. Date of Burial: Feb 20 1928

20 UNDERTAKER: Daniel Easton ADDRESS 916 Eo ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29

1-PLACE OF DEATH

CITY OF BALTIMORE. No. 13 30751 ST., No. Mercy Hospital WARD)

REGISTERED NO. 30751

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Haelbeck

(a) RESIDENCE NO. 237 N. Highland Ave ST. WARD 26

(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of the late Magdalen Haelbeck

DATE OF BIRTH (month, day, and year) aug. 9 1878

AGE Years	Months	Days	If LESS than 1 day, hrs or min
49	6	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shipping Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md

10 NAME OF FATHER George Haelbeck.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Eva Hoeller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mrs. Pauline A. Haelbeck

(Address) 237 N. Highland ave

Filed FEB 20 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 18th 1928

17 I HEREBY CERTIFY, That I attended deceased from 2-3-'28, 19 , to 2-17-'28, 19 , that I last saw h~~e~~ alive on 2-17-'28, 19 , and that death occurred, on the date stated above, at 12:45 ~~a.m.~~ p.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis right hip —

(duration) 3 yrs. mos ds

CONTRIBUTORY (Secondary) Lutanus, Acute

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of 2-2-28

Was there an autopsy? no

What test confirmed diagnosis? Phy. finding

(Signed) Jno. Robertson, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Feb 21st 1928
20 UNDERTAKER	ADDRESS
Killip & Zeilen Inc.	409 & 411 W. Lexington St

30752

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Falls Rd & Glendenning St WARD)

2-FULL NAME Geo. B. Hall Jr.

(Residence in Baltimore: No. 428 Fawcett.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

REGISTERED No. C 30752

St.; yrs., 65 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, ~~WIDOWED,~~ ~~OR DIVORCED,~~ (Write the word.) Widowed

6-DATE OF BIRTH, ... (Month) ....., 1 (Day) ..... (Year)

7-AGE, 65 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Geo. B. Hall. (Sr)

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Hester J. Smith

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice B. Buchman

(Address) 428 Fawcett St.

15-

Filed FEB 20 1928, 19.. HAMILTON JONES, M. D.

By ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Feb 18 (Day), 1928 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) I find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

R R Accident

Multiple Fracture

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Shock.

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo C Weber M. D.
(Coroner.)

2/18/28 19.. (Address) 173 W Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Mary's Hampstead

DATE OF BURIAL, 2/21/28 19..

20-UNDERTAKER J Walter Dun

ADDRESS 3207 Pine St.

Soc.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30753
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

38 E 30753
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 17-24 WARD)

2-FULL NAME Mitchell Woods

(a) RESIDENCE No. 926 Pennsylvania ave. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
33	32			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Railroad

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Georgia

10 NAME OF FATHER Mitchell Woods

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Ada Cleaver

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Alabama

Informant Hospital Records
(Address)

Filed 2-20 1928 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 17, 1928

17

I HEREBY CERTIFY, That I attended deceased from January 21, 1928 to Feb. 17, 1928,

that I last saw him alive on Feb. 17, 1928,

and that death occurred, on the date stated above, at 3.30 a. m.

The CAUSE OF DEATH* was as follows:

Rupture of Thoracic Aneurysm

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Atelectasis & infection Left lung (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical & Autopsy

(Signed) L. E. Madden, M. D.

2-17, 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart — DATE OF BURIAL 2/20 1928

UNDERTAKER J. J. Fahey Sons — ADDRESS 1315 Eight St

pec.—1-12-23—M&T—500 Bks.

E 30754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31

E 30754

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals (T.5-8) ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lewis Bannister (Ballinger)

(a) RESIDENCE No. 1000 Low st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1894

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34 33			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Hospital Records

(Address)

Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 16, 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1928, to Feb. 16, 1928.

that I last saw him alive on Feb. 16, 1928

and that death occurred, on the date stated above, at 4.45 P. m.

The CAUSE OF DEATH* was as follows: Pulmonary tuberculosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Tuberculosis, Meningitis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Lab Tests

(Signed) L. Gunnarsdottir, M. D.

2-16 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL 2/20 1928

20 UNDERTAKER J. B. Fahey Son

ADDRESS 1318 Light St

Spec.-7-17-26—A Co.—200 Bks.

E 30755

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30755

CERTIFICATE OF DEATH

1-PLACE OF DEATH Jenkins Memorial Hospital REGISTERED NO. 129

City of BALTIMORE: (No. Caton Ave St. 25-72 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nedley L. Robinson

(a) RESIDENCE NO. Melville Va St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 16, 1856 — 72-10-2

7 AGE 72 Years 10 Months 9 Days 2 IF LESS than 1 day ....hrs. or ....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town)

(State or country) Virginia

10 NAME OF FATHER William Robinson

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Oliana Jennings

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia

PARENTS

14 Informant Jenkins Memorial Hosp.

(Address) Caton Ave Balto Md

15 Filed 1928 BALTIMORE [illegible] M. D. Registrar

Dat [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 18 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 3, 1928, to Feb 18, 1928, that I last saw h alive on Feb 18, 1928, and that death occurred, on the date stated above, at 8-15 P. m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

CONTRIBUTORY (Secondary) Chr. Interstitial Nephritis (duration) 7 yrs.

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? Phy Exam

What test confirmed diagnosis?

(Signed) Francis L. Dalaplaine, M. D.

, 19 (Address) 1 X Aquet'd Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Loudon Park Cemetery	Feb 21 1928
20 UNDERTAKER L. Carson Kennard	ADDRESS 7833 Harford Rd

Spec. 7-17-26 A Co. 200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30756

CERTIFICATE OF DEATH

11-001

REGISTERED NO. E 30756

1-PLACE OF DEATH

City of BALTIMORE: (No. 12 S. Bethel St. 3-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Bilbrew

(a) RESIDENCE NO. 12 S Bethel St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 ~~Single~~, Married, Widowed, or ~~Divorced~~, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Fanny Bilbrew

6 DATE OF BIRTH (month, day, and year) Jan 5 / 1889

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
	39	1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Contracting work

(c) Name of employer Not known

9 BIRTHPLACE (city or town) .....

(State or country) Kentucky

10 NAME OF FATHER not known

11 BIRTHPLACE OF FATHER (City or town) .....

(State or country) not known

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) .....

(State or country) not known

PARENTS

14 Informant Fanny Bilbrew

(Address) 12 S. Bethel St.

15 Filed ..... 19 C. HARRISON JONES, M. D. Registrar

Per ROH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 18 / 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 19 28, to Feb 18 19 28, that I last saw him alive on Feb 18, 19 28, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) La Grippe

(duration) ..... yrs. ..... mos. 12 ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? none

(Signed) R. L. Caslington M. D.

19 (Address) 151 S Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cem. Date of Burial Feb. 26 1928

20 UNDERTAKER Mrs. R. G. Elliott ADDRESS 1115 Ashland Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 30757

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30757

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2438 (St.) Oak (Ward)

2-FULL NAME. William Stokes Jr

(a) RESIDENCE. No. 2438 St., Oak Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 25/06

7 AGE — Years: 21 — Months: 5 — Days: 18 — If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto

10 NAME OF FATHER: W. Stokes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Ruth Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

Informant (Address): Mrs. 2438 Oak St.

Filed 2D 1928 HARRISON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 17 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1928, to Feb 17, 1928

that I last saw h[illegible] alive on Feb 13, 1928

and that death occurred, on the date stated above, at 4-30 P m.

The CAUSE OF DEATH* was as follows:

Dilatation of Heart

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Physical signs

What test confirmed diagnosis?

(Signed) W. N. Peard M. D.

, 19 (Address) 2105 Chas St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary — DATE OF BURIAL: Feb 20, 1928

20 UNDERTAKER: Mrs. R. A. Elliott — ADDRESS: 1725 Ashland Ave

Spec.–7-17-26—A Co.—200 Bks.

E 30758

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 ✓

REGISTERED NO. E 30758

1-PLACE OF DEATH

City of BALTIMORE: (No. Sydenham Hospital St. 4-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Bell

(a) RESIDENCE NO. 276 Sarah Ann St. Ward

(Usual place of abode) not known

Length of residence in city or town where death occurred yrs. mos. da. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Don't Know

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
Appx	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unknown

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Unknown

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Hospital Records

(Address)

15 Filed 19 HAMPSON JONES, M. D.

FEB 20 1928 Registrar

THE MORGUE

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 9, 1928, to Feb 13, 1928, that I last saw him alive on Feb 13, 1928, and that death occurred, on the date stated above, at 11:30 a. m.

The CAUSE OF DEATH* was as follows:

Erysipelas of face

(duration) yrs. mos. 7 da.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) yrs. mos. da.

18 Where was disease contracted

If not at place of death? Home

Did an operation precede death? No Data of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G Bell, M. D.

2/15, 1928 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Old Bury Cemetery	Feb 20 1928
20 UNDERTAKER Edward Bryson	ADDRESS 1631 Orleans St

HEALTH DEPARTMENT---CITY OF BALTIMORE

E 30759 PLACE OF DEATH

CERTIFICATE OF DEATH

106 E 30759

REGISTERED NO. C

CITY OF BALTIMORE: (No. 3704 Fairview ave Forest Park ST. 15-6 WARD)

2-FULL NAME James Seed Moon

(Residence in Baltimore: No. 3704 Fairview ave Forest Park St.; 89 yrs. 3 mos. 12 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE~~ MARRIED ~~WIDOWED OR DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: Feby (Month) 5/1838 7th (Day) 1925 (Year)

7-AGE: 89 yrs. 3 mos. 12 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Feed Business
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Edward Moon

11-BIRTHPLACE OF FATHER (State or country): England

12-MAIDEN NAME OF MOTHER: Mary E. Seed

13-BIRTHPLACE OF MOTHER (State or country): England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ida Eastman Moon (wife)

(Address) 3704 Fairview ave

1928 C. HAMPSON JONES, M. D.

..... 191 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: February (Month) 17th (Day) 1928 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1928, to, Feb. 17 1928, that I saw h... alive on Feb. 17 1928, and that death occurred, on the date stated above, at 9. P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ... yrs ... mos ... ds

Contributory (SECONDARY) Pulmonary Edema

(Duration) ... yrs ... mos 1 ds

(Signed) W. S. Salmon M. D.

2/18, 1928 [Address] 3107 Garrison Blvd

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount — DATE OF BURIAL: Feby 20th 1928

20-UNDERTAKER: George J. Smith — ADDRESS: 1032 Hollins st

Spec—12-23-21—E.B.R.S.—400 Bks.

E 30760

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 30760

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 229 N. Calhoun St. St. 19-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Grayson Luther Renner

(a) Residence No. 229 N. Calhoun St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: wh.

5-Single, Married, Widowed, Divorced. (Write the word.): Married

6-If married, widowed, or divorced HUSBAND of (or) WIFE of: Carol B. Renner

7-DATE OF BIRTH (month, day and year): Aug. 27, 1878

8-AGE: 49 yrs. 5 mos. 9 ds. If LESS than 1 day, hrs. or min.?

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Traveling,

(b) General nature of industry, business, or establishment in which employed (or employer): Advertising agent.

(c) Name of Baker National Adv. Co.

10-BIRTHPLACE (city or town) (State or Country): Frederick Md.

10-NAME OF FATHER: John P Renner

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Molly V. Chilcote

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Md.

(Informant) Carrol B. Renner

(Address) 229 N. Calhoun St.

Filed 2-23 1926 HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Feb 15, 1926.

17- I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

that I last saw him alive on Feb. 15 19 26.

and that death occurred, on the date stated above, at 6.45 A.M.

The CAUSE OF DEATH* was as follows:

Edema of Lungs

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Endo carditis.

(Duration) yrs. 4 mos. ds.

18-Where was disease contracted if not at place of death? Drowned in Wash. Co.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Hospital Hopkins.

(Signed) Geo. E. Wells M. D.

, 19 (Address) 1413 Edmondson Ave.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Frederick Md — DATE OF BURIAL: Feb 21 1926

20-UNDERTAKER: George J Smith — ADDRESS: 153 E Hollins

Spec.—1-10-21—M&T—1500 Bks.

E 30761 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30761

CERTIFICATE OF DEATH.

15-63 46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3505 Carsdale Ave. ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mabel Lee Gardner

(a) RESIDENCE NO. 3505 Carsdale Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Robert L. Gardner

DATE OF BIRTH (month, day, and year) July, 8" 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	7	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Nyack

(State or country) New York

10 NAME OF FATHER Issac M. Van Wagner

11 BIRTHPLACE OF FATHER (city or town)

(State or country) New York

12 MAIDEN NAME OF MOTHER Martha A. Lee

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

Informant Robert L. Gardner

(Address) 3505 Carsdale Ave.

Filed 19 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 1st 1925

17 I HEREBY CERTIFY, That I attended deceased from June 1st 1927 to Feb 1st 1928.

that I last saw h[illegible] alive on Feb 1st 1928.

and that death occurred, on the date stated above, at 3.45 P. m.

The CAUSE OF DEATH* was as follows

Interstitial nephritis and Bilateral pyelitis

(duration) 2 yrs. mos de.

CONTRIBUTORY (Secondary) Uraemia and Bronchitis

(duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical & Autopsy

(Signed) B. Bernard Lucas, M. D.

Feb 2 19 (Address) 1707 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL Feb 1, 19 25

UNDERTAKER Taylor & Cook

ADDRESS [illegible]

Spec.-7-17-26—A Co.—200 Bks.

E 30762

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24-001 E 30762

1-PLACE OF DEATH

City of BALTIMORE: (No. 5 Longwood Road St. 27-53 Ward)

(REGISTERED NO. _____)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas James Fluhartz

(a) RESIDENCE NO. 5 Longwood Road St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frances Manns

6 DATE OF BIRTH (month, day, and year): Dec 1. 1839

7 AGE — Years: 88 Months: 2 Days: 17 IF LESS than 1 day ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: retired do

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER James Fluhartz

11 BIRTHPLACE OF FATHER (City or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Mary Applegarth

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Mary F. Fluhartz

(Address) 5 Longwood Road

Filed 2-6 1928 C. HAMPSON JONES, M. D. Registrar

Per Ruth

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Feb 18. 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 23. 1927, to Feb 18. 1928, that I last saw him alive on Feb 18. 1928, and that death occurred, on the date stated above, at 5.20 P. m.

The CAUSE OF DEATH* was as follows:

Left Cerebral Hemiplegia due to Cerebral Hemorrhage.

(duration) ____ yrs. 3 mos. ____ ds.

CONTRIBUTORY (Secondary) Senile Arteriosclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Paralysis of Right Side

(Signed) M. Edson Potter M. D.

2/14. 1928 (Address) 422 Rd and Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — Date of Burial: Feb 21 1928

19 UNDERTAKER: Chas O. Mitchell — ADDRESS: 1900 Eutaw Pl

Spec.—1-12-23—M&T—500 Bks.

30763

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30763

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Josephs Hospital

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. 8-16 WARD)

2-FULL NAME Annie Wagner

(a) RESIDENCE NO. 1811 N Milton ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Charles. Wagner.

DATE OF BIRTH (month, day, and year) Mar 10th 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
b	52	10	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Charles. Stumpf

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Retzert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Hilbert Stumpf
(Address) 1811 N. Milton Ave

Filed 1928 C. HAMPSON JONES, M. D. Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 18 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 16, 1928, to Feb 18, 1928, that I last saw h or alive on Feb 18, 1928, and that death occurred, on the date stated above, at 11 30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 10 ds. ?

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Herman A Foust, M. D.

, 19 (Address) St Joseph Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Feb 21st 1928

20 UNDERTAKER Leo G. Brook — ADDRESS 1723 Patterson Park Ave

ec.—1-12-23—M&T—500 Bks.

30764 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30764

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 621 S Belnord Ave ST. 1-3 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna C. Parker

(a) RESIDENCE NO. 621 S Belnord Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 1908

7 AGE: Years 19 Months 7 Days ..... If LESS than 1 day, ... hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Secretary

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Neill Buick Co

9 BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER: James Parker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Sobraconski

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Mrs. J. Parker

Address: 621 S Belnord Ave

Filed ..... 1928 ..... C. HAMPSON JONES, M. D. Registrar

By ..... ARA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Febr. 18 1928

17 I HEREBY CERTIFY, That I attended deceased from June 13, 1927, to Febr. 18, 1928

that I last saw h[illegible] alive on Febr. 18, 1928

and that death occurred, on the date stated above, at 12.30 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(duration) yrs. 10 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Laboratory

(Signed) Dr. Antigiani, M. D.

, 19 (Address) 2940 E. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Feb 22 1928

20 UNDERTAKER: F W Bazewski — ADDRESS: 1930 Eastern Ave

Spec. 1-10-21 M&T 1500 Bks.

30765 HEALTH DEPARTMENT—CITY OF BALTIMORE 30765

CERTIFICATE OF DEATH.

REGISTERED NO. 49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 600 N. Bouldin (ST.) No 11 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel D. Sullivan

(a) RESIDENCE NO. 600 N. Bouldin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. 7 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE~~ of Margaret Sullivan

DATE OF BIRTH (month, day, and year) March 7, 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	49	11	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer): General Baking Co

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Md. Westminster

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Informant: Mrs Samuel D. Sullivan

(Address) 600 Bouldin St.

1928 C. HAMPSON JONES, M. D. Registrar

RRK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 18 1928

17 I HEREBY CERTIFY, That I attended deceased from June, 1927, to Feb 18, 1928,

that I last saw him alive on Feb 18, 1928

and that death occurred, on the date stated above, at 11.15 a m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary oedema and acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Carcinoma Neoplasm of Left Thorax

(duration) yrs. 12 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Biopsy Date of Feb 6/28

Was there an autopsy? No

What test confirmed diagnosis? Biopsy, Laboratory & Clinical

(Signed) A. F. Ries, M. D.

Feb 20, 1928 (Address) 24 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: Feb 21, 1928

20 UNDERTAKER: Martin Haley & Sons — ADDRESS: 1027 N. North Ave

Spec.—1-12-23—M&T—500 Blks.

E 30766 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30766

160

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1805 Gilford Pl ST. 12-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Dorsey

(a) RESIDENCE NO. 1805 Gilford Pl ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	aa	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of
no

DATE OF BIRTH (month, day, and year) Feb 17, 1928

AGE	Years	Months	Days	If LESS than 1 day, ? hrs or min
			1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work no

(b) General nature of industry, business, or establishment in which employed (or employer) no

(c) Name of employer no

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER Edward Dorsey

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Alice Lightner

13 BIRTHPLACE OF MOTHER (city or town) Virginia
(State or country) Virginia

Informant
(Address)

Filed 2-18-28 ARH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 18 1928

17

I HEREBY CERTIFY, That I attended deceased from Feb 17, 1928, to Feb 18, 1928.

that I last saw h-i alive on Feb 18, 1928

and that death occurred, on the date stated above, at 2:00 P m

The CAUSE OF DEATH* was as follows:

General Weakness of Baby and Physical condition of Mother

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Physical condition of Mother (duration) 1 yrs. ? mos. ? ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) G D Hall, M. D.

, 19 (Address) 426 E 33rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER C. HAMPSON JONES, M. D.

ADDRESS Commissioner Health

FEB 20 1928

pec.—1-12-23—M&T—500 Bks.

E 30767 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30767

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSP ST 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Girl Langston

(a) RESIDENCE NO. 1703 E. Fayette ST., WARD City

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word)

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) 2-13-28

AGE: Years | Months | Days | If LESS than 1 day 7½ hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Md -
(State or country)

10 NAME OF FATHER Lacey —

11 BIRTHPLACE OF FATHER (city or town) —
(State or country)

12 MAIDEN NAME OF MOTHER Liner Langston

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

Informant Records -
(Address) JOHNS HOPKINS HOSP.

Filed 1928 .19 2186. C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13 1928

17

I HEREBY CERTIFY, That I attended deceased from Feb 13 .1928. to Feb 13 .1928.

that I last saw her alive on Feb 13 .1928

and that death occurred, on the date stated above, at 2 20 a m

The CAUSE OF DEATH* was as follows:

Dementia

(duration) yrs. mos 24 hrs ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Allan Blaisdell, M. D.

, 19 (Address) The Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: FEB 20 1928

20 UNDERTAKER

ADDRESS

ec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

30768 E 30768

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ..... ST., 18-29 WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David G. Medwell

(a) RESIDENCE NO. 102 S. Belmont ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	?

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

DATE OF BIRTH (month, day, and year) ?

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	79			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

Informant .....

(Address) Jacobs.

C. HAMPSON JONES M. D.

1928 Per 218 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 / 16 / 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1920, to Feb. 16, 1928

that I last saw him alive on Feb. 16, 1928

and that death occurred, on the date stated above, at 11:20 P.m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic
arteriosclerosis, general
and cerebral

(duration) 8 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General & Sub

(Signed) C. Lawrence Bagel M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health.

ADDRESS

FEB 20 1928

spec.—1-12-23—M&T—500 Bks.

30769

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30769

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [illegible] ST. 17-55 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Miller

(a) RESIDENCE NO. 5212 Fairmount Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

DATE OF BIRTH (month, day, and year) ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)
(State or country) Kentucky

NAME OF FATHER Lemuel Miller

BIRTHPLACE OF FATHER (city or town)
(State or country) Kentucky

MAIDEN NAME OF MOTHER Smith ?

BIRTHPLACE OF MOTHER (city or town)
(State or country) Kentucky

Informant
(Address) Records JOHNS HOPKINS HOSPITAL,

Filed [illegible] 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/10/ 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1927, to Feb 10, 1928.

that I last saw him alive on Feb 10, 1928

and that death occurred, on the date stated above, at 11:20 A. m.

The CAUSE OF DEATH* was as follows:

Aortic insufficiency
hypertrophy, chronic nephritis
Syphilis

(duration) yrs. 5 mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General + Sub

(Signed) C. Wilmer Brown, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL,

DATE OF BURIAL: 19

20 UNDERTAKER

ADDRESS

FEB 20 1928

Commissioner of Health.

Parhana ✓

E 30770

HEALTH DEPARTMENT—CITY OF BALTIMORE E 30770

CERTIFICATE OF DEATH.

REGISTERED NO. 13-59 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Parham

(a) RESIDENCE No. 2220 Mc Elderry ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	married

If married, widowed, or divorced
HUSBAND of
or) WIFE of Nannie Parham

DATE OF BIRTH (month, day, and year) ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)
(State or country) Virginia

10 NAME OF FATHER Robert Parham

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Summers ?

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia

Informant
(Address) Records.

1928 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/20/ 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1928 to Feb. 20, 1928.

that I last saw him alive on Feb. 20, 1928

and that death occurred, on the date stated above, at 12:00 1 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia -
Edema of Glottis - Cellulitis
Mediastinitis, chronic

(duration) yrs. mos 7 ds.

CONTRIBUTORY
(Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Gross & Symptoms

(Signed) C. Hampson Jones, M. D.

2/20, 1928 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Stanley Creek Va.

DATE OF BURIAL 2/20 1928

20 UNDERTAKER Jos Lumm & Bro

ADDRESS 112 E Balto St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

30771

CERTIFICATE OF DEATH.

129 E 30771

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Mercy Hospital (Street) 7-13 (Ward)

2-FULL NAME Robert L Kimball

(a) RESIDENCE No. 814 N. Washington (Street) St (Ward)

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Feb 12 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	50	-	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Amer. Ex. Co.

BIRTHPLACE (city or town) (State or country): Baltimore, Md

10 NAME OF FATHER: Leroy Kimball

11 BIRTHPLACE OF FATHER (city or town) (State or country): Phila, Pa.

12 MAIDEN NAME OF MOTHER: Annie Land

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Annapolis, Md.

Informant: Laura A. Kimball

(Address): 814 N. Washington St.

Filed 1928 C. HAMPSON JONES, M. D. Registrar

Per —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 18 1928

17

I HEREBY CERTIFY, That I attended deceased from 2-2-28 1928, to 2-18-28 1928,

that I last saw h alive on 2-18-28 1928,

and that death occurred, on the date stated above, at 1 pm m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

autonomy (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Uraemia & myocarditis

factor (duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? yes

What test confirmed diagnosis? Phy findings

(Signed) [illegible], M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Feb 21 1928

20 UNDERTAKER: George W. Finkler — ADDRESS: 1737 E. Eager

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

30772

CERTIFICATE OF DEATH.

30772

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1328 N. Carey St. ST. (WARD) 15

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lawrence J. Valentine

(a) RESIDENCE NO. 1328 N. Carey St. ST., ... WARD ....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed or divorced HUSBAND of (or) WIFE of: Rhenda Valentine

DATE OF BIRTH (month, day, and year): Jan. 1841

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	1		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Minister of Gospel

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Virginia

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Emsey Brower

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

Informant: Rhenda Valentine
(Address) 1328 N. Carey St.

FILED 1928 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-18- 1928

17 I HEREBY CERTIFY, That I attended deceased from 2-15- 1928 to 2-18 1928, that I last saw h— alive on 2-17- 1928, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows: Acute Intestinal Obstruction

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Shock

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) George A. Rose M. D.

, 19 (Address) 1816 N. McCulloh St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Feb 21 1928
20 UNDERTAKER	ADDRESS
Thomas L. Wright	1364 N. Carey

Spec.—1-10-21—M&T—1500 Bks.

E 30773 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30773

CERTIFICATE OF DEATH. 103

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1734 E. Lafayette Ave. St. 8-17 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick John Grote

(a) RESIDENCE NO. 1734 E. Lafayette Ave. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

6a If married, widowed, or divorced. HUSBAND of (or) WIFE of Elizabeth Grote

6 DATE OF BIRTH (month, day, and year) October 18, 1842

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	4	X	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Jeweler

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

10 NAME OF FATHER John Henry Grote

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Christina Mier

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Informant Elizabeth Grote

(Address) 1734 E. Lafayette Ave

1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 18, 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 4, 1928, to Feb 18, 1928, that I last saw him alive on Feb 18, 1928, and that death occurred, on the date stated above, at 9:35 P m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia x Influenza 7 days

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Influenza 7 days

(duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1734 E Lafayette Ave

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) E. E. Carman, M. D.

2-19-1928 (Address) 1701 N. Carlton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL Feb. 21, 1928

20 UNDERTAKER Shriver & Jones Inc.

ADDRESS 434 N. Broadway

pec.—1-12-23—M&T—500 Bks.

E 30774

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30774

CERTIFICATE OF DEATH.

62

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3015 Cresmont Ave ST., (or) WARD)

REGISTERED NO. 51

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilson Clark Greenland

(a) RESIDENCE NO. 3015 Cresmont Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) March 20, 1926

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	11	29 28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Herman C Greenland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Myrtle Clarke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant (Address) Herman C Greenland 3015 Cresmont Ave

Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19 1928

17

I HEREBY CERTIFY, That I attended deceased from May 3, 1926, to death, 19

that I last saw h[illegible] alive on February 6, 1928 Feb. 19, 1928

and that death occurred, on the date stated above, at 9 45 A m.

The CAUSE OF DEATH* was as follows:

Status thymicolymphaticus

(from birth)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes – entirely negative except for hyperplasia of thymus + lymphoid tissue

What test confirmed diagnosis?

(Signed) Lawson Hilkus, M. D.

Feb 20, 1928 (Address) 1014 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL 2/21 1928

20 UNDERTAKER H. H. Cook

ADDRESS 502 Market

Spec.—1-12-23—M&T—500 Bks.

Dr Coulton 3909 Garrison Blvd

30775

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 30775

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE; (NO. 1303 S Carey ST. 15-23 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine F Coleman

(a) RESIDENCE NO. 1303 S Carey ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced HUSBAND of or) WIFE of: Walter F Coleman

DATE OF BIRTH (month, day, and year): June 15, 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	64	8	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Informant (Address): Edna M Coleman 1303 S Carey Ln

Filed ..., 19... C. HAMPSON JONES, M. D., Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 20 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 20th, 1928, to Feb 20th, 1928, that I last saw h alive on Feb 19th, 1928, and that death occurred, on the date stated above, at 10:30 m.

The CAUSE OF DEATH* was as follows:

Exhaustion 2 days

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary): Pulmonaritis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J F Coulton, M. D.

Feb 20, 1928 (Address) 3909 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet

DATE OF BURIAL: 2/22 1928

20 UNDERTAKER: H A Cook

ADDRESS: 1300 E Baltimore

spec.—1-12-23—M&T—500 Bks.

Dr Brinton Court + Preston

0776

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30776

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1333 E North Ave ST. 9-18 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James A Slemons

(a) RESIDENCE NO. 1333 E. North Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Married

If married, widowed, or divorced HUSBAND of or) WIFE of Elvie J Slemons

DATE OF BIRTH (month, day, and year) June 6. 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	67	8	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Gas Co

BIRTHPLACE (city or town) (State or country) Pa

10 NAME OF FATHER William Slemons

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

Informant Mrs Elvie J Slemons

(Address) 1333 E North Ave

Filed 1926 . 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb 5th, 1925 to Feb 19th, 1926 when I was with him

that I last saw him alive on Feb 19th, 1926

and that death occurred, on the date stated above, at 11:45 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Apoplexy)

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis Chronic Cardio Nephritis Complicated

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Wilmer Brinton M. D.

, 19 (Address) Court + Preston Sts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chester, Pa

DATE OF BURIAL 2/21 1926

UNDERTAKER H. H. Cook

ADDRESS 202 E North Ave

Spec.—1-12-23—M&T—500 Blks.

E 30778 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 30777

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) 6 Hillside Road (ST.) (WARD) 27-53-44

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Alfred Walton

(a) RESIDENCE NO. 6 Hillside Rd. ST. WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 84 yrs. 2 mos. 28 ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C. Walton

DATE OF BIRTH (month, day and year) Nov-23-1843

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	84	2	27 28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

BIRTHPLACE (city or town) (State or country) New York New York

10 NAME OF FATHER David Walton

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown unknown

12 MAIDEN NAME OF MOTHER Mary L. Phelps

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York New York

Informant Mr. Thos S. Janney (son)

(Address) 6-Hillside Road.

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Feb 20 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb-15 1928 to Feb-20 1928

that I last saw h[illegible] alive on Feb-19 1928

and that death occurred, on the date stated above, at 8-30 A. m.

The CAUSE OF DEATH* was as follows:

Intestinal Hemorrhage probably due to Carcinoma of Stomach.

(duration) yrs mos 5 ds.

CONTRIBUTORY (Secondary) Senile Arteriosclerosis (duration) 2+ yrs mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Hemorrhage from bowels

(Signed) M. J. Porter, M. D.

2/20 1928 (Address) 422 Roland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Norfolk - Va. DATE OF BURIAL Feb/24/28

20 UNDERTAKER Sleeman Mortuary ADDRESS Balto.

1928 C. HAMPSON JONES, M. D. Registrar

Spec.—1-10-21—M&T—1500 Bks.

E 30778

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30778

CERTIFICATE OF DEATH

1-PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No.) N. Broadway ST. (WARD) 12-28

REGISTERED NO. 13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Agnes Sisson

(a) RESIDENCE NO. 2132 Oak Street ST., WARD Resident

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. 2 mos. 17 ds. How long in U. S., if of foreign birth? 42 yrs. 2 mos. 17 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

DATE OF BIRTH (month, day, and year): December-2-1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	2	17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

BIRTHPLACE (city or town) (State or country): Balto. md.

10 NAME OF FATHER: Hugh Sisson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto md.

12 MAIDEN NAME OF MOTHER: Agnes Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

Informant: Mr Hugh Sisson - (Bro)

(Address) 130 E Federal St City -

Filed 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/19 1928

17 I HEREBY CERTIFY, That I attended deceased from 2/14, 1928, to 2/19, 1928, that I last saw h.er alive on 2/19, 1928, and that death occurred, on the date stated above, at 2 35 a m.

The CAUSE OF DEATH* was as follows:

Thyasthenia Gravis

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary): Myocardial failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) J. Frank Hewit M. D.

2/19, 1928 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Moriah Cemetery — DATE OF BURIAL: Feb 21 1928

20 UNDERTAKER: Edward H Conrad — ADDRESS: Balto.

Spec.—1-10-21—M&T—1500 Bks.

E 30779 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30779

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) Church Home & Infirmary (WARD) 12-20

REGISTERED NO. 101

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Alice Neall

(a) RESIDENCE NO. Walbert apts. ST., WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 6 mos. 3 ds. How long in U. S., if of foreign birth? 40 yrs. 6 mos. 3 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced. (write the word) Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, and year) Aug-16-1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	6	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Trained Nurse

(b) General nature of industry, business, or establishment in which employed (or employer) Nursing

(c) Name of employer Self

BIRTHPLACE (city or town) Balto.

(State or country) Md.

10 NAME OF FATHER Vivian T. Neale

11 BIRTHPLACE OF FATHER (city or town) Cadiz O.

(State or country) Md.

12 MAIDEN NAME OF MOTHER Mamie Griffith

13 BIRTHPLACE OF MOTHER (city or town) Balto.

(State or country) Md.

Informant Mrs. Mayant G. Neale (sister)

(Address) 1932 Mt. Royal Terrace

Filed 2/20 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 19 1928

17 I HEREBY CERTIFY, That I attended deceased from February 18. 1928. to February 19. 1928.

that I last saw h alive on February 19. 1928.

and that death occurred, on the date stated above, at 4 01 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Lobar

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Examination

(Signed) J. Frank Hewitt M. D.

2/19. 1928 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL 2/21/1928.

20 UNDERTAKER Stewart & Howard — ADDRESS Balto.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

30780

CERTIFICATE OF DEATH

101-001

E 30780

1-PLACE OF DEATH Colonial Hospital REGISTERED NO.

City of BALTIMORE: (No. 1422 N. Mount St. Ward) 16-23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Wigfall

(a) RESIDENCE NO. 1310 W. Lafayette Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Mal

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): November 1893

7 AGE — Years: 34 yrs. Months: 3 Days: 6

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: "

9 BIRTHPLACE (city or town)

(State or country): North Carolina

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Unknown

14 Informant: Hospital Record

(Address)

15 Filed FEB 21 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1928 February 16th

17 I HEREBY CERTIFY, That I attended deceased from 2-8, 1928, to 2-16, 1928, that I last saw him alive on February 16, 1928, and that death occurred, on the date stated above, at 12 05 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Emphysema

Tuberculous Emphysema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Tubercle bacillus

(Signed) Julius Bialostosky, M. D.

, 19 (Address) 1122 N Mount St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Brooklyn N.Y. Date of Burial 2/20/28

20 UNDERTAKER: Samuel Wheatley ADDRESS Baltimore

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 30781 (1) E 30781

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 766 Vine St. 4-7½ Ward)

2-FULL NAME Grace Lee

(a) RESIDENCE NO. 766 Vine St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
F	C	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 24, 1910

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	17	3	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cleaner

(b) General nature of industry, business, or establishment in which employed (or employer) Furniture Store

(c) Name of employer Hecht

9 BIRTHPLACE (city or town)

(State or country) Va

10 NAME OF FATHER Lee

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Adele Taylor

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Virginia Mouze

(Address) 766 Vine

Filed 2 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 18 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 25 1928, to Feb 18, 1928, that I last saw h Ex alive on Feb 16, 1928, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H M Leard, M. D.

2 20 1928 (Address) 2005 Hillen

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem Date of Burial Feb 21 1928

20 UNDERTAKER Daniel Carson ADDRESS 916 Oa

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30782 E 30782

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1903 McCulloh St. 14-20 WARD)

REGISTERED NO. 11-08

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosa Wooden

(a) RESIDENCE NO. 1903 McCulloh ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1880

AGE: Years 47; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Va

10 NAME OF FATHER: Robt Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Martha Forbes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

Informant (Address): Virginia Johnson 1903 McCulloh St

Filed FEB 21 1928 Registrar

C. CAMPION JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 20 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 18, 1928, to Feb 20, 1928,

that I last saw h[illegible] alive on Feb 19, 1928

and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) La Grippe

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? 1903 McCulloh

Did an operation precede death? Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) M M Boykin, M. D.

, 19 (Address) 1618 Calder

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem. DATE OF BURIAL: Feb 22 28

20 UNDERTAKER: Daniel Easter ADDRESS 916 Pa ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

E 30783 OF DEATH

E 30783 REGISTERED NO.

City of BALTIMORE: (No. 1019 Russell St. D-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Geo Washington Preston

(a) RESIDENCE NO. 1019 Russell St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Mr

4 Color or Race: White

5 ~~Single~~, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie E. Preston dec'd

6 DATE OF BIRTH (month, day, and year): May 23-1843

7 AGE: Years 84 Months 9 Days 26 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watch Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): 915

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

10 NAME OF FATHER: Edmund Preston

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Vermont

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

Informant: Robt Preston Jr

(Address): 1019 Russell St

Filed FEB 21 1928 H. Ridgely Jones M. D. Registrar

Per R.C.J.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2, 19 1928

17

I HEREBY CERTIFY, That I attended deceased from Jany 30, 1928, to Feby 19, 1928, that I last saw h[illegible] alive on 2, 19, 1928, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Chronic Diarrhea and Debility

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Myocarditis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) L. E. Darlington M. D.

, 19 (Address) 102 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — Date of Burial: Feb 22 1928

20 UNDERTAKER: Robt J Turner Sr — ADDRESS: 1442 Broadway

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30784

E 30784

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1244 Hughes ST. 22 31 WARD)

2-FULL NAME Mrs. Sarah Bell

(a) RESIDENCE NO. 1244 Hughes ST. 22 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Adam Bell

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or... min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Prince George Co. Md.

10 NAME OF FATHER Unknown Wilson

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Prince (State or country) George Co. Md.

Informant Adam Bell

Address 24 Hughes St

Filed 2 21 1928 S. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/20/1928

17 I HEREBY CERTIFY, That I attended deceased from 2/14, 19 28, to 2/20, 19 28,

that I last saw h[illegible] alive on 2/20, 19 28,

and that death occurred, on the date stated above, at 7.30A m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation Acute Dilatation Pulmonary Hypostasis

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Chr. Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) 709 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	Feb 23 19 28
20 UNDERTAKER	ADDRESS
C L Brown & Son	1054 Monroe

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30785

CERTIFICATE OF DEATH

129E 30785

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 541 W West St. 21-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Johnson

(a) RESIDENCE NO. 541 W West St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 7 mos. 18 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Carie Johnson

6 DATE OF BIRTH (month, day, and year): July-1-1861

7 AGE: 67 Years 7 Months 18 Days — IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Barber

(b) General nature of industry, business, or establishment in which employed (or employer): Dont

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland.

10 NAME OF FATHER: William Johnson

11 BIRTHPLACE OF FATHER (City or town): Calvert Co

(State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Catherine Cassil

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country): Maryland.

14 Informant: Mary A. Jones

(Address): 15 N. Lee St

Filed: 1926 19 C. HAMILTON JONES, M. D. Registrar

Filed.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/19 1928

17 I HEREBY CERTIFY, That I attended deceased from 7/1, 1926 to 2/19, 1928, that I last saw h.. alive on 2/16, 1928, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. Chronic ds.

CONTRIBUTORY (Secondary): Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Chas E. Smith, M. D.

2/20 1928 (Address) 1212 Lee St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn ct — Date of Burial: Feb 21 1928

20 UNDERTAKER: J. D. Brown, Sons — ADDRESS: 106 N. Howard

Spec.—1-12-23—M&T—500 Bks.

E30786. HEALTH DEPARTMENT—CITY OF BALTIMORE E30786.

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Home for Incurables ST. 13-52 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Fannie Wontell Hopkins.

(a) RESIDENCE NO. Home for Incurables ST. Hoth WARD 51st Cedar Ave.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 1 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed or divorced HUSBAND of (or) WIFE of Johns G. Hopkins

6 DATE OF BIRTH (month, day, and year) Dec 26th 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	74	1	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

10 NAME OF FATHER E. Beatty Groff

11 BIRTHPLACE OF FATHER (city or town) Smithsburg
(State or country)

12 MAIDEN NAME OF MOTHER Rosina Wontell

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md

Informant Laurance T. Hopkins
(Address) 1419 Linden Ave

Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb-20 1928

17 I HEREBY CERTIFY, That I attended deceased from 11-2-'27, 19 , to Feb-20 , 1928;

that I last saw h- alive on Feb-20- , 1928;

and that death occurred, on the date stated above, at 2-10 p m.

The CAUSE OF DEATH* was as follows:

Paralysis Agitans

(duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Cerebral arterio-sclerosis (duration) 2 yrs. — mos. — ds.

18 Where was disease contracted (if not at place of death)?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exams.

(Signed) W. W. Mayo M. D.

2/20 1928 (Address) Medical Arts Building.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem

DATE OF BURIAL 2/22 1928

20 UNDERTAKER W. J. Dickey & Son

ADDRESS La Fayette Ave.

FEB 1928 C. HAMILTON JONES, M. D.

Spec.—1-12-23—MAT—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30787

CERTIFICATE OF DEATH.

74-001
E 30787
REGISTERED NO.

1-PLACE OF DEATH
CITY OF BALTIMORE. (No.) 616 N. Fulton Ave. (St.) 6-27 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eugenia Moss Maston

(a) RESIDENCE NO. 616 N. Fulton Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Widow

If married, widowed or divorced HUSBAND of (or) WIFE of James W. Maston

6 DATE OF BIRTH (month, day, and year) Mar. 28-1857

7 AGE | Years 70 | Months 10 | Days 21 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

10 NAME OF FATHER John Elmore

11 BIRTHPLACE OF FATHER (city or town) (State or country) England Va

12 MAIDEN NAME OF MOTHER Virginia Moss

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

Informant Mrs. Charlie Hewitt
(Address) 616 N. Fulton. ave.

Filed FEB 21 1928 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 19 1928

17 I HEREBY CERTIFY, That I attended deceased from 2/15/28 to 2/19/28,
that I last saw h— alive on 2/19/28
and that death occurred, on the date stated above, at 11:15 P m.

The CAUSE OF DEATH* was as follows:

Hypertension

(duration) Yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hyperemia
(duration) 2 yrs. 1 mos. 6 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis? Med

(Signed) Edward J. Ferry, M. D.
2/20, 1928 (Address) 916 N. Fulton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. | DATE OF BURIAL Feb 22. 28

20 UNDERTAKER W M Pickney Sons | ADDRESS Norfolk Va

Spec.—1-12-23—M&T—500 Bks.

E 30788

HEALTH DEPARTMENT—CITY OF BALTIMORE

60-001 E 30788

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 607 Ravenswood Ave. (Street) (Ward) 24th WARD

2-FULL NAME Charles Berry Durgin

(a) RESIDENCE NO. 607 Ravenswood Ave. (Street) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. 9 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Daly Durgin

DATE OF BIRTH (month, day, and year): May 3, 1896

AGE Years	Months	Days	If LESS than 1 day, hrs or min.
31	9	16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Electrician

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Balto. Md.

10 NAME OF FATHER: Charles Durgin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Port Deposit Md.

12 MAIDEN NAME OF MOTHER: Martha R Berry

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

Informant: Mrs Margaret D Durgin

(Address) 607 Ravenswood Ave.

Filed FEB 21 1928 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 19 1928

17

I HEREBY CERTIFY, That I attended deceased from Feb 12, 1928, to Feb 19, 1928,

that I last saw him alive on Feb 19, 1928,

and that death occurred, on the date stated above, at 5.25 A.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Hyperthyroidism

Ch. Endocarditis

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary): Auricular fibrillation

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) E. W. Bishop, M. D.

2-20 1928 (Address) 501 Sheridan Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem.

DATE OF BURIAL: Feb. 21 1928

20 UNDERTAKER: Wm Fickus Sons

ADDRESS: North & Pa

Cor.—12-9-25—A Co.—200 Bks.

E 30789

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-901 E 30789

1-PLACE OF DEATH

City of BALTIMORE: (No. 18 Elm St Curtis Bay. St. 25-27 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Doris Los.

(a) RESIDENCE NO. 18 Elm St. Curtis Bay. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) November 5, 1927.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	0	3	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

10 NAME OF FATHER Boris Los.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland.

12 MAIDEN NAME OF MOTHER Mary Kaszubinski.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

Informant Mary Los. (mother)

(Address) 18 Elm St. Curtis Bay.

Filed FEB 21 1928

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 20, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia.
unknown.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner)

2/21 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross M. P. Date of Burial Feb 22, 1928

20 UNDERTAKER F. Wojciechowski ADDRESS 1130 Edmondson Ave

Spec. 6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30790

CERTIFICATE OF DEATH.

74-001

REGISTERED No. E 30790

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1100 Ashburton ST. 1668 WARD 8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cenith Anne Franklin.

(a) RESIDENCE. No. 1100 Ashburton ST. 16 WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 29 1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	6	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Maryland.

10 NAME OF FATHER: Thomas Edwards.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Sarah Wilson.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland.

Informant: Mrs. Edgar Fuller

(Address) 1307 Edmondson Ave City

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 20 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 19, 1928, to Feb 20, 1928, that I last saw her alive on Feb 20, 1928, and that death occurred, on the date stated above, at 7 A. M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Right)

CONTRIBUTORY (secondary): General Arteriosclerosis (duration) 1 yr

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Exam

(Signed) John A. C. Trabandt M.D.

2/21/28 (Address) 1619 Poplar Grove St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fairview Cemetery — DATE OF BURIAL: Feb 23 1928

20 UNDERTAKER: C. M. Nutter — ADDRESS: Westfield Md.

Cor.—12-9-25—A Co.—200 Bks.

E 30791

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 30791

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3143 Stafford St. 20-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Braun.

(a) RESIDENCE NO. 3143 Stafford St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) January 16, 1928

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	0	1	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.

(State or country)

10 NAME OF FATHER Frank Braun.

11 BIRTHPLACE OF FATHER (city or town) Balto. Co. Md.

(State or country)

12 MAIDEN NAME OF MOTHER Bertha McLaughlin.

13 BIRTHPLACE OF MOTHER (city or town) Baltimore, Md.

(State or country)

Informant Bertha Braun. (mother)

(Address) 3143 Stafford St.

Filed....., 19.... (.....) Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 19, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to h.is death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. McSherry Kenneth (Coroner) M. D.

2/21 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathdral Date of Burial Feb. 21, 1928

20 UNDERTAKER Chas. W. Dill. ADDRESS 3109 Frank, Ave.

Spec.—1-10-21—M&T—1500 Bks.

E 30792 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30792

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 W Lexington St. 16 WARD)

2-FULL NAME Edward J. Dennis

(a) RESIDENCE NO. 916 W Lexington St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	col	Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work mch 087

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) mch

10 NAME OF FATHER Edw J Dennis

11 BIRTHPLACE OF FATHER (city or town) Prince Geo (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary M. Jones

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md (State or country)

Informant Susie Dennis Wright

(Address) 916 W. Lexington St.

Filed [illegible] 19 [illegible] HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-17-1928

17 I HEREBY CERTIFY, That I attended deceased from 1/6, 1928, to 2-17-1928,

that I last saw h[illegible] alive on 2-17, 1928,

and that death occurred, on the date stated above, at 6:15 p m.

The CAUSE OF DEATH* was as follows:

Chronic Tubular Kidney Disease.

Acute pulmonary Congestion (duration) about 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible] M.D.

19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: Feb. 21, 1928

20 UNDERTAKER: Mrs Katie R. Williams — ADDRESS 322 [illegible]

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

CERTIFICATE OF DEATH.

E 30793 — PLACE OF DEATH

REGISTERED NO. E 30793

City of BALTIMORE: (No.) 1066 Vine St. 18-26 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lizzie Cole

(a) RESIDENCE NO. 1066 Vine St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: Col.

5 Single, Married, Widowed, or Divorced. (write the word): Wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE — Years: 61 — Months: — Days: — IF LESS than 1 day.....hrs. or.....min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country)

10 NAME OF FATHER: Henry Roberts

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Carlisle Penn. Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Maryland

Informant: Rich Cole

(Address) 1066 Vine St

Filed ..... 19 ..... H. [illegible] JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 19 1928 19

17 I HEREBY CERTIFY, That I attended deceased from Feb 13 1928 to Feb 19 1928, that I last saw h..... alive on Feb. 18 1928, and that death occurred, on the date stated above, at 8 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary): Arterio Sclerosis

? (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of? No

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. Norwood, M. D.

, 19 (Address) 934 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — Date of Burial: Feb. 23, 1928

20 UNDERTAKER: Mrs. Katie R. Williams — ADDRESS 327 N. Schroeder St

Spec.—1-10-21—M&T—1500 Bks.

E 30794

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 30794

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2909 E. Baltimore ST. 1-7 WARD)

2-FULL NAME Christian Henry Fitzberger

(a) RESIDENCE NO. 2909 E. Baltimore ST., 1 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 58 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow Dorothea Fitzberger

6 DATE OF BIRTH (month, day, and year): Jan 3 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	1	16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Fireman

(b) General nature of industry, business, or establishment in which employed (or employer): 032

(c) Name of employer: Balto City Fire Dept.

BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER: Christian Fitzberger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Charles Fitzberger

(Address) 2909 E. Baltimore st

Filed 2-21 1928 HAMPSON JONES, M. D. Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 19 28.

17 I HEREBY CERTIFY, That I attended deceased from Feb 16, 19 , to Feb. 19 28.

that I last saw h alive on Feb. 19 28.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. Emmett Bradley, M. D.

(Address) 2288 E Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: Feb 22nd 1928

20 UNDERTAKER: Frank V Pipitone

ADDRESS: 2818 E Baltimore

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 30795 OF DEATH

95-72 90

E 30795 REGISTERED NO.

City of BALTIMORE: (No. Mt. Auburn Cemetery Mt. Winans Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph S. Riley. C.

(a) RESIDENCE NO. Morgan St. Mt. Winans. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	Colored	Widower.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: do not know.

6 DATE OF BIRTH (month, day, and year): Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	70	--------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Porter.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore, Md.

(State or country)

10 NAME OF FATHER: Stephen Riley. (C)

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Catherine Neal.) C

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Maryland.

Informant: Clara Bryant. (C) daughter.

(Address): Morgan St. Mt. Winans.

Filed ..... No. ..... C. HAMPSON JONES, M. D.

1928 By ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): February 18, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBITORY (Secondary)

(duration) 1 yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

(Coroner)

2/21 19 28 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. Date of Burial 2/21 1928

20 UNDERTAKER: Samuel Hemsley ADDRESS 57 E. Eden

Spec.—1-10-21—M&T—1500 Bks.

E 30796 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30796

E 30796

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2316 Southern Ave ST. 27-4th WARD) 185

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Ann Cann

(a) RESIDENCE NO. 2386 Southern Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs mos. ds. How long in U. S., if of foreign birth? 60 yrs mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas McCann

7 DATE OF BIRTH (month, day, and year): 1849

AGE: 19 78 Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Ireland

10 NAME OF FATHER: John Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Mary [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

Informant: Thomas McCann

(Address): Lansdowne Md.

Filed [illegible] C. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 19 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 31 1924 to Feb 19 1925 that I last saw her alive on Feb 16 1925 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

C. H. Jones M.D.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) old Fracture of femur (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

(Address) 706 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem DATE OF BURIAL: Feb 22nd 25

20 UNDERTAKER: F. A. Krause & Son ADDRESS: 703 Hanover

Spec. -7-17-26—A Co.—200 Bks.

E 30797

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 30797
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Pine Crest Sanitarium 4001 Norwood Hgts near Frederick rd. St. 11-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William George Early

(a) RESIDENCE NO. 711 Park ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, ~~Married, Widowed, or Divorced, (write the word)~~: Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): 1843

7 AGE: Years 85 Months Days

IF LESS than 1 day ....hrs. or ....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

10 NAME OF FATHER John D. Early

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Eliza George

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md.

4 Informant Evelyn Rieman Early

(Address) 711 Park ave.

Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 28 Feby. 20

17 I HEREBY CERTIFY, That I attended deceased from 2/14, 19 28 to 2/20, 19 28

that I last saw h[e] alive on Feby 19, 19 28

and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) 0 yrs. 0 mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchitis

Pneumonia

(duration) 0 yrs 0 mos 1 ds.

18 Where was disease contracted Pine Crest

if not at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. K. Hart M. D.

2/22 19 28 (Address) 907 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem — Date of Burial: 2/21 19 28

20 UNDERTAKER: Henry W. Jenkins Sons Co — ADDRESS: Mt Washington Baltimore Co.

pec.—1-12-23—M&T—500 Bks.

E 30798

30798 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30798

E30798. CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 90

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fred Houston

(a) RESIDENCE No. 2339 Reedum ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	?

If married, widowed, or divorced HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, and year) ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor 70

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Sam Houston

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Louisa Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant

(Address) Records.

Filed 21 1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/20/ 1928

17

I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1928. to Feb. 20, 1928

that I last saw him alive on Feb. 20, 1928

and that death occurred, on the date stated above, at 1:15 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis chronica acuta arteriosclerosis. Impedimentum

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General appearance

(Signed) C. Hamilton Jones M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	2/22/1928
20 UNDERTAKER	ADDRESS
Mrs. Geo. H. Holland	1631 Druid Hill

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30799

E 30799

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 136 N. Luzerne ave St. 6-10 Ward)

2-FULL NAME John J. Wiest

(a) RESIDENCE NO. 136 N. Luzerne Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. 1 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edith M. Wiest

6 DATE OF BIRTH (month, day, and year): Dec. 31/1875

7 AGE: Years 52 | Months 1 | Days 19 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Servant Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): 66

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md

10 NAME OF FATHER: Jacob Wiest

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country): Md

12 MAIDEN NAME OF MOTHER: Eliz. Engelbright

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country)

Informant: Mrs. Edith M. Wiest

(Address) 136 N. Luzerne ave.

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): February 19, 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1928 to Feb. 19, 1928, that I last saw him alive on Feb. 19, 1928, and that death occurred, on the date stated above, at 6:50 p. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris with thrombosis of coronary arteries

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary): Arteriosclerosis and hypertension

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore, Md

Did an operation precede death? No Date of

Was there an autopsy? No. What test confirmed diagnosis? Symptomatic

(Signed) Alvah Leber, M. D.

19 (Address) 31 E. Northern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem Date of Burial: Jan. 22 1928

20 UNDERTAKER: Jos. J. Horn ADDRESS: 1569 N. Luzerne ave.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30800

CERTIFICATE OF DEATH.

24-001

REGISTERED NO. E 30800

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1347 N. Calhoun ST. 15-23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Louisa Norris

(a) RESIDENCE No. 1347 N. Calhoun ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: John H Norris

DATE OF BIRTH (month, day, and year): 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: [illegible]

(b) General nature of industry, business, or establishment in which employed (or employer): Housewife

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Pottstown Pa.

10 NAME OF FATHER: John Watson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pottstown Pa.

12 MAIDEN NAME OF MOTHER: Emma S. Boardley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pottstown Pa.

Informant (Address): John H. Norris 1347 N. Calhoun St

Filed 2-24 1928 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 20 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 20, 1927, to Feb 20, 1928,

that I last saw her alive on Feb 20, 1928

and that death occurred, on the date stated above, at 12 00 A. m.

The CAUSE OF DEATH* was as follows:

Paralysis Cerebral Hemorrhage

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Characteristic Symptoms

(Signed) Charles H. Foster, M. D.

(Address) 712 S. Bond St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cem.

DATE OF BURIAL: 2/22 1928

20 UNDERTAKER: Byron H Wright

ADDRESS 1218 N C Edgerly St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30801

101-001

CERTIFICATE OF DEATH.

E 30801

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 525 S. Sharp St. 12-30 Ward)

2-FULL NAME Robert G. Baim.

(a) RESIDENCE NO. 525 S. Sharp St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. ---------- How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) August 25, 1915.

7 AGE	Years	Months	Days 25	IF LESS than 1 day.....hrs. or.....min.
	12	5	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia.

10 NAME OF FATHER Russell Baim.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Pennsylvavia.

12 MAIDEN NAME OF MOTHER Lelia Ammons.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia.

Informant Lelia Baim. (mother)

(Address) 525 S. Sharp St.

Filed 1928 C. HUDSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Febtuary 20, 1928 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) 1 yrs. - mos. - ds.

(Signed) Wm. Reinhardt M. D.

(Coroner)

2/21. 1928 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem Date of Burial Feb-22 1928

20 UNDERTAKER E. J. Frazier & Son ADDRESS 108 Baltimore St

Spec.—7-17-26—A Co.—200 Bks.

E 30802

HEALTH DEPARTMENT—[illegible] BALTIMORE

CERTIFICATE OF DEATH

129 E 30802

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 319 E. Biddle Street St. 11-15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes Kelly

(a) RESIDENCE NO. 319 E. Biddle Street St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lawrence J. Kelly

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	59	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) West Virginia

(State or country)

10 NAME OF FATHER Joseph Burns

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Ennis

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

PARENTS

14 Informant Miss Sadye Kelly

(Address) 319 E. Biddle Street

Filed [illegible] 19 1928 [illegible] JONES, M. D. Registrar

Per Rut.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-19-28. 19

17 I HEREBY CERTIFY, That I attended deceased from 1-1 19 27 to 2-19-28 19

that I last saw her alive on 2-19 19 28.

and that death occurred, on the date stated above, at 9P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Myocarditis.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? ✓ Date of

Was there an autopsy? ✓

What test confirmed diagnosis? Clinical symptoms

(Signed) W. H. Mosby M. D.

19 (Address) 1403 Parkton.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Cathedral Cemetery.	2/23/28 19

20 UNDERTAKER Chas. F. Evans & Son ADDRESS 118 Mont Royal Av.

Spec.—1-10-21—M&T—1500 Bks.

30803

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 1-001
10E 30803

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2238 Druid Hill ST., (13-59 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosie Nixon

(a) RESIDENCE NO. 2238 Druid Hill ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem'l

4 COLOR OR RACE: Col'd

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry Nixon

6 DATE OF BIRTH (month, day, and year): May 25-1884

7 AGE — Years: 43 Months: 8 Days: 23 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Home work.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto Co. Md

10 NAME OF FATHER: John T Nork

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Mary D Conklin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co Md

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 20 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 6 1927, to Feb 20 1928, that I last saw her alive on Feb 18 1928, and that death occurred, on the date stated above, at 5.30 P m

The CAUSE OF DEATH* was as follows:

Myocarditis
(duration) yrs. mos. 45 ds.

CONTRIBUTORY (Secondary): Lobar Pneumonia
(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) F. C. Link, M. D.

Feb 20/1928 (Address) 2411 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

Informant (Address): Mary Jones 2238 Druid Hill Ave

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pine Hill

DATE OF BURIAL: Feb 22 1928

Filed 1928

Per

C. HAMPSON JONES, M. D. Registrar

20 UNDERTAKER: Mrs. R. A. Elliott

ADDRESS: 1325 Eutaw Pl

E 30804 HEALTH DEPARTMENT—CITY OF BALTIMORE 192 30804

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital St. [illegible] Ward)

Registered No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Morris Anderson

(Residence in Baltimore: No. 706 — St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) M

6-DATE OF BIRTH. Not Known (Month) (Day) (Year)

7-AGE. About 40 yrs. mos. ds.

If LESS than 1 day hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE, (State or Country).

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER, (State or Country).

12-MAIDEN NAME OF MOTHER,

13-BIRTHPLACE OF MOTHER, (State or Country).

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

Filed 1926 C. HAMPSON JONES, M. D. Registrar.

Per C.R.H.

THE MORGUE 2102

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 7 (Month) (Day) 1928 (Year)

17- I HEREBY CERTIFY that I viewed the remains described above, held an Autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Homicide

Fracture of Skull

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Stroke.

(Duration) yrs. mos. ds.

(Signed) Wm. G. C. Bates M. D.

(Coroner)

Feb 8 1928 (Address) 43 N Bway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. JOHNS HOPKINS HOSPITAL DATE OF BURIAL FEB 21 1928 19

20-UNDERTAKER. ADDRESS

Spec.—1-12-23—M&T—500 Bks.

E 30805 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30805

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 16-69 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Penn

(a) RESIDENCE NO. 847 Hanlons Cove WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	?

If married, widowed, or divorced HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, and year) ?

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sailor.

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland.

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

Informant (Address) Records JOHNS HOPKINS HOSPITAL

Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/17/1928

17

I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1925. to Feb. 17, 1928.

that I last saw him alive on Feb 17, 1928

and that death occurred, on the date stated above, at 4:20 A.M.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic.
arteriosclerosis.
asthenia - infectious

(duration) 3 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General + Exam

(Signed) C. Hampson Jones, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

JOHNS HOPKINS HOSPITAL FEB 21 1928

20 UNDERTAKER — ADDRESS

Commissioner Health

FOR CITY REGISTRAR

Spec.–7-17-26—A Co.—200 Bks.

E 30806

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001

E 30806

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Provident Hospital St. 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Smith

(a) RESIDENCE NO. 1328 McCulloh St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian

6 DATE OF BIRTH (month, day, and year) ? 1883

7 AGE Years 45 Months Days IF LESS than 1 day hrs. or min.

44

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER Alexander Smith

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Georgania ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Lillian White

(Address) 1328 McCulloh St

15 1928 C. HAMPSON JONES, M. D.

Registrar

Per S.P.B.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

2/20/28

17 I HEREBY CERTIFY, That I attended deceased from 2/17/28, 19 to 2/20/28, 19

that I last saw him alive on 2/20/28, 19

and that death occurred, on the date stated above, at 7.40 a.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? 1328 McCulloh St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Ex.

(Signed) Ernest C. Milton, M. D.

, 19 (Address) 2001 Penna ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

Date of Burial Feb 23 1928

20 UNDERTAKER Thos. Geo. H. Holland

ADDRESS 1431 Druid Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30807

CERTIFICATE OF DEATH.

36-003

E 30807

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. 13-59 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mamie Bedford

(a) RESIDENCE NO. 2136 McCullough St St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Bedford

6 DATE OF BIRTH (month, day, and year): 1889

7 AGE: Years 39 Months Days IF LESS than 1 day.....hrs. or.....min.

38

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer: At Home

9 BIRTHPLACE (city or town)

(State or country): Maryland

10 NAME OF FATHER: Walter Dotson

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md

12 MAIDEN NAME OF MOTHER: Ellen Price

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

14 Informant: Husband Joseph L Bedford

(Address) 2136 Mc Cullch St

15 Filed 1928 G HAMPSON JONES M D

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 20/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Empyema-10 days. Oesophageal erosion by an old tubercular lymph gland-no active tuberculosis present

(Autopsy at Hopkins)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J H Bolton M. D.

(Coroner)

19 2/21/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — Date of Burial: 2/23/28

20 UNDERTAKER: Mrs. Geo. H. Holland — ADDRESS: 1631 Druid Hill Ave

A R

Spec.—1-12-23—M&T—500 Bks.

239
30808

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30808

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 18 N. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Roberts

(a) RESIDENCE NO. Florence Cittenden Home ST. WARD W. 2. H. 4

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Child

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Dec. 22, 1927

AGE: Years | Months 1 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore, Md

10 NAME OF FATHER J. Lowery

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER Sylvia Roberts

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

Informant (Address): Records JOHNS HOPKINS HOSPITAL

Filed 1928 C. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-19-28 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 16, 1928, to Feb 19, 1928, that I last saw him alive on Feb 19, 1928, and that death occurred, on the date stated above, at 11:00 A m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Prematurity

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Florence Cittenden Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) J. C. Goodwin M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health

ADDRESS

FEB 21 1928

Spec.—1-12-23—M&T—500 Blks.

E 30809 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30809

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 N. Regester St. 6-4 WARD)

REGISTERED NO. 161

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Bell

(a) RESIDENCE NO. 416 N Regester ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): [illegible]

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Feb. 16, 1928

AGE: Years | Months | Days | If LESS than 1 day, 12 hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Harold Bell

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Louise Hunt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant

(Address) Johns Hopkins Hospital

Filed 1928 C. HAMPSON JONES, M. D. Registrar

Per 2196 AM

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 17 1928

17 I HEREBY CERTIFY, That I attended deceased from 2-16, 1928, to 2-17, 1928,

that I last saw him alive on 2-17, 1928

and that death occurred, on the date stated above, at 9.30 A. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) C H Williams, M. D.

2-22 1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health

ADDRESS

FEB 21 1928

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

30810

30810

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 817 N. Lakewood Ave ST.) (10 WARD)

2-FULL NAME William H. Wieland

(a) RESIDENCE NO. 817 N. Lakewood Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa I. Wieland

DATE OF BIRTH (month, day, and year) Aug 17. 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	44.	6	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Jewelry Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Kay Jewelry Co

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md

10 NAME OF FATHER Fridk Wieland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Eliz. Handel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

Informant Louisa I. Wieland

(Address) 817 N. Lakewood Ave

Filed 1928 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 19 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 17 1928 to Feb 19 1928

that I last saw him alive on Feb 19 1928

and that death occurred, on the date stated above, at 8 15 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Cardiac Paralysis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Rysavy M. D.

2/28/1928 (Address) 801 N Lakewood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem DATE OF BURIAL Feb. 22 1928

20 UNDERTAKER Mr. & Mrs. John W. Leufelson ADDRESS W. Fayette

Cor.—12-9-25—A Co.—200 Bks.

E 30814

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30814

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH Pronounced dead at the 22-30 90

City of BALTIMORE: (No. South Baltimore General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Murray.(C)

(a) RESIDENCE NO. 614 W. Barre St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married.

5a If married, ~~widowed or divorced~~ (or) WIFE of Alexander Murray.(C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	54	--------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. gd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Westminster, Md.

10 NAME OF FATHER Archie Smiley.(C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Julia Blayer.(C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland.

14 Informant Alexander Murray.(C) husband.

(Address) 614 W. Barre St.

15 Filed 19 C. HAMPSON JONES, M. D.

1928 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 19, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

Acute dilatation of the Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D.

(Coroner)

2/20/ 1928 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? In front of 1417 W. Pamour St.

Former or usual residence Feb. 19, 1928

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Date of Burial Feb 21 1928

20 UNDERTAKER David Easton ADDRESS 946 Penn

Spec—12-23-21—E.B.R.S.—400 Bks.

E 30812 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30812

CERTIFICATE OF DEATH. 74-001

1-PLACE OF DEATH Registered No.

City of BALTIMORE: (No. 503 East 30½ St., 9-46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Morrow

(a) Residence No. 503 - East 30½ St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed or Divorced (Write the word.) Married

6-If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

7-DATE OF BIRTH (month, day and year) 2-12-1852

8-AGE 46 yrs. mos. 7 ds. If LESS than 1 day, hrs. or min.?

9-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Brick Layer
(b) General nature of industry, business, or establishment in which employed (or employer) all
(c) Name of employer

14-BIRTHPLACE (city or town) (State or Country) Maryland

10-NAME OF FATHER William Morrow

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Ireland

(Informant) Elizabeth Morrow

(Address) 503 - East 30th

Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 19-28

17- I HEREBY CERTIFY, That I attended deceased from Feb 18 1928 to Feb 19 1928

that I last saw him alive on Feb 18 1928

and that death occurred, on the date stated above, at 10.25 A. M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. L. Sordy M. D.

2-19, 1928 (Address) 428 Harford Road

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem — DATE OF BURIAL: 19

20-UNDERTAKER: William Coop — ADDRESS: 502 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30813

CERTIFICATE OF DEATH.

1901
101 E 30813

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4304 Kinzie Ave. ST. 26-41 WARD

2-FULL NAME Edward B. Drechsel

(a) RESIDENCE NO. 4304 Kinzie Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Maude M. Drechsel

6 DATE OF BIRTH (month, day, and year): Jan 24 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
39	0		26.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Iron worker 0&6

(b) General nature of industry, business, or establishment in which employed (or employer): Arundel Sand Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

10 NAME OF FATHER: Henry

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto.

12 MAIDEN NAME OF MOTHER: Mary Vary

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

Informant (Address): Maud M. Drechsel

Filed Feb. 24, 1928 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 20 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 12th, 1928, to Feb 20, 1928, that I last saw him alive on Feb 19th, 1928, and that death occurred, on the date stated above, at 5'89. m.

The CAUSE OF DEATH* was as follows:

Septic Pneumonia

(duration) ... yrs. mos 3 ds.

CONTRIBUTORY (Secondary): Hypostatic Pneumonia

(duration) 1 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? Date of ...

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Gustave A Brack, M. D.

2/25, 1928 (Address) Overlea.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore County

DATE OF BURIAL: 2/22 1928

20 UNDERTAKER: William Cook

ADDRESS: 5017 Harford

Cor.—11-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30814

CERTIFICATE OF DEATH.

179 E 30814

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital Ward 24 33

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Talley.

(a) RESIDENCE NO. 1252 Riverside Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. ---- mos. ---- ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female.

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced. (write the word): Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) October 10, 1918.

7 AGE

Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
9	4	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Cumberland, Md.

10 NAME OF FATHER Ralph Talley.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ohio.

12 MAIDEN NAME OF MOTHER Kathlene Rowan.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland.

14 Informant Kathlene Talley. (mother)
(Address) 1252 Riverside Ave.

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D.
1928 Per ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 19, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
2nd & 3rd degree burns with subsequent toxemia. Due to burns from a gas stove. Accidental Death.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Fennardt M. D.
(Coroner)

2/20 19 28 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? 1252 Riverside Ave. December 10, 1927.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross, M. C. Date of Burial 2/23 19 28

20 UNDERTAKER: Wm Cook ADDRESS Baltimore

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30815

CERTIFICATE OF DEATH.

90 E 30815

REGISTERED NO.

1-PLACE OF DEATH — Pronounced dead at the

City of BALTIMORE: (No. Mercy Hospital. St. 17-24 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 1B.)

2-FULL NAME John J. Finn.

(a) RESIDENCE NO. 1111 Myrtle Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. ---------- (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	68	----------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Machinist.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

10 NAME OF FATHER Patrick Finn.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland.

12 MAIDEN NAME OF MOTHER Margaret Scanlon.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland.

14 Informant John J. Finn. (nephew)

(Address) 1126 Myrtle Ave.

C. HAMPSON JONES, M. D.

Filed ....., 19 .... Registrar

1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 19, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute Dilatation of the Heart.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) 4 yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.
(Coroner)

2/21 19 28 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Union Station. Feb. 19, 1923

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 2-22 1928

20 UNDERTAKER H C B Cunningham ADDRESS 156 [illegible]

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30816 | CERTIFICATE OF DEATH | 129E 30816

1-PLACE OF DEATH Jenkins Memorial Hospl. REGISTERED NO.

City of BALTIMORE: (No. Caton Ave Ward) 94 33

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Santmyer

(a) RESIDENCE NO. 1711 Riverside Av St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F | 4 Color or Race W | 5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of Chas. Santmyer

6 DATE OF BIRTH (month, day, and year) — — 1865

7 AGE 63 Years 63 Months — Days — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) Ireland

(State or country)

10 NAME OF FATHER Patrick Cahill

11 BIRTHPLACE OF FATHER (City or town) Ireland

(State or country)

12 MAIDEN NAME OF MOTHER Ann Madden

13 BIRTHPLACE OF MOTHER (City or town) Ireland

(State or country)

PARENTS

14 Informant Mary Wierzbicki

(Address) 1711 Riverside Av

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 24, 1928, to Feb 21, 1928, that I last saw h alive on Feb 20, 1928, and that death occurred, on the date stated above, at 1 a.m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) 1 yrs. 1 mos. 17 ds.

CONTRIBUTORY (Secondary) Cer Embolism Nephritis

Cerebral Hemorrhage ?

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys Exam & Lab

(Signed) F. L. Dadaglacca, M. D.

, 19 (Address) St Agnes Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem | Date of Burial 2/23 1928

20 UNDERTAKER J. Fahey Howe | ADDRESS 318 Light St

Cor.—12-9-25—A Co.—200 Bks.

E 30817

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30817

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 32 S. Conkling St. (Ward) 1-K.

2-FULL NAME Emma A. Boughter.

(a) RESIDENCE NO. 32 S. Conkling St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Gilbert A Boughter

6 DATE OF BIRTH (month, day, and year): May 24 1873

7 AGE: Years 54 Months 8 Days 27 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country) Harford Co Md.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Unknown

Informant: Gilbert A Boughter

(Address) 2525 E Biddle St

1928 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 20 1928

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Paralysis R Side

(duration) 6 d yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. ds.

Feb 21 1928 Signed: J C Staehr M. D.

(Coroner)

19 (Address) 143 W Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cookstown Harford Co Md Date of Burial: Feb 23 1928

20 UNDERTAKER: Harry N Almacost ADDRESS: 4201 Gough St

1804

E 30818

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30818

38

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 1509 N. Carey st

CITY OF BALTIMORE: (No. 1509 ST.) 15-21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Blain Bishop

(a) RESIDENCE. No. 1509 N. Carey ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. 1 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Divorced

6a If married, widowed or divorced HUSBAND of (or) WIFE of: Carrie T. Bishop

6 DATE OF BIRTH (month, day, and year): Jan. 2. 1877

7 AGE: Years 49; Months 1; Days 17; If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Minister & Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Custom House

(c) Name of employer: U. S. Government

BIRTHPLACE (city or town) (State or country): Balt. Md

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Mary A. Bishop

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balt Md

Informant: Mrs Carrie T. Bishop

(Address)

FILED 1928 C. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-19 1928

17

I HEREBY CERTIFY, That I attended deceased from 1-12 1928, to 2-19 1928, that I last saw him alive on 2-19 1928, and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Hypercalcitis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Gumma of L. Lung. Tuss

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X Ray shows Tumor L. Lung

(Signed) Robert Hayden M. D.

. 19 (Address) 2530 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: 2/22/28

20 UNDERTAKER: Thomas E. Nelson — ADDRESS 1307 Pennsylvania Ave

Cor.—12-9-25—A Co.—200 Bks.

Cor.—12-9-25—A Co.—200 Bks.

E 30819

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-002

E 30819

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 706 Tyson St. (Ward) 11-24

2-FULL NAME George H. Harkins Jr.

(a) RESIDENCE NO. 706 Tyson St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 24 - 1926

7 AGE: Years 1 Months 5 Days 27 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

10 NAME OF FATHER Geo. H. Harkins Jr.

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Woodyard

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Geo. H. Harkins Jr.
(Address) 706 Tyson St.

15 Filed 2 2 1926 19 C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cap Bronchitis

(duration) 2 mos. 2 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) mos. ds.

(Signed) J. C. Wilke M. D.

19 (Address) 143 N Bury (Coroner)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. Date of Burial 2/22/26

20 UNDERTAKER Emma Stansbury ADDRESS 508 Pratt

Spec.—1-12-23—M&T—500 Blks.

E 30820

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

129 E 30820

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1126 Argyle Ave. ~~ST.~~ 17-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard Green

(a) RESIDENCE No. 1126 Argyle. ST. ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	Col.	married

If married, widowed, or divorced HUSBAND of (or) WIFE of — Ida Green.

DATE OF BIRTH (month, day, and year) 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	71	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Warrington Va

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Bertha Parker

(Address) 1126 Argyle Ave.

Filed ..., 19 ... HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-19-1928

17

I HEREBY CERTIFY, That I attended deceased from 1-2-, 19 28, to 2-19-, 19 28, that I last saw h— alive on 2-18-, 19 28, and that death occurred, on the date stated above, at 2,20 A m

The CAUSE OF DEATH* was as follows:

Chronic Valvulitis

(duration) 4 days yrs. mos. ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

(duration) Indefinite yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. H. Garzier, M. D.

2-20, 1928 (Address) 611 N. Carolina

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Lou Cemetery	Feb 22 1928

20 UNDERTAKER Virginia A. Brooks ADDRESS 1403 N. Carey

Spec.—1-10-21—M&T—1500 Bks.

E 30821 HEALTH DEPARTMENT—CITY OF BALTIMORE 101-001

CERTIFICATE OF DEATH.

E 30821

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1521 McHenry Street ST. 19-28 WARD)

2-FULL NAME Charles F. Barnstricker

(a) RESIDENCE NO. 1521 McHenry ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Barnstricker

6 DATE OF BIRTH (month, day, and year) Nov. 2, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	3	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Baltimore & Ohio R.R.Co

031

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER Jesse I. Barnstricker

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Senney Metz

13 BIRTHPLACE OF MOTHER (city or town) Frederick Co
(State or country) Maryland

Informant Mrs. Mary E. Barnstricker
(Address) 1521 McHenry Street

Filed 2-27 1928 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 21 1928

17 I HEREBY CERTIFY, That I attended deceased from February 17, 1928, to February 21, 1928, that I last saw him alive on February 21, 1928, and that death occurred, on the date stated above, at 10.45 A.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinically

(Signed) Henry C. Olds, M. D.

2-27, 1928 (Address) 1203 W. Fayette Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL Feb. 24 1928

20 UNDERTAKER Jos B Cook

ADDRESS 1003 West Baltimore St.

Spec.—1-12-23—M&T—500 Bks.

E 30822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

155 E 30822

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Home for Incurables ST. 13-52 WARD)

2-FULL NAME Mrs. Mary Naumann -

(a) RESIDENCE NO. Home for Incurables ST. 40th St & Cedar Ave Balto WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Naumann

DATE OF BIRTH (month, day, and year) Sept. 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	71	5		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md -

10 NAME OF FATHER George Schirmer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Strube

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Miss Minnie Knatz (Address) 123 N. Carey St.

Filed 3-6-1928 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 20 1928

17 I HEREBY CERTIFY, That I attended deceased from July 31, 1926.. to Feb. 20, 1928.

that I last saw her alive on Feb. 14, 1928.

and that death occurred, on the date stated above, at 3.20 P m.

The CAUSE OF DEATH* was as follows:

Osteitis Deformans —

(duration) 5 yrs — mos — ds.

CONTRIBUTORY (Secondary) Senility

(duration) — yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical exam.

(Signed) W. M. Mayo, M. D.

3/20, 1928 (Address) 3209 N. Charles Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Feb. 22 1928

20 UNDERTAKER Joseph Cook

ADDRESS 1005 West Baltimore St

Spec.—1-12-23—M&T—500 Blks.

E 30823

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 ✓ E 30823

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1644 E. Monument ST., 713 WARD)

2-FULL NAME Laura Richardson

(a) RESIDENCE NO. 1644 E. Monument ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Sigle

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) ? — — 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56	55	— ?	— ?	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic 07°

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: ?

11 BIRTHPLACE OF FATHER (city or town) (State or country): ?

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

Informant: Naomi Collins

(Address) 1644 E. Monument

Filed 2-22 1928 HAND [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-19 1928

17 I HEREBY CERTIFY, That I attended deceased from 1-15, 1928, to 2-19, 1928, that I last saw h— alive on 2-19, 1928, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis r Nephritis

(duration) yrs. 1 mos 4 ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exa.

(Signed) W. L. Bebry, M. D.

, 19 (Address) 1420 E. Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cem.

DATE OF BURIAL: Feb. 22 19 28

20 UNDERTAKER: Mrs J. G. Locks

ADDRESS: 1302 Jeffe

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30824
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 30824
REGISTERED NO.

City of BALTIMORE: (No. City Hospital Sub-Station 26-37 Ward)

2-FULL NAME John Grunner

(a) RESIDENCE (No. Boleys Short of Balto Co Md (Ward)
(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Length of residence in city or town where death occurred 70 yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 30 1868

7 AGE — Years: 59 — Months: 5 — Days: 19 — IF LESS than 1 day.....hrs. or.....min.: 20

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Iron Worker
(b) General nature of industry, business, or establishment in which employed (or employer): 86
(c) Name of employer: Self

9 BIRTHPLACE (city or town): Balto
(State or country): Md

10 NAME OF FATHER: Martin Grunner

11 BIRTHPLACE OF FATHER (city or town)
(State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaret Krum

13 BIRTHPLACE OF MOTHER (city or town)
(State or country): Germany

14 Informant: Catherine Grunner
(Address): 503 East 23rd St

Filed AUG 22 1928 HAROLD JONES M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 19 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cyanosis (duration) ..... yrs. ..... mos. ..... ds.

(Signed) G E Elder M. D.
(Coroner)
8 28 19 (Address) 143 W 1 Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — Date of Burial: 8 22 1928

20 UNDERTAKER: G M Cook — ADDRESS: 200 Main St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

30825

30825

CERTIFICATE OF DEATH.

REGISTERED NO. 45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 878 W. Lombard ST. WARD) 18-29

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Margaret O'Neill

(a) RESIDENCE NO. 878 W. Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Michael O'Neill

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	78	--	--	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

10 NAME OF FATHER John Murphy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Sheehan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Miss Mamie E. O'Neill

(Address) 878 W. Lombard Street

Filed 2 1928 19 C. RAMSAY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/21 1928

17 I HEREBY CERTIFY, That I attended deceased from 7/9, 1927, to 2/21, 1928,

that I last saw her alive on 2/21/28, 19

and that death occurred, on the date stated above, at 4 m.

The CAUSE OF DEATH* was as follows:

Coma Uremia

Arteriosclerosis

(duration) -- yrs mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edward J. Kelly, M. D.

2/21, 1928 (Address) 910 W. Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 2/24 1928

20 UNDERTAKER Henry U. Mears & Sons

ADDRESS Walbrook

Spec.—1-10-21—M&T—1500 Bks.

Kelly

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

30826

REGISTERED NO. E 30826

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2523 Shirley Ave (St.) 13-58 (WARD)

2-FULL NAME Mrs. Anna Scally

(a) RESIDENCE No. 2523 Shirley Ave (St.) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jas Scally (dead)

6b DATE OF BIRTH (month, day, and year): Ap 3-1850

7 AGE: Years 77 | Months 10 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer: —

BIRTHPLACE (city or town) (State or country): Pennsylvania

10 NAME OF FATHER: James Rooney

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: McManus

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

Informant (Address): James Scally, Son, 2523 Shirley Ave

Filed Feb 22 1928 C. HAMILTON JONES, M. D. Registrar

By —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 20 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 5 1928, to Feb 20 1928, that I last saw h— alive on Feb 20 1928, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 3 yrs ? mos ds.

CONTRIBUTORY (Secondary): Arteriosclerosis of heart

(duration) yrs mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Fernando F. Brooks M. D.

, 19 (Address) 764 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Arlington, Va.

DATE OF BURIAL: Feb 23 1928

20 UNDERTAKER: John O. Mitchell & Sons

ADDRESS: [illegible] Eutaw St.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30827

CERTIFICATE OF DEATH

101-001

101 E 30827

1-PLACE OF DEATH

City of BALTIMORE: (No.) 947 S. Sharp St. (Ward) 23-31

2-FULL NAME Isaiah Watson

(a) RESIDENCE NO. 947 S Sharp St. Ward 23

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

REGISTERED NO.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
M.	Col.	married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Fannie Wm

6 DATE OF BIRTH (month, day, and year) 12/14/1877

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	50	2	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Champion Sohn

(b) General nature of industry, business, or establishment in which employed (or employer) Jobbing

(c) Name of employer H & B 023

9 BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Watson

11 BIRTHPLACE OF FATHER (City or town) (State or country) Watson

12 MAIDEN NAME OF MOTHER Watson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

PARENTS

14 Informant Fannie Wm (Address) 947 S Sharp St.

15 Filed 1928 19 C. HAMPSON JONES, M. D. Registrar By RRK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/19/1928

17 I HEREBY CERTIFY, That I attended deceased from 2/15/28 to 2/19/28

that I last saw h in alive on 2/19/28

and that death occurred, on the date stated above, at 7.50 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

acut

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Chr. Recurrent Bronchitis acut (duration) yrs. 1 mos ds.

18 Where was disease contracted

If not at place of death? none

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jas Bowley M. D.

2/19 19 28 (Address) 708 S Sharp St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

Date of Burial 2-22-28

20 UNDERTAKER John H. Toadvine

ADDRESS 1027 Lombard

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001

E 30828

CERTIFICATE OF DEATH.

REGISTERED NO. E 30828

1-PLACE OF DEATH

City of BALTIMORE: (No. 1904 Walbrook Ave St. 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Thompson

(a) RESIDENCE NO. 1904 Walbrook Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): February 11, 1928.

7 AGE: Years | Months | Days 10 11 | IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

10 NAME OF FATHER: Edward Thompson

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Rosa Meredith

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country): Maryland

14 Informant: Edward Thompson

(Address): 1904 Walbrook Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

February 21st 1928

17

I HEREBY CERTIFY, That I attended deceased from 2/11/28, 19, to 2/21/28, 19,

that I last saw [illegible] alive on 2/20/28, 19,

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Atelectasis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Premature birth

(duration) yrs. 2 1/2 mos. ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? no

What test confirmed diagnosis? Lungs

(Signed) A. K. Lucien, M. D.

Feb. 22, 1928 (Address) 3521 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Forest Lawn Cemetery — Date of Burial: Feb 23 1928

20 UNDERTAKER: [illegible] — ADDRESS: [illegible]

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30829

CERTIFICATE OF DEATH.

99 E 30829

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5114 St. Georges ave (Grace) ST. 14 WARD)

2-FULL NAME George N. Le Fevre

(a) RESIDENCE NO. 374 E. Lafayette Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Busch Le Fevre

DATE OF BIRTH (month, day, and year) 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	65			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brakeman

(b) General nature of industry, business, or establishment in which employed (or employer) R/R

(c) Name of employer B. & O. R. R.

BIRTHPLACE (city or town) (State or country) Va.

10 NAME OF FATHER Geo. Le Fevre

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Caroline Livingstone

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

Informant Miss Lida E. Le Fevre

(Address) 374 E. Lafayette Ave

Filed 2-2 1928 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 20 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 11 1928 to Feb 20 1928

that I last saw h alive on Feb 19 1928

and that death occurred, on the date stated above, at 5a m

The CAUSE OF DEATH* was as follows:

Cortico-Vesicular Adenitis

(duration) 1 yrs mos ds

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs mos. 9 ds

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Chas R. Weaver M. D

19 (Address) 1257 Bway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL 2/22 1928

20 UNDERTAKER C. D. Fanning & Son - 1938 E. Lafayette Ave

Spec. -7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30830

CERTIFICATE OF DEATH

129 E 30830

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. #1140 Riverside Ave St. 26-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mollie M. Hammond

(a) RESIDENCE NO. #422 S. 14th St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Hammond

6 DATE OF BIRTH (month, day, and year) Sept. 7th. 1880

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	47	5	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER John Fitch

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Margaret

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Mrs. Ida Trischmann

(Address) ~~#422 S. 14th St.~~

15 Filed ..... 19..... C. HAMILTON JONES, M. D.

Registrar

B 22 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 20 19 28

17 I HEREBY CERTIFY, That I attended deceased from 2.16.28 19..... to 2.20 19 28

that I last saw h alive on 2.20 19 28

and that death occurred, on the date stated above, at 12 30 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) Long time ds.

CONTRIBUTORY Uremia

(Secondary)

(duration) yrs mos 3 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs & Symptoms

(Signed) J. Edward Norris M. D.

2.21.28 (Address) 107 East west st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cem Date of Burial 2/23/28

20 UNDERTAKER Philip Herwig ADDRESS 2016 Orleans st

Spec.—1-12-23—M&T—500 Bks.

E 30831 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 31 E 30831

1-PLACE OF DEATH Hebrew Aged Home REGISTERED NO.

CITY OF BALTIMORE: (NO.) Edmondson Ave. (ST.) Cold Spring Lane (WARD) 70-60

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Simon Friedman

(a) RESIDENCE NO. 2019 Ashton St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. 21 ds. How long in U. S., if of foreign birth? 49 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced (HUSBAND of or) WIFE of: Dora Friedman

DATE OF BIRTH (month, day, and year): [illegible]

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Tailor

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Austria

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Austria

Informant: Jack Lewis

(Address): 1439 E Balto.

Filed [illegible], 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 22 1928.

17 I HEREBY CERTIFY, That I attended deceased from Feb-2-, 1928, to Feb-22, 1928, that I last saw him alive on Feb-21, 1928, and that death occurred, on the date stated above, at one a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis chronic pastroid form

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Sputum

(Signed) Herman Friedl, M. D.

, 19 (Address) 2704 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Int. Carmel — DATE OF BURIAL: 2-24-19 28

20 UNDERTAKER: Jack Lewis, 1439 E Balto St — ADDRESS

Spec.—1-12-23—M&T—500 Bks.

E 30832

HEALTH DEPARTMENT—CITY OF BALTIMORE

10 01
10 E 30832

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No.) Monument ST. 6-9 (WARD)

2-FULL NAME Herman Zeritz

(a) RESIDENCE NO. 22 N Washington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Feb 21 - 1907

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Alter Zeritz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Mollie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Alter Zeritz

(Address) 22 N Washington St

Filed 3-24 19 28 C. HAMILTON JONES, M. D.

Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/21 1928

17 I HEREBY CERTIFY, That I attended deceased from 2-17 1928 to 2-21 1928,

that I last saw h[illegible] alive on 2-21 1928

and that death occurred, on the date stated above, at 9 a P m.

The CAUSE OF DEATH* was as follows:

Rheumatic Cardiac Disease

5

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Dr Bernard Cohen, M. D.

2/24 1928 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Southern Md — DATE OF BURIAL 3/22 1928

20 UNDERTAKER Jack Levis — ADDRESS 1439 E Baltimore St

Spec.—1-12-23—M&T—500 Bks.

E 30833

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-09 E 30833

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1742 Bank ST. 2-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Henry Rauch

(a) RESIDENCE NO. 1742 Bank ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of or) ~~WIFE of~~ Elizabeth A. Rauch

DATE OF BIRTH (month, day, and year) April 20, 1842

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	85	10		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Maryland

10 NAME OF FATHER: John H. Rauch

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Mary Hutton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

Informant (Address): Elizabeth A. Rauch 1742 Bank St

Filed ... 19 ... C. HAMPSON JONES, M. D. Registrar.

Par

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 20 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb-19- , 1928 , to Feb 20- , 1928 ,

that I last saw h— alive on Feb 20 , 1928

and that death occurred, on the date stated above, at 8 p— m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage —

(duration) ... yrs. ... mos 2 ds.

CONTRIBUTORY (Secondary) Coma

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) Hamilton Bruce, M. D.

, 19 (Address) 1251 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn

DATE OF BURIAL: Feb 23 1928

20 UNDERTAKER: Joseph Lupfer

ADDRESS: 1600 W. North Ave.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30834 ✓ × 49 E 30834

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No.) Lombard & Greene ST. (or) 4 30 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kathryn Beigler

(a) RESIDENCE NO. Security, Maryland WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Russell Zeigler

DATE OF BIRTH (month, day, and year) unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
30				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER William Stevens

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Francis House

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Hospital Records.

(Address)

Filed 1928 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-22 1928

17 I HEREBY CERTIFY, That I attended deceased from 2/16, 1928, to 2/22, 1928, that I last saw her alive on 2/21, 1928, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Brain tumor (right temporal lobe)

(duration) unknown

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? clinical findings & autopsy

(Signed) Henry Vincent Davis M. D.

2pr. 1928 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hagerstown DATE OF BURIAL Feb 26 19

20 UNDERTAKER A. K. Coffman ADDRESS Hagerstown

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30835

CERTIFICATE OF DEATH.

E 30835

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1901 Edgewood ST., 15-67 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George H. Steinbigler

(a) RESIDENCE No. 1901 Edgewood ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Annie E. Steinbigler

6 DATE OF BIRTH (month, day, and year) ? 1844

7 AGE Years 84 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Rockingham Co. Va

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-21-1928

17 I HEREBY CERTIFY, That I attended deceased from June 11, 1927, to Feb. 21, 1928, that I last saw h[illegible] alive on Feb. 20, 1928, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis. —

(duration) 4 or 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Gangrene foot,

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) H Bowman Stout, M. D.

2/22 1928 (Address) 626 N. Johns St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

Informant W. W. Steinbigler

(Address) 1901 Edgewood Street

Filed [illegible] 19 [illegible] C. HAMPSON JONES, M. D. Registrar

Per Riley

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

UNDERTAKER Robert Brooks & Son

DATE OF BURIAL 2/23 1928

ADDRESS Calhoun Hollins

Spec.—1-12-23—M&T—500 Bks.

Dr J. Frantzen 4 E. Biddle St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30836

CERTIFICATE OF DEATH.

100 E 30836

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 409 Pinkney Place (ST.) 17-19 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie Skinner

(a) RESIDENCE No. 409 Pinkney Place ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | 4 COLOR OR RACE W | 5 Single, Married, Widowed, or Divorced, (write the word) Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Frank H. Skinner

DATE OF BIRTH (month, day, and year) Sept 17, 1847

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	5	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Pa

10 NAME OF FATHER Joseph Galbraith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Mrs. Sarah A. Hoshler

(Address) 409 Pinkney Place

Filed Feb 23 1928. H. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 16, 1928, to Feb 21, 1928,

that I last saw h er alive on Feb 21, 1928

and that death occurred, on the date stated above, at 3:20 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia Chron

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) J. Frantzen, M. D.

, 19 (Address) 4 E. Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chambersburg, Pa

DATE OF BURIAL 2/23 1928

20 UNDERTAKER Wm. Cook

ADDRESS 201 E Biddle

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30837

CERTIFICATE OF DEATH.

129 E 30837

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No.) 4711 Frederick Ave ST. 28-71 (WARD)

2-FULL NAME Charles I Baldwin

(a) RESIDENCE NO. 4711 Frederick Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred / yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | 4 COLOR OR RACE: W | 5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice A Baldwin

DATE OF BIRTH (month, day, and year): June 11 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	8	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Foreman

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: J M Ring

BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: Joseph Baldwin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Hannah Gorsuch

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: Alice A Baldwin

(Address): 4711 Frederick Ave

Filed 2 3 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 21 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1928, to Feb 21, 1928

that I last saw h[illegible] alive on Feb 21, 1928

and that death occurred, on the date stated above, at 11:40 P m.

The CAUSE OF DEATH* was as follows:

Chronic Enteritis

Nephritis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical findings

(Signed) W. G Kuell, M. D.

Feb 1928 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	2/23 1928
20 UNDERTAKER: W. H. Cook	ADDRESS: 832 E Fort Ave

Cor.—12-9-25—A Co.—200 Bks.

E 30838

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 30838

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH Pronounced dead at the

City of BALTIMORE: (No. Mercy Hospital. St. 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Maslin.

(a) RESIDENCE NO. 209 McMechen St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or....min.
	73	---------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Boston, Mass.

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant John J. Carter.

(Address) 209 McMechen St.

15 Filed 2-13 1928 C. HAMPSON JONES, M. D.

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192

February 18, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Stark Reinhardt M. D.
(Coroner)

2/22 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Linden Ave & Preston St. Feb. 13° 1928.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial Feb 23 1928

20 UNDERTAKER David Earlom ADDRESS 916 Gay St

Spec.–7-17-26–A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

37-001
E 30839
REGISTERED NO.

E 30839
1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital 224 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carrie Goins

(a) RESIDENCE NO. 585 Walnut Av. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5/ yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June – 1925

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	2	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work nn

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) Falls Church

(State or country) Va.

PARENTS

10 NAME OF FATHER Abraham W. Goins

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Fanny Goins

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant Fanny Goins

(Address) 585 Walnut St

15 Filed 23 1928 19 C. HAMILTON JOYCE Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-21 1928

17 I HEREBY CERTIFY, That I attended deceased from 9-14-27, to 2-21, 1928, that I last saw h.. alive on 2-21, 1928, and that death occurred, on the date stated above, at 12 noon

The CAUSE OF DEATH* was as follows:

Miliary Tuberculosis
Pulmonary
Meningitis
(duration) 5 mos.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 585 Walnut

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

2/21, 1928 (Address) 808 Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial Feb 23 1928

20 UNDERTAKER Daniel Easton ADDRESS 916 Pa ave

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30840

CERTIFICATE OF DEATH

129 E 30840

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 913 N. Strieker St 16 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Pinder

(a) RESIDENCE NO. 913 N. Strieker St St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Pinder

6 DATE OF BIRTH (month, day, and year) Oct. 6 1863

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	64	4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Princess Ann

(State or country) Md

10 NAME OF FATHER Wm. Strawberry

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Dorchester Co. Md

12 MAIDEN NAME OF MOTHER Mary Pinder

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Dorchester Co. Md

PARENTS

14 Informant (Address) John W. Pinder 913 Strieker St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 – 20 – 1928

17 I HEREBY CERTIFY, That I attended deceased from 2-19, 1928, to 2-20, 1928, that I last saw h alive on 2-19, 1928, and that death occurred, on the date stated above, at 4.30 A m.

The CAUSE OF DEATH* was as follows:

Endocarditis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) pneumonia ?

1 hour (duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

2-20, 1928 (Address) 1029 N. Strieker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial Feb 23 1928

20 UNDERTAKER Daniel Easton ADDRESS Dorchester 16

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001

E 30841
1-PLACE OF DEATH

CERTIFICATE OF DEATH

E 30841
REGISTERED NO.

City of BALTIMORE: (No. 827 S. Linwood ave Ward 1)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward T. Glover

(a) RESIDENCE NO. 827 S. Linwood ave Ward 1
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 11 mos. 21 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Glover.

6 DATE OF BIRTH (month, day, and year) May 9th 1867

7 AGE	Years	Months	Days
	60	9	21

IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Box Factory Sp

(b) General nature of industry, business, or establishment in which employed (or employer) Employe.

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Wm Glover

11 BIRTHPLACE OF FATHER (City or town)
(State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Martha A. Thomas

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto. Md.

14 Informant Mary E. Glover Wife
(Address) 827 S. Linwood ave

Filed AUG 23 1928 HAMPSON JONES, M. D.
Registrar

Ref

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 21st 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb. 16 1928 to Feb. 20 1928

that I last saw h.[illegible] alive on Feb 20 1928

and that death occurred, on the date stated above, at 9 30 a. m.

The CAUSE OF DEATH* was as follows:

Primary
Lobar Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY
(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Joseph Faulkner, M. D.

19 (Address) 200 S. Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cemetery — Date of Burial Feb. 24 1928

20 UNDERTAKER Lilly + Zeiler INC — ADDRESS 402 S Wolfe St

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 30842

REGISTERED NO.

E 30842

1-PLACE OF DEATH

City of BALTIMORE: (No. 629 S. Montford St., 1st Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catharine E. Johnson

(a) RESIDENCE NO. 629 S. Montford St. 1 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2½ yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Gilbert J. Johnson

6 DATE OF BIRTH (month, day, and year): July 4th 1871

7 AGE: Years 56 Months 7 Days 16 IF LESS than 1 day ....hrs. or ....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town): Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER: Henry Lindemann

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Dort Knabb

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant (Address): Gilbert J. Johnson 629 S. Montford ave.

15 Filed ..... 19.... Registrar

2-23-1928 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 20th 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 15 1928 to Feb. 20 1928

that I last saw ~~him~~ alive on Feb 20 1928

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. 3 mos. 3 da.

CONTRIBUTORY (Secondary) Encephalitis Lar—

(duration) yrs. mos. 14 da.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Chas. L. Finch M. D.

2/21/28 (Address) 408 St Paul Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cem. Date of Burial: Feb. 24 1928

20 UNDERTAKER: Lilly & Zeiler INC by Edw. N. Lilly Pres. Treas. ADDRESS 408 S Paul St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 30843

E 30843

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) Baltimore City Hospitals ST. (T.B.) WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lois Bomhardt

(a) RESIDENCE NO. 508 S. Curley st. ST. / WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ~~Unknown~~ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1904

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	23			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Charles Bomhardt

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Carrie Beigerman

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

Informant Hospital Records

(Address)

Filed 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 21, 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct. 26, 1927, to Feb. 21, 1928,

that I last saw her alive on Feb. 21, 1928

and that death occurred, on the date stated above, at 10.30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Findings

(Signed) F. E. Haddleton M. D.

2-21-1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cemetery

DATE OF BURIAL Feb. 25th 1928

20 UNDERTAKER Kelly & Zeiler INC.

ADDRESS 408 N. Wolfe St

Spec.–7-17-26–A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30844 | CERTIFICATE OF DEATH | 129 E 30844

1-PLACE OF DEATH | REGISTERED NO.

City of BALTIMORE: (No. 410 N. Linwood ave St. 6th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Thoma.

(a) RESIDENCE NO. 410 N. Linwood St. 6 to Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. 4 mos. 19 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Jacob Thoma.

6 DATE OF BIRTH (month, day, and year) Oct. 1st 1847.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min..
	80	4	19	

8 OCCUPATION OF DEACEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

10 NAME OF FATHER Martin Hutte

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Gertrude Miller

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

PARENTS

14 Informant Gertrude Swearingen

(Address) 410 N. Linwood ave

Filed FEB 23 1928 SAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 20th 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1 1928 to Feb. 20 1928

that I last saw her alive on Feb. 20 1928

and that death occurred, on the date stated above, at 5 55 a. m.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis

Myocarditis

Nephritis

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. Artigiani M. D.

(Address) 2942 E. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, REMOVAL Holy Redeemer Cemetery Date of Burial Feb 23d 1928

20 UNDERTAKER Lilly + Julian

ADDRESS 403 S. Wolfe

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30845

CERTIFICATE OF DEATH.

3 2 E 30845

1-PLACE OF DEATH

REGISTERED NO. 23-32

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Banner

(a) RESIDENCE No. 1752 Clausen ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. 8 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

If married, widowed, or divorced HUSBAND of (or) WIFE of Divorced

DATE OF BIRTH (month, day, and year) May 29 1891

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	8	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

10 NAME OF FATHER John C. Banner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Mary Bradley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

Informant (Address) Relatives.

Filed , 19 Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/21/ 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1928, to Dec. 21, 1928

that I last saw h[illegible]live on Dec. 21, 1928

and that death occurred, on the date stated above, at 6:15 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis meningitis

(duration) yrs. mos 20 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Spinal fluid

(Signed) C. Hampson Jones, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill	12/24 1928
20 UNDERTAKER	ADDRESS
J. Frew Mc[illegible]	1306 E. Fay

CITY HALL
BALTIMORE 2 MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

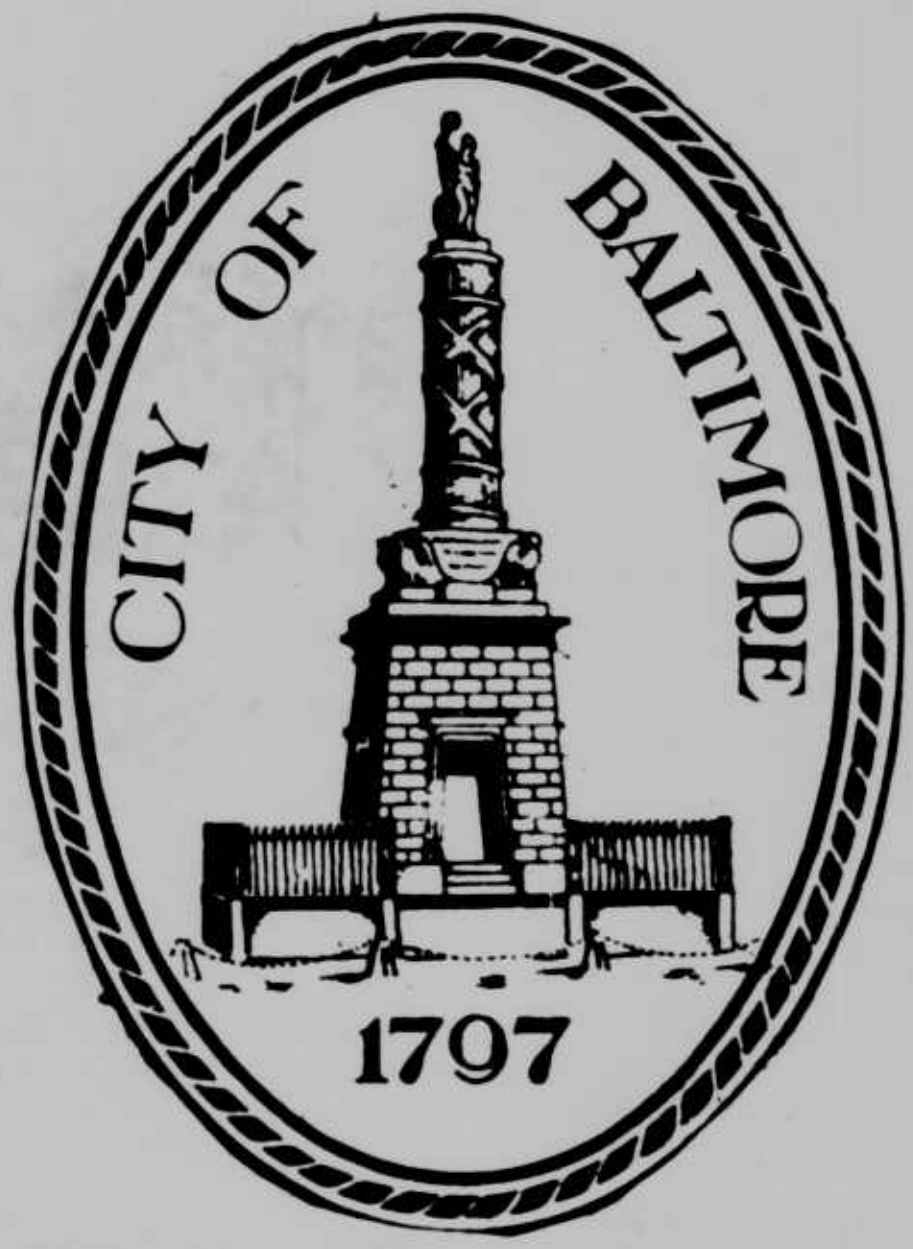
RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 22nd DAY OF April
OF 1965 THE MICROPHOTOGRAPHS APPEARING
HEREIN STARTING WITH #E 27571 Nov. 18, 1927 AND
ENDING WITH #E 30845 Feb 23, 1928 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE
RECORDS OF THE DEPARTMENT OF Health
BUREAU OF Vital Statistics AS DELIVERED
IN THE REGULAR COURSE OF BUSINESS FOR
PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM
MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU
OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC
COPY.

CAMERA OPERATOR: D McFaul



END OF REEL